SENATE BILL No. 234

DIGEST OF INTRODUCED BILL

Citations Affected: IC 2-5-54-7; IC 6-8.1-7-1; IC 12-15; IC 16-19-3-19; IC 22-4-19-6.

Synopsis: Medicaid matters. 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 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. Prohibits the office from accepting self-attestations of certain information in the administration of the Medicaid program. Requires the office to apply for a Medicaid state plan amendment to remove references to coverage under the Medicaid plan of a certain population. 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. Modifies eligibility categories and requirements for the healthy Indiana plan (plan). Specifies limitations for enrollment in the plan.

Effective: Upon passage; July 1, 2025.

Johnson T, Charbonneau

January 13, 2025, read first time and referred to Committee on Health and Provider 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.

SENATE BILL No. 234

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

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

CECTION 1 IC 2.5.54.7 IC ADDED TO THE DIDIANA CODE
SECTION 1. IC 2-5-54-7 IS ADDED TO THE INDIANA CODE
AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
1, 2025]: Sec. 7. Before October 1 of each year, the office of the
secretary of family and social services shall report the following
aggregate, nonconfidential, and nonpersonally identifying
information to the oversight committee concerning the Medicaid
program for the previous calendar year:
(1) Improper Medicaid payments and expenditures.
(2) Federal and state recovered funds.
(3) Aggregate data concerning improper payments and
ineligible Medicaid recipients who received Medicaid services
as a percentage of those investigated or reviewed.
The report must be in an electronic format under IC 5-14-6.
SECTION 2. IC 6-8.1-7-1, AS AMENDED BY P.L.118-2024,
SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2025]: Sec. 1. (a) This subsection does not apply to the
disclosure of information concerning a conviction on a tax evasion



- charge. Unless in accordance with a judicial order or as otherwise provided in this chapter, the department, its employees, former employees, counsel, agents, or any other person may not divulge the amount of tax paid by any taxpayer, terms of a settlement agreement executed between a taxpayer and the department, investigation records, investigation reports, or any other information disclosed by the reports filed under the provisions of the law relating to any of the listed taxes, including required information derived from a federal return, except to any of the following when it is agreed that the information is to be confidential and to be used solely for official purposes:
 - (1) Members and employees of the department.
 - (2) The governor.

- (3) A member of the general assembly or an employee of the house of representatives or the senate when acting on behalf of a taxpayer located in the member's legislative district who has provided sufficient information to the member or employee for the department to determine that the member or employee is acting on behalf of the taxpayer.
- (4) An employee of the legislative services agency to carry out the responsibilities of the legislative services agency under IC 2-5-1.1-7 or another law.
- (5) The attorney general or any other legal representative of the state in any action in respect to the amount of tax due under the provisions of the law relating to any of the listed taxes.
- (6) Any authorized officers of the United States.
- (b) The information described in subsection (a) may be revealed upon the receipt of a certified request of any designated officer of the state tax department of any other state, district, territory, or possession of the United States when:
 - (1) the state, district, territory, or possession permits the exchange of like information with the taxing officials of the state; and
 - (2) it is agreed that the information is to be confidential and to be used solely for tax collection purposes.
- (c) The information described in subsection (a) relating to a person on public welfare or a person who has made application for public welfare may be revealed to the **office of the secretary of family and social services for purposes of IC 12-15-1-24, the** director of the division of family resources, and to any director of a county office of the division of family resources located in Indiana, upon receipt of a written request from either director for the information. The information shall be treated as confidential by the **office and the** directors. In addition, the information described in subsection (a)



relating to a person who has been designated as an absent parent by the state Title IV-D agency shall be made available to the state Title IV-D agency upon request. The information shall be subject to the information safeguarding provisions of the state and federal Title IV-D programs.

- (d) The name, address, Social Security number, and place of employment relating to any individual who is delinquent in paying educational loans owed to a postsecondary educational institution may be revealed to that institution if it provides proof to the department that the individual is delinquent in paying for educational loans. This information shall be provided free of charge to approved postsecondary educational institutions (as defined by IC 21-7-13-6(a)). The department shall establish fees that all other institutions must pay to the department to obtain information under this subsection. However, these fees may not exceed the department's administrative costs in providing the information to the institution.
- (e) The information described in subsection (a) relating to reports submitted under IC 6-6-1.1-502 concerning the number of gallons of gasoline sold by a distributor and IC 6-6-2.5 concerning the number of gallons of special fuel sold by a supplier and the number of gallons of special fuel exported by a licensed exporter or imported by a licensed transporter may be released by the commissioner upon receipt of a written request for the information.
- (f) The information described in subsection (a) may be revealed upon the receipt of a written request from the administrative head of a state agency of Indiana when:
 - (1) the state agency shows an official need for the information; and
 - (2) the administrative head of the state agency agrees that any information released will be kept confidential and will be used solely for official purposes.
- (g) The information described in subsection (a) may be revealed upon the receipt of a written request from the chief law enforcement officer of a state or local law enforcement agency in Indiana when it is agreed that the information is to be confidential and to be used solely for official purposes.
- (h) The name and address of retail merchants, including township, as specified in IC 6-2.5-8-1(k) may be released solely for tax collection purposes to township assessors and county assessors.
- (i) The department shall notify the appropriate innkeeper's tax board, bureau, or commission that a taxpayer is delinquent in remitting innkeepers' taxes under IC 6-9.



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(j) All information relating to the delinquency or evasion of the vehicle excise tax may be disclosed to the bureau of motor vehicles in Indiana and may be disclosed to another state, if the information is disclosed for the purpose of the enforcement and collection of the taxes imposed by IC 6-6-5.
(k) All information relating to the delinquency or evasion of commercial vehicle excise taxes payable to the bureau of motor vehicles in Indiana may be disclosed to the bureau and may be disclosed to another state, if the information is disclosed for the purpose of the enforcement and collection of the taxes imposed by
IC 6-6-5.5. (l) All information relating to the delinquency or evasion of

- (l) All information relating to the delinquency or evasion of commercial vehicle excise taxes payable under the International Registration Plan may be disclosed to another state, if the information is disclosed for the purpose of the enforcement and collection of the taxes imposed by IC 6-6-5.5.
- (m) All information relating to the delinquency or evasion of the excise taxes imposed on recreational vehicles and truck campers that are payable to the bureau of motor vehicles in Indiana may be disclosed to the bureau and may be disclosed to another state if the information is disclosed for the purpose of the enforcement and collection of the taxes imposed by IC 6-6-5.1.
 - (n) This section does not apply to:
 - (1) the beer excise tax, including brand and packaged type (IC 7.1-4-2);
 - (2) the liquor excise tax (IC 7.1-4-3);
 - (3) the wine excise tax (IC 7.1-4-4);
 - (4) the hard cider excise tax (IC 7.1-4-4.5);
 - (5) the vehicle excise tax (IC 6-6-5);
 - (6) the commercial vehicle excise tax (IC 6-6-5.5); and
 - (7) the fees under IC 13-23.
- (o) The name and business address of retail merchants within each county that sell tobacco products may be released to the division of mental health and addiction and the alcohol and tobacco commission solely for the purpose of the list prepared under IC 6-2.5-6-14.2.
- (p) The name and business address of a person licensed by the department under IC 6-6 or IC 6-7, or issued a registered retail merchant's certificate under IC 6-2.5, may be released for the purpose of reporting the status of the person's license or certificate.
- (q) The department may release information concerning total incremental tax amounts under:
 - (1) IC 5-28-26;



1	(2) IC 36-7-13;
2	(3) IC 36-7-26;
3	(4) IC 36-7-27;
4	(5) IC 36-7-31;
5	(6) IC 36-7-31.3; or
6	(7) any other statute providing for the calculation of incremental
7	state taxes that will be distributed to or retained by a political
8	subdivision or other entity;
9	to the fiscal officer of the political subdivision or other entity that
10	established the district or area from which the incremental taxes were
11	received if that fiscal officer enters into an agreement with the
12	department specifying that the political subdivision or other entity will
13	use the information solely for official purposes.
14	(r) The department may release the information as required in
15	IC 6-8.1-3-7.1 concerning:
16	(1) an innkeeper's tax, a food and beverage tax, or an admissions
17	tax under IC 6-9;
18	(2) the supplemental auto rental excise tax under IC 6-6-9.7; and
19	(3) the covered taxes allocated to a professional sports
20	development area fund, sports and convention facilities operating
21	fund, or other fund under IC 36-7-31 and IC 36-7-31.3.
22	(s) Information concerning state gross retail tax exemption
23	certificates that relate to a person who is exempt from the state gross
24	retail tax under IC 6-2.5-4-5 may be disclosed to a power subsidiary (as
25	defined in IC 6-2.5-1-22.5) or a person selling the services or
26	commodities listed in IC 6-2.5-4-5 for the purpose of enforcing and
27	collecting the state gross retail and use taxes under IC 6-2.5.
28	(t) The department may release a statement of tax withholding or
29	other tax information statement provided on behalf of a taxpayer to the
30	department to:
31	(1) the taxpayer on whose behalf the tax withholding or other tax
32	information statement was provided to the department;
33	(2) the taxpayer's spouse, if:
34	(A) the taxpayer is deceased or incapacitated; and
35	(B) the taxpayer's spouse is filing a joint income tax return
36	with the taxpayer; or
37	(3) an administrator, executor, trustee, or other fiduciary acting on
38	behalf of the taxpayer if the taxpayer is deceased.
39	(u) Information related to a listed tax regarding a taxpayer may be
40	disclosed to an individual without a power of attorney under
41	IC 6-8.1-3-8(a)(2) if:

(1) the individual is authorized to file returns and remit payments



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- for one (1) or more listed taxes on behalf of the taxpayer through the department's online tax system before September 8, 2020;
 - (2) the information relates to a listed tax described in subdivision
 - (1) for which the individual is authorized to file returns and remit payments;
 - (3) the taxpayer has been notified by the department of the individual's ability to access the taxpayer's information for the listed taxes described in subdivision (1) and the taxpayer has not objected to the individual's access;
 - (4) the individual's authorization or right to access the taxpayer's information for a listed tax described in subdivision (1) has not been withdrawn by the taxpayer; and
 - (5) disclosure of the information to the individual is not prohibited by federal law.

Except as otherwise provided by this article, this subsection does not authorize the disclosure of any correspondence from the department that is mailed or otherwise delivered to the taxpayer relating to the specified listed taxes for which the individual was given authorization by the taxpayer. The department shall establish a date, which may be earlier but not later than September 1, 2023, after which a taxpayer's information concerning returns and remittances for a listed tax may not be disclosed to an individual without a power of attorney under IC 6-8.1-3-8(a)(2) by providing notice to the affected taxpayers and previously authorized individuals, including notification published on the department's website. After the earlier of the date established by the department or September 1, 2023, the department may not disclose a taxpayer's information concerning returns and remittances for a listed tax to an individual unless the individual has a power of attorney under IC 6-8.1-3-8(a)(2) or the disclosure is otherwise allowed under this article.

- (v) The department may publish a list of persons, corporations, or other entities that qualify or have qualified for an exemption for sales tax under IC 6-2.5-5-16, IC 6-2.5-5-25, or IC 6-2.5-5-26, or otherwise provide information regarding a person's, corporation's, or entity's exemption status under IC 6-2.5-5-16, IC 6-2.5-5-25, or IC 6-2.5-5-26. For purposes of this subsection, information that may be disclosed includes:
 - (1) any federal identification number or other identification number for the entity assigned by the department;
 - (2) any expiration date of an exemption under IC 6-2.5-5-25;
 - (3) whether any sales tax exemption has expired or has been revoked by the department; and



1	(4) any other information reasonably necessary for a recipient of
2	an exemption certificate to determine if an exemption certificate
3	is valid.
4	(w) The department may share a taxpayer's name and other personal
5	identification information with a tax preparer or tax preparation
6	software provider in cases where the department suspects that a
7	fraudulent return has been filed on behalf of a taxpayer and the
8	department suspects that the system of a taxpayer's previous year tax
9	preparer or tax preparation software provider has been breached.
10	SECTION 3. IC 12-15-1-24 IS ADDED TO THE INDIANA CODE
11	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
12	1, 2025]: Sec. 24. (a) Except as required under federal law, the
13	office of the secretary may not accept self-attestation of any of the
14	following in the administration of the Medicaid program:
15	(1) Income.
16	(2) Residency.
17	(3) Age.
18	(4) Household composition.
19	(5) Caretaker or relative status.
20	(6) Receipt of other coverage without verification before
21	enrollment.
22	(b) The office of the secretary shall enter into a data matching
23	agreement with:
24	(1) the state lottery commission; and
25	(2) the Indiana gaming commission;
26	to, on at least a monthly basis, identify individuals receiving
27	Medicaid assistance with lottery and gambling winnings of at least
28	three thousand dollars (\$3,000). Upon verification of any winnings
29	resulting in the individual no longer being eligible for Medicaid,
30	the office of the secretary shall terminate the individual's
31	enrollment.
32	(c) On at least a monthly basis, the office of the secretary shall
33	review vital statistics information provided by the Indiana
34	department of health under IC 16-19-3-19 to determine removal of
35	deceased individuals from Medicaid enrollment.
36	(d) On at least a quarterly basis, the office of the secretary shall
37	receive and review information from the department of state
38	revenue and the department of workforce development concerning
39	Medicaid recipients that indicates a change in circumstances that
40	may affect eligibility, including changes to employment or wages.
41	(e) On at least an annual basis, the office of the secretary shall

receive and review information from the department of state



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1	revenue concerning Medicaid recipients that indicates a change in
2	circumstances that may affect Medicaid eligibility.
3	(f) On at least a monthly basis, the office of the secretary shall
4	review information concerning Medicaid recipients who also
5	receive SNAP to determine whether there has been any change in
6	circumstances that may affect Medicaid eligibility, including a
7	change in residency as may be identified through electronic benefit
8	transfer program transactions.
9	(g) On at least a monthly basis, the office of the secretary shall
10	receive and review information from the department of correction
l 1	concerning Medicaid recipients that may indicate a change in
12	circumstances that may affect Medicaid eligibility.
13	SECTION 4. IC 12-15-1-25 IS ADDED TO THE INDIANA CODE
14	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
15	1, 2025]: Sec. 25. (a) Unless prohibited by federal law and on at
16	least a monthly basis, the office of the secretary shall review the
17	following to assess continuous eligibility of Medicaid recipients:
18	(1) The following information maintained by the United States
19	Social Security Administration:
20	(A) Earned income information.
21	(B) Death register information.
22	(C) Incarceration records.
23	(D) Supplemental security income information.
24	(E) Beneficiary records.
25	(F) Earnings information.
26	(G) Pension information.
27	(2) The following information maintained by the United States
28	Department of Health and Human Services:
29	(A) Income and employment information maintained in the
30	national directory of new hires data base.
31	(B) Child support enforcement data.
32	(3) Change of address information maintained by the United
33	States Postal Service.
34	(4) Payment and earnings information maintained by the
35	United States Department of Housing and Urban
36	Development.
37	(5) National fleeing felon information maintained by the
38	United States Federal Bureau of Investigation.
39	(6) Tax filing information maintained by the United States
10	Department of the Treasury.
11	(b) The office of the secretary may contract with an independent

third party for additional data base searches that may contain



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information that indicates a change in circumstances that may affect Medicaid applicant or recipient eligibility.

SECTION 5. IC 12-15-1.3-4.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4.3. (a) Before July 1, 2025, the office of the secretary shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan that removes references to coverage under the state Medicaid plan of the population described in 42 CFR 435.119.

(b) The office of the secretary may delay the effective date of a state plan amendment described in subsection (a) during the time that the office of the secretary is negotiating with the United States Department of Health and Human Services for a state Medicaid waiver covering the population described in subsection (a). However, the office of the secretary may not delay later than June 30, 2026, the implementation of a state plan amendment requested under this section and authorized by the United States Department of Health and Human Services.

SECTION 6. IC 12-15-4-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 1.5. (a) The office of the secretary shall establish the following:**

- (1) Performance standards for hospitals to use in making presumptive eligibility determinations.
- (2) An appeals process for a hospital that disputes a determination that a presumptive eligibility was violated beginning after the second finding of a presumptive eligibility violation by the office of the secretary for the hospital within a twelve (12) month period.
- (b) A hospital shall do the following when making a presumptive eligibility determination:
 - (1) Notify the office of the secretary of each presumptive eligibility determination not later than five (5) business days after the date of the determination.
 - (2) Assist individuals whom the hospital determines are presumptively eligible with completing and submitting a full Medicaid application.
 - (3) Notify the applicant in writing and on all relevant forms with plain language and large print that if the applicant:
 - (A) does not file a full Medicaid application with the office of the secretary before the last day of the following month,



1	presumptive eligibility will end on that last day; and
2	(B) files a full Medicaid application with the office of the
3	secretary before the last day of the following month,
4	presumptive eligibility will continue until an eligibility
5	determination is made concerning the application.
6	(c) The office of the secretary shall use the following
7	performance standards to establish and ensure accurate
8	presumptive eligibility determinations by a qualified hospital:
9	(1) Determine whether the presumptive eligibility received
10	from the hospital complied with the time requirement set
11	forth in subsection (b)(1).
12	(2) Determine whether the office of the secretary received
13	before the expiration of the presumptive eligibility period the
14	full application from the individual determined by the
15	hospital to be presumptively eligible.
16	(3) Determine whether the applicant who was determined by
17	the hospital to be presumptively eligible by the hospital was
18	determined to be eligible for Medicaid after the full
19	application was received.
20	(d) If a hospital fails for the first time to meet any of the
21	presumptive eligibility standards under this section for a
22	presumptive eligibility determination in a calendar year, the office
23	of the secretary shall notify the hospital in writing not later than
24	five (5) days after the determination of a violation is made. The
25	notice must include the following:
26	(1) A description of the standard that was not met and an
27	explanation of why the hospital did not meet the standard.
28	(2) Notice that a second finding on noncompliance with a
29	standard will result in a requirement that the hospital's
30	applicable staff participate in mandatory training on hospital
31	presumptive eligibility rules and standards that is performed
32	by the office of the secretary.
33	(e) If the office of the secretary determines that a hospital has
34	failed to meet any of the presumptive eligibility standards under
35	this section in any presumptive eligibility determination by the
36	hospital for a second time within a twelve (12) month period of a
37	first violation, the office of the secretary shall notify the hospital in
38	writing not later than five (5) days after the determination that a
39	second violation has occurred. The written notice must include the
40	following:
41	(1) A description of the standard that was not met and an

explanation of why the hospital did not meet the standard.



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1	(2) Notice that the hospital's applicable staff must participate
2	in mandatory training on hospital presumptive eligibility
3	rules and standards that is performed by the office of the
4	secretary, and information concerning the date, time, and
5	location of the training by the office.
6	(3) A description of the available appeal procedures that the
7	hospital may use to dispute the finding of a violation of
8	presumptive eligibility standards.
9	(4) Notice that a third violation by the hospital of a
0	presumptive eligibility standard within a twelve (12) month
1	period from the second violation will result in the hospital no
2	longer being qualified to make presumptive eligibility
3	determinations.
4	If a hospital appeals a finding of a violation of presumptive
5	eligibility standards described in this subsection, the hospital must
6	provide clear and convincing evidence during the appeals process
7	that the standard was met by the hospital.
8	(f) If the office of the secretary determines that a hospital has
9	failed to meet any of the presumptive eligibility standards under
0.	this section in any presumptive eligibility determination by the
21	hospital for a third time within a twelve (12) month period of the
22	second violation by the hospital, the office of the secretary shall
.3	notify the hospital in writing not later than five (5) days from a
.4	determination that a presumptive eligibility standard was violated
2.5	by the hospital for the third time. The written notice must include
.6	the following:
27	(1) A description of the standard that was not met and an
28	explanation of why the hospital did not meet the standard.
.9	(2) A description of the available appeal procedures that the
0	hospital may use to dispute the finding of a violation of
1	presumptive eligibility standards.
2	(3) Notice that, effective immediately from receipt of the
3	notice, the hospital is no longer qualified to make presumptive
4	eligibility determinations for the Medicaid program.
5	If a hospital appeals a finding of a violation of presumptive
6	eligibility standards described in this subsection, the hospital must
7	provide clear and convincing evidence during the appeals process
8	that the standard was met by the hospital.
9	SECTION 7. IC 12-15-44.5-3, AS AMENDED BY P.L.241-2023,
0	SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
1	JULY 1, 2025]: Sec. 3. (a) The healthy Indiana plan is established.
-2	(b) The office shall administer the plan.



1	(c) Subject to section 4 of this chapter, the following individuals
2	are may be eligible for the plan:
3	(1) The adult group described in 42 CFR 435.119
4	(2) Parents and caretaker relatives eligible under 42 CFR 435.110.
5	(3) Low income individuals who are:
6	(A) at least nineteen (19) years of age; and
7	(B) less than twenty-one (21) years of age;
8	and eligible under 42 CFR 435.222.
9	(4) Individuals, for purposes of receiving transitional medical
10	assistance.
11	if an individual meets the following requirements:
12	(A) Meets at least one (1) of the following:
13	(i) Is working at least twenty (20) hours per week on a
14	monthly average.
15	(ii) Is participating in and complying with the
16	requirements of a work program for at least twenty (20)
17	hours per week, as determined by the office.
18	(iii) Is volunteering at least twenty (20) hours per week,
19	as determined by the office.
20	(iv) Undertakes the activities described in items (i) and
21	(ii) for a combined total of at least twenty (20) hours per
22	week, as determined by the office.
23	(v) Participates in and complies with the requirements of
24	a workfare program, as determined by the office.
25	(vi) Receives unemployment compensation and complies
26	with federal and state work requirements under the
27	unemployment compensation system.
28	(vii) Participates in a substance use treatment and
29	rehabilitation program.
30	(viii) Is medically certified as physically or mentally unfit
31	for employment.
32	(ix) Is a parent or caretaker responsible for the care of a
33	dependent child less than six (6) years of age.
34	(x) Is a parent or caretaker personally providing the care
35	for a dependent child with a serious medical condition or
36	disability.
37	(B) Has received not more than thirty-six (36) months of
38	coverage under the plan.
39	(C) Was eligible for and enrolled in the plan on the date
40	the plan becomes effective after approval by the United
41	States Department of Health and Human Services.
42	(2) Is either less than nineteen (19) years of age or more than



1	sixty-four (64) years of age and meets the following:
2	(A) Has received not more than thirty-six (36) months of
3	coverage under the plan.
4	(B) Was eligible for and enrolled in the plan on the date the
5	plan becomes effective after approval by the United States
6	Department of Health and Human Services.
7	(3) Is pregnant and meets the following:
8	(A) Has received not more than thirty-six (36) months of
9	coverage under the plan.
10	(B) Was eligible for and enrolled in the plan on the date the
11	plan becomes effective after approval by the United States
12	Department of Health and Human Services.
13	An individual must meet the Medicaid residency requirements under
14	IC 12-15-4-4 and this article to be eligible for the plan.
15	(d) The following individuals are not eligible for the plan:
16	(1) An individual who participates in the federal Medicare
17	program (42 U.S.C. 1395 et seq.).
18	(2) An individual who is otherwise eligible and enrolled for
19	medical assistance.
20	(e) The department of insurance and the office of the secretary shall
21	provide oversight of the marketing practices of the plan.
22 23 24	(f) The office shall promote the plan and provide information to
23	potential eligible individuals who live in medically underserved rural
24	areas of Indiana.
25	(g) The office shall, to the extent possible, ensure that enrollment in
26	the plan is distributed throughout Indiana in proportion to the number
27	of individuals throughout Indiana who are eligible for participation in
28	the plan.
29	(h) The office shall establish standards for consumer protection,
30	including the following:
31	(1) Quality of care standards.
32	(2) A uniform process for participant grievances and appeals.
33	(3) Standardized reporting concerning provider performance,
34	consumer experience, and cost.
35	(i) A health care provider that provides care to an individual who
36	receives health coverage under the plan shall also participate in the
37	Medicaid program under this article.
38	(j) The following do not apply to the plan:
39	(1) IC 12-15-12.
10	(2) IC 12-15-13.
11	(3) IC 12-15-14.
12	(4) IC 12-15-15.



1	(5) IC 12-15-21.
2	(6) IC 12-15-26.
3	(7) IC 12-15-31.1.
4	(8) IC 12-15-34.
5	(9) IC 12-15-35.
6	(10) IC 16-42-22-10.
7	SECTION 8. IC 12-15-44.5-4, AS AMENDED BY P.L.30-2016,
8	SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9	JULY 1, 2025]: Sec. 4. (a) The plan:
10	(1) is not an entitlement program; and
l 1	(2) serves as an alternative to health care coverage under Title
12	XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.);
13	(3) may not grant eligibility under the state Medicaid plan for
14	medical assistance under 42 U.S.C. 1396a; and
15	(4) must grant eligibility for the plan through an approved
16	demonstration project under 42 U.S.C. 1315.
17	(b) If either any of the following occurs, the office shall terminate
18	the plan in accordance with section 6(b) of this chapter:
19	(1) The:
20	(A) percentages of federal medical assistance available to the
21	plan for coverage of plan participants described in Section
22	1902(a)(10)(A)(i)(VIII) of the federal Social Security Act are
23 24	less than the percentages provided for in Section
24	2001(a)(3)(B) of the federal Patient Protection and Affordable
25	Care Act; and
26	(B) hospital assessment committee (IC 16-21-10), after
27	considering the modification and the reduction in available
28	funding, does not alter the formula established under
29	IC 16-21-10-13.3(b)(1) to cover the amount of the reduction
30	in federal medical assistance.
31	For purposes of this subdivision, "coverage of plan participants"
32	includes payments, contributions, and amounts referred to in
33	IC 16-21-10-13.3(b)(1)(A), IC 16-21-10-13.3(b)(1)(C), and
34	IC 16-21-10-13.3(b)(1)(D), including payments, contributions,
35	and amounts incurred during a phase out period of the plan.
36 37	(2) The:
	(A) methodology of calculating the incremental fee set forth in
38	IC 16-21-10-13.3 is modified in any way that results in a
39 10	reduction in available funding; (P) happital assassment for committee (IC 16.21.10), after
10 11	(B) hospital assessment fee committee (IC 16-21-10), after
↓1 ↓2	considering the modification and reduction in available
t∠	funding, does not alter the formula established under



1	IC 16-21-10-13.3(b)(1) to cover the amount of the reduction
2	in fees; and
3	(C) office does not use alternative financial support to cover
4	the amount of the reduction in fees.
5	(3) The Medicaid waiver approving the plan is revoked,
6	rescinded, vacated, or otherwise altered in a manner such that
7	the state cannot comply with the requirements of this chapter.
8	(c) If the plan is terminated under subsection (b), the secretary may
9	implement a plan for coverage of the affected population in a manner
10	consistent with the healthy Indiana plan (IC 12-15-44.2 (before its
11	repeal)) in effect on January 1, 2014:
12	(1) subject to prior approval of the United States Department of
13	Health and Human Services; and
14	(2) without funding from the incremental fee set forth in
15	IC 16-21-10-13.3.
16	(d) The office may not operate the plan in a manner that would
17	obligate the state to financial participation beyond the level of state
18	appropriations or funding otherwise authorized for the plan.
19	(e) The office of the secretary shall submit annually to the budget
20	committee an actuarial analysis of the plan that reflects a determination
21	that sufficient funding is reasonably estimated to be available to
22	operate the plan.
23	SECTION 9. IC 12-15-44.5-10, AS AMENDED BY P.L.30-2016,
24	SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25	JULY 1, 2025]: Sec. 10. (a) The secretary has the authority to provide
26	benefits to individuals eligible under the adult group described in 42
27	CFR 435.119 only in accordance with this chapter.
28	(b) The secretary shall limit enrollment in the plan to the lesser
29	of:
30	(1) the number individuals that ensures that financial
31	participation does not exceed the level of state appropriations
32	or other funding for the plan; or
33	(2) five hundred thousand (500,000) individuals.
34	(b) (c) The secretary may negotiate and make changes to the plan,
35	except that the secretary may not negotiate or change the plan in a way
36	that would do the following:
37	(1) Reduce the following:
38	(A) Contribution amounts below the minimum levels set forth
39	in section 4.7 of this chapter.
40	(B) Deductible amounts below the minimum amount
41	established in section 4.5(c) of this chapter.
42	(C) The number of hours required to satisfy the work



1	requirements specified in section 3(c)(1)(A) of this chapter.
2	(2) Remove or reduce the penalties for nonpayment set forth in
3	section 4.7 of this chapter.
4	(3) Revise the use of the health care account requirement set forth
5	in section 4.5 of this chapter.
6	(4) Include noncommercial benefits or add additional plan
7	benefits in a manner inconsistent with section 3.5 of this chapter.
8	(5) Allow services to begin:
9	(A) without the payment established or required by; or
0	(B) earlier than the time frames otherwise established by;
1	section 4.7 of this chapter.
12	(6) Reduce financial penalties for the inappropriate use of the
13	emergency room below the minimum levels set forth in section
14	5.7 of this chapter.
15	(7) Permit members to change health plans without cause in a
16	manner inconsistent with section 4.7(g) of this chapter.
17	(8) Operate the plan in a manner that would obligate the state to
18	financial participation beyond the level of state appropriations or
19	funding otherwise authorized for the plan.
20	(9) Increase the maximum duration of benefits beyond the
21	limitations specified in section 3(c)(1)(B) of this chapter.
22	(10) Extend eligibility to individuals beyond those specified in
23	section 3(c) of this chapter.
24	(c) (d) The secretary may make changes to the plan under this
25	chapter if the changes are required by federal law or regulation.
26	SECTION 10. IC 16-19-3-19, AS AMENDED BY P.L.128-2015,
27	SECTION 237, IS AMENDED TO READ AS FOLLOWS
28	[EFFECTIVE JULY 1, 2025]: Sec. 19. (a) The state department shall
29	study the vital statistics and endeavor to make intelligent and profitable
30	use of the collected records of death and sickness among the people.
31	(b) As required under 52 U.S.C. 21083, after January 1, 2006, the
32 33	department shall provide information to the following: (1) The election division to coordinate the computational list of
34	(1) The election division to coordinate the computerized list of voters maintained under IC 3-7-26.3 with the department records
35	-
	concerning individuals identified as deceased under IC 3-7-45.
36 37	(2) The office of the secretary of family and social services to
38	determine whether a Medicaid recipient is identified as deceased for purposes of IC 12-15-1-24(c).
90 39	SECTION 11. IC 22-4-19-6, AS AMENDED BY P.L.122-2019,
10	SECTION 11. IC 22-4-19-0, AS AMENDED BY F.L.122-2019, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
‡0 ‡1	JULY 1, 2025]: Sec. 6. (a) Each employing unit shall keep true and
†1 ‡2	accurate records containing information the department considers
T_	accurate records containing information the department considers



1	necessary. These records are:
2	(1) open to inspection; and
3	(2) subject to being copied;
4	by an authorized representative of the department at any reasonable
5	time and as often as may be necessary. The department, the review
6	board, or an administrative law judge may require from any employing
7	unit any verified or unverified report, with respect to persons employed
8	by it, which is considered necessary for the effective administration of
9	this article.
10	(b) Except as provided in this section, information obtained or
11	obtained from any person in the administration of this article and the
12	records of the department relating to the unemployment tax or the
13	payment of benefits is confidential and may not be published or be
14	open to public inspection in any manner revealing the individual's or
15	the employing unit's identity, except in obedience to an order of a court
16	or as provided in this section.
17	(c) A claimant or an employer at a hearing before an administrative
18	law judge or the review board shall be supplied with information from
19	the records referred to in this section to the extent necessary for the
20	proper presentation of the subject matter of the appearance.
21	(d) The department may release the following information:
22	(1) Summary statistical data may be released to the public.
23	(2) Employer specific information known as Quarterly Census of
24	Employment and Wages data and data resulting from
25	enhancements made through the business establishment list
26	improvement project may be released to the Indiana economic
27	development corporation only for the following purposes:
28	(A) The purpose of conducting a survey.
29	(B) The purpose of aiding the officers or employees of the
30	Indiana economic development corporation in providing
31	economic development assistance through program
32	development, research, or other methods.
33	(C) Other purposes consistent with the goals of the Indiana
34	economic development corporation and not inconsistent with
35	those of the department, including the purposes of IC 5-28-6-7.
36	(3) Employer specific information known as Quarterly Census of
37	Employment and Wages data and data resulting from
38	enhancements made through the business establishment list
39	improvement project may be released to:
40	(A) the budget agency and the legislative services agency only
41	for aiding the employees of the budget agency or the
42	legislative services agency in forecasting tax revenues; and



1	(B) the Indiana department of labor for the purpose of
2	conducting a survey and reporting to the United States
3	Department of Labor or the federal Bureau of Labor Statistics.
4	(4) Wages data to the office of the secretary of family and
5	social services for the purposes specified in IC 12-15-1-24(d).
6	(e) The department may make information available under
7	subsection (d) only:
8	(1) if:
9	(A) under subsection (d)(1), data provided in summary form
10	cannot be used to identify information relating to a specific
11	employer or specific employee; or
12	(B) under subsection $(d)(2)$ and $(d)(3)$, there is an agreement
13	that the employer specific information released will be treated
14	as confidential and will be released only in summary form that
15	cannot be used to identify information relating to a specific
16	employer or a specific employee; and
17	(2) after the cost of making the information available to the
18	person requesting the information is paid under IC 5-14-3.
19	(f) The department may disclose confidential information:
20	(1) to an individual or employer as provided in 20 CFR 603.5(c),
21	upon request and proper identification of the individual or
22	employer;
23	(2) through informed consent of a party as provided in 20 CFR
24	603.5(d);
25	(3) to a public official as provided in 20 CFR 603.5(e);
26	(4) to an agent or contractor of a public official as provided in 20
27	CFR 603.5(f); or
28	(5) to the Bureau of Labor Statistics as provided in 20 CFR
29	603.5(g);
30	after the cost of making the information available to the party
31	requesting the information is paid under IC 5-14-3.
32	(g) In addition to the confidentiality provisions of subsection (b), the
33	fact that a claim has been made under IC 22-4-15-1(c)(8) and any
34	information furnished by the claimant or an agent to the department to
35	verify a claim of domestic or family violence are confidential.
36	Information concerning the claimant's current address or physical
37	location shall not be disclosed to the employer or any other person.
38	Disclosure is subject to the following additional restrictions:
39	(1) The claimant must be notified before any release of
40	information.
41	(2) Any disclosure is subject to redaction of unnecessary

identifying information, including the claimant's address.



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1	(h) An employee:
2	(1) of the department who recklessly violates subsection (a), (c)
3	(d), (e), (f), or (g); or
4	(2) of any governmental entity listed in subsection (f) who
5	recklessly violates subsection (f);
6	commits a Class B misdemeanor.
7	(i) An employee of the Indiana economic development corporation,
8	the budget agency, or the legislative services agency who violates
9	subsection (d), (e), or (f) commits a Class B misdemeanor.
10	(j) An employer or agent of an employer that becomes aware that a
11	claim has been made under IC 22-4-15-1(c)(8) shall maintain that
12	information as confidential.
13	(k) The department may charge a reasonable processing fee not to
14	exceed two dollars (\$2) for each record that provides information about
15	an individual's last known employer released in compliance with a
16	court order under subsection (b).
17	SECTION 12. An emergency is declared for this act.

