



PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that House Bill 1666 be amended to read as follows:

- 1 Page 2, line 11, delete "IC 16-19-18," and insert "**IC 16-21-6**,"
- 2 Page 2, line 11, delete "IC 16-19-18-1." and insert "**IC**
- 3 **16-21-6-0.3**."
- 4 Page 2, delete lines 12 through 42, begin a new paragraph and
- 5 insert:
- 6 "SECTION 3. IC 16-19-3-35 IS ADDED TO THE INDIANA CODE
- 7 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 8 1, 2025]: **Sec. 35. (a) The state department shall cooperate with the**
- 9 **Indiana professional licensing agency and the department of**
- 10 **insurance to develop and implement a plan to:**
- 11 **(1) collect the information described in IC 16-21-6-3(a)(14)**
- 12 **through IC 16-21-6-3(a)(17), IC 25-22.5-18-3, and**
- 13 **IC 27-1-4.5-5; and**
- 14 **(2) make the information publicly available as set forth in this**
- 15 **section.**
- 16 **(b) Before December 1 of each year, the state department shall**
- 17 **publicly post the information:**
- 18 **(1) collected under IC 16-21-6-3(a)(14) through**
- 19 **IC 16-21-6-3(a)(17); and**
- 20 **(2) received from the:**
- 21 **(A) Indiana professional licensing agency under**
- 22 **IC 25-22.5-18-4; or**

1           **(B) department of insurance under IC 27-1-4.5-6;**  
 2 **on the state department's website."**

3       Delete page 3.

4       Page 4, delete lines 1 through 4, begin a new paragraph and insert:  
 5 "SECTION 5. IC 16-21-6-0.3 IS ADDED TO THE INDIANA  
 6 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 7 [EFFECTIVE JULY 1, 2025]: **Sec. 0.3. As used in this chapter,**  
 8 **"controlling" has the meaning set forth in IC 23-1-43-8**

9       SECTION 6. IC 16-21-6-3, AS AMENDED BY P.L.152-2024,  
 10 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 11 JULY 1, 2025]: Sec. 3. (a) Each hospital shall file with the state  
 12 department a report for the preceding fiscal year within one hundred  
 13 twenty (120) days after the end of the hospital's fiscal year. For the  
 14 filing of a report, the state department may grant an extension of the  
 15 time to file the report if the hospital shows good cause for the  
 16 extension. The report must contain the following:

- 17       (1) A copy of the hospital's balance sheet, including a statement
- 18       describing the hospital's total assets and total liabilities.
- 19       (2) A copy of the hospital's income statement.
- 20       (3) A statement of changes in financial position.
- 21       (4) A statement of changes in fund balance.
- 22       (5) Accountant notes pertaining to the report.
- 23       (6) A copy of the hospital's report required to be filed annually
- 24       under 42 U.S.C. 1395g, and other appropriate utilization and
- 25       financial reports required to be filed under federal statutory law.
- 26       (7) Net patient revenue and total number of paid claims, including
- 27       providing the information as follows:

28       (A) The net patient revenue and total number of paid claims  
 29       for inpatient services for:

- 30       (i) Medicare;
- 31       (ii) Medicaid;
- 32       (iii) commercial insurance, including inpatient services
- 33       provided to patients participating in a fully-funded health
- 34       insurance plan or a self-funded health insurance plan;
- 35       (iv) self-pay; and
- 36       (v) any other category of payer.

37       (B) The net patient revenue and total number of paid claims  
 38       for outpatient services for:

- 39       (i) Medicare;
- 40       (ii) Medicaid;
- 41       (iii) commercial insurance, including outpatient services
- 42       provided to patients participating in a fully-funded health
- 43       insurance plan or a self-funded health insurance plan;
- 44       (iv) self-pay; and
- 45       (v) any other category of payer.

46       (C) The total net patient revenue and total number of paid

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

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

(13) A statement describing the total cost of reimbursed and unreimbursed education separated into the following categories:

(A) Education of physicians, nurses, technicians, and other medical professionals and health care providers.

(B) Scholarships and funding to medical schools, and other postsecondary educational institutions for health professions education.

(C) Education of patients concerning diseases and home care in response to community needs.

(D) Community health education through informational programs, publications, and outreach activities in response to community needs.

(E) Other educational services resulting in education related costs.

**(14) The name of each person or entity that has:**

**(A) an ownership interest of at least five percent (5%);**

**(B) a controlling interest; or**

**(C) an interest as a private equity partner;**

**in the hospital.**

**(15) The business address of each person or entity identified under subdivision (14). The business address must include a:**

**(A) building number;**

**(B) street name;**

**(C) city name;**

**(D) ZIP code; and**

**(E) country name.**

**The business address may not include a post office box number.**

**(16) The business website, if applicable, of each person or entity identified under subdivision (14).**

**(17) Any of the following identification numbers, if applicable, for a person or entity identified under subdivision (14):**

**(A) National provider identifier (NPI).**

**(B) Taxpayer identification number (TIN).**

**(C) Employer identification number (EIN).**

**(D) CMS certification number (CCN).**

**(E) National Association of Insurance Commissioners (NAIC) identification number.**

**(F) A personal identification number associated with a license issued by the department of insurance.**

**A hospital may not include the Social Security number of any individual.**

(b) The information in the report filed under subsection (a) must be provided from reports or audits certified by an independent certified public accountant or by the state board of accounts.

(c) A hospital that fails to file the report required under subsection

1 (a) by the date required shall pay to the state department a fine of one  
2 thousand dollars (\$1,000) per day for which the report is past due. A  
3 fine under this subsection shall be deposited into the payer affordability  
4 penalty fund established by IC 12-15-1-18.5."

5 Page 7, line 40, delete "chapter, IC 16-19-18-2," and insert  
6 **"chapter, IC 16-21-6-3(a)(14) through IC 16-21-6-3(a)(17),"**.

7 Page 7, line 42, delete "IC 16-19-18-3." and insert **"IC 16-19-3-35."**.

8 Page 10, line 19, delete "IC 16-19-18-2," and insert **"IC**  
9 **16-21-6-3(a)(14) through IC 16-21-6-3(a)(17),"**.

10 Page 10, line 21, delete "IC 16-19-18-3." and insert **"IC**  
11 **16-19-3-35."**.

12 Renumber all SECTIONS consecutively.

(Reference is to HB 1666 as printed February 4, 2025.)

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Representative Barrett