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 ENROLLED ACT No. 1666

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 12-15-1-18.5, AS ADDED BY P.L.203-2023, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 18.5. (a) The payer affordability penalty fund is established for the purpose of receiving fines collected under IC 16-21-6-3, **IC 27-1-4.5-7,** and ~~fines collected under~~ IC 27-2-25.5 to be used for:

(1) the state's share of the Medicaid program; and

(2) a study of hospitals that are impacted by changes made in the disproportionate share hospital methodology payments set forth in Section 203 of the federal Consolidated Appropriations Act of 2021.

The office of the secretary shall perform the study and provide the results of the study described in subdivision (2) to the budget committee.

(b) The fund shall be administered by the office of the secretary.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(e) Money in the fund at the end of a state fiscal year does not revert

to the state general fund.

(f) Money in the fund is continually appropriated.

SECTION 2. IC 16-18-2-79.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 79.1. "Controlling", for purposes of IC 16-21-6, has the meaning set forth in IC 16-21-6-0.3.**

SECTION 3. IC 16-19-3-35 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 35. (a) The state department shall do the following:**

**(1) Cooperate with the secretary of state and the department of insurance to develop and implement a plan to collect the information described in IC 16-21-6-3(a)(14) through IC 16-21-6-3(a)(18), IC 23-0.5-2-13(a)(6), and IC 27-1-4.5-5.**

**(2) Annually publish on the state department's website a report concerning the information collected under subdivision (1).**

**(3) Upon request, provide the information collected under subdivision (1) to any the following:**

**(A) The legislative council created by IC 2-5-1.1-1.**

**(B) The office of the attorney general.**

**(C) The health care cost oversight task force established by IC 2-5-47.**

**(4) In carrying out the state department's duties under this section, operate within existing appropriations for the state department.**

**(b) In publishing the report required under subsection (a)(2), the state department:**

**(1) may omit information the state department determines is not widely available to the general public; and**

**(2) may not include the name of a person or entity that has an ownership stake in a hospital, health care entity, insurer, third party administrator, or pharmacy benefit manager.**

SECTION 4. IC 16-21-6-0.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 0.3. As used in this chapter, "controlling" has the meaning set forth in IC 23-1-43-8.**

SECTION 5. IC 16-21-6-3, AS AMENDED BY P.L.152-2024, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 3. (a) Each hospital shall file with the state department a report for the preceding fiscal year within one hundred twenty (120) days after the end of the hospital's fiscal year. For the filing of a report, the state department may grant an extension of the

time to file the report if the hospital shows good cause for the extension. The report must contain the following:

(1) A copy of the hospital's balance sheet, including a statement describing the hospital's total assets and total liabilities.

(2) A copy of the hospital's income statement.

(3) A statement of changes in financial position.

(4) A statement of changes in fund balance.

(5) Accountant notes pertaining to the report.

(6) A copy of the hospital's report required to be filed annually under 42 U.S.C. 1395g, and other appropriate utilization and financial reports required to be filed under federal statutory law.

(7) Net patient revenue and total number of paid claims, including providing the information as follows:

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

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including inpatient services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

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

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including outpatient services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(C) The total net patient revenue and total number of paid claims for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue for services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(8) Net patient revenue and total number of paid claims from

facility fees, including providing the information as follows:

(A) The net patient revenue and total number of paid claims for inpatient services from facility fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including inpatient services from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(B) The net patient revenue and total number of paid claims for outpatient services from facility fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including outpatient services from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(C) The total net patient revenue and total number of paid claims from facility fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(9) Net patient revenue and total number of paid claims from professional fees, including providing the information as follows:

(A) The net patient revenue and total number of paid claims for inpatient services from professional fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including inpatient services from professional fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(B) The net patient revenue and total number of paid claims for outpatient services from professional fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including outpatient services from professional fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(C) The total net patient revenue and total number of paid claims from professional fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue from professional fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(10) A statement including:

(A) Medicare gross revenue;

(B) Medicaid gross revenue;

(C) other revenue from state programs;

(D) revenue from local government programs;

(E) local tax support;

(F) charitable contributions;

(G) other third party payments;

(H) gross inpatient revenue;

(I) gross outpatient revenue;

(J) contractual allowance;

(K) any other deductions from revenue;

(L) charity care provided;

(M) itemization of bad debt expense; and

(N) an estimation of the unreimbursed cost of subsidized health services.

(11) A statement itemizing donations.

(12) A statement describing the total cost of reimbursed and 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) either:**

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

**(ii) if the person is a practitioner of the hospital, any ownership interest;**

**(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.**

**(18) The ownership stake of each person or entity identified under subdivision (14).**

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

SECTION 6. IC 23-0.5-2-12.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2026]: **Sec. 12.5. (a) As used in sections 13 and 14 of this chapter, "health care entity" means any organization or business that provides health care services. The term does not include the following:**

**(1) A hospital.**

**(2) An insurer (as defined in IC 27-1-4.5-2).**

**(3) A pharmacy benefit manager (as defined in IC 27-1-4.5-3).**

**(4) A third party administrator (as defined in IC 27-1-4.5-4).**

**(5) A person or entity that does not accept commercial health insurance reimbursement.**

**(b) As used in this section, "health care services" means any diagnostic, medical, surgical, dental treatment, or rehabilitative care for the purpose of preventing, alleviating, curing, or healing human illness or injury.**

SECTION 7. IC 23-0.5-2-13, AS AMENDED BY HEA 1593-2025, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2026]: Sec. 13. (a) A domestic filing entity or registered foreign entity shall deliver to the secretary of state for filing a biennial report that states:

(1) the name of the entity and, if a registered foreign entity, its jurisdiction of formation;

(2) the information required by IC 23-0.5-4-3(b);

(3) the street address of the entity's principal office;

(4) for a corporation, the names and business addresses of its directors, secretary, and the highest executive office of the corporation; ~~and~~

(5) for a nonprofit corporation, the names and business or resident addresses of its directors, secretary, and highest executive office; **and**

**(6) for a health care entity, the information required under section 14 of this chapter.**

(b) Information in a biennial report must be current as of the date the report is signed by the entity.

(c) The biennial report must be delivered to the secretary of state for filing every two (2) calendar years on a schedule determined by the secretary of state. The secretary of state may accept biennial reports during the ninety (90) days before the month in which the biennial report is due.

(d) If a biennial report does not contain the information required by this section, the secretary of state shall promptly notify the reporting entity in a record and return the report for correction. If the report is corrected to contain the information required by this section and delivered to the secretary of state within thirty (30) days after the effective date of notice, the report is considered to be timely filed.

(e) If a biennial report contains information required by IC 23-0.5-4-3(b) which differs from the information shown in the records of the secretary of state immediately before the report becomes effective, the differing information is considered a statement of change under IC 23-0.5-4-7.

(f) A biennial report filed under this section may not specify a future effective date.

(g) If a person submits a biennial report on behalf of another person, the person submitting the biennial report shall take reasonable steps, including manual verification, the use of software or third party services to perform background or identification verification, or obtaining identifying documents from the person on whose behalf the biennial report is being submitted, such as:

(1) a state issued driver's license;

(2) a state issued identification card; or

(3) a passport;

to verify the identity of the person on whose behalf the submitting person is submitting the biennial report.

(h) A person who submits a biennial report on behalf of another person under subsection (g) shall provide the information used by the submitting person to verify the identity of the person on whose behalf the biennial report is being submitted to the secretary of state upon request.

SECTION 8. IC 23-0.5-2-14 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2026]: **Sec. 14. (a) Each health care entity that does business in Indiana shall report the following information as part**

**of the report under this chapter:**

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

**(A) either:**

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

**(ii) if the person is a practitioner of the health care entity, any ownership interest;**

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

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

**in the health care entity.**

**(2) The business address of each person or entity identified under subdivision (1). 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.**

**(3) The business website, if applicable, of each person or entity identified under subdivision (1).**

**(4) Any of the following identification numbers, if applicable, for a person or entity identified under subdivision (1):**

**(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.**

**(5) The ownership stake of each person or entity identified under subdivision (1).**

**(6) Whether the health care entity is a Medicaid provider and, if so, whether the health care entity accepted Medicaid recipients during a majority of the preceding two (2) calendar years.**

**A report provided under this section may not include the Social Security number of any individual.**

**(b) The secretary of state shall cooperate with the Indiana department of health and the department of insurance to develop and implement a plan to collect the information described in this section.**

**(c) In carrying out the secretary of state's duties under this section, the secretary of state shall operate within existing appropriations for the secretary of state.**

SECTION 9. IC 25-1-8.5-2, AS ADDED BY P.L.95-2024, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 2. (a) As used in this chapter, "health care entity" means any of the following:

(1) ~~Any~~ **Except as provided in subsection (b), an** organization or business that provides diagnostic, medical, surgical, dental treatment, or rehabilitative care.

(2) An insurer that issues a policy of accident and sickness insurance (as defined in IC 27-8-5-1), except for the following types of coverage:

(A) Accident only, credit, dental, vision, long term care, or disability income insurance.

(B) Coverage issued as a supplement to liability insurance.

(C) Automobile medical payment insurance.

(D) A specified disease policy.

(E) A policy that provides indemnity benefits not based on any expense incurred requirements, including a plan that provides coverage for:

(i) hospital confinement, critical illness, or intensive care; or

(ii) gaps for deductibles or copayments.

(F) Worker's compensation or similar insurance.

(G) A student health plan.

(H) A supplemental plan that always pays in addition to other coverage.

(3) A health maintenance organization (as defined in IC 27-13-1-19).

(4) A pharmacy benefit manager (as defined in IC 27-1-24.5-12).

(5) An administrator (as defined in IC 27-1-25-1).

(6) A private equity partnership, regardless of where the private equity partnership is located, seeking to enter into a merger or acquisition with an entity described in subdivisions (1) through (5).

(b) The term does not include:

**(1) a health care provider (as defined by IC 4-6-14-2) that is majority owned, or that would be majority owned after the merger or acquisition, by practitioners who:**

**(A) are licensed in Indiana; and**

**(B) routinely provide health care services in the practitioner owned practice;**

**(2)** the Medicaid program; or

**(3)** the Medicare program.

SECTION 10. IC 25-1-8.5-3.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 3.7. (a) The office of the attorney general may at any time investigate the market concentration of a health care entity. The office of the attorney general may issue a civil investigative demand under IC 4-6-3 to a health care entity subject to an investigation conducted under this section.**

**(b) The office of the attorney general shall keep confidential all nonpublic information obtained in the course of an investigation conducted under this section. Confidential information may not be released to the public.**

SECTION 11. IC 27-1-4.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]:

**Chapter 4.5. Disclosure of Ownership Information**

**Sec. 1. As used in this chapter, "controlling" has the meaning set forth in IC 23-1-43-8.**

**Sec. 2. As used in this chapter, "insurer" includes the following:**

**(1) An insurer (as defined in IC 27-1-2-3(x)) that issues a policy of accident and sickness insurance (as defined in IC 27-8-5-1(a)). However, the term does not include the coverages described in IC 27-8-5-2.5(a).**

**(2) A health maintenance organization (as defined in IC 27-13-1-19) that provides coverage for basic health care services (as defined in IC 27-13-1-4).**

**(3) A managed care organization (as defined in IC 12-7-2-126.9) that provides services to a Medicaid recipient.**

**(4) A prepaid health care delivery plan under IC 5-10-8-7(c) that provides group health coverage for state employees.**

**Sec. 3. As used in this chapter, "pharmacy benefit manager" has the meaning set forth in IC 27-1-24.5-12.**

**Sec. 4. As used in this chapter, "third party administrator" means an individual or entity that performs administrative services for an insurer or a self-funded health benefit plan, including:**

**(1) a self-funded health benefit plan that complies with the federal Employee Retirement Income Security Act (ERISA) of 1974 (29 U.S.C. 1001 et seq.); and**

**(2) a self-insurance program established under IC 5-10-8-7(b).**

**Sec. 5. (a) Beginning July 1, 2025, and each July 1 thereafter,**

**each insurer, third party administrator, and pharmacy benefit manager that does business in Indiana shall file with the department a report that includes the following information:**

**(1) 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 insurer, third party administrator, or pharmacy benefit manager.**

**(2) The business address of each person or entity identified under subdivision (1). 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.**

**(3) The business website, if applicable, of each person or entity identified under subdivision (1).**

**(4) Any of the following identification numbers, if applicable, for a person or entity identified under subdivision (1):**

**(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.**

**(5) The ownership stake of each person or entity identified under subdivision (1).**

**A report provided under this section may not include the Social Security number of any individual.**

**(b) The department may not charge a fee for a report submitted under this section.**

**Sec. 6. (a) The department shall cooperate with the Indiana department of health and the secretary of state to develop and implement a plan to collect the information described in section 5 of this chapter, IC 16-21-6-3(a)(14) through IC 16-21-6-3(a)(18), and IC 23-0.5-2-13(a)(6).**

**(b) Before September 1 of each year, the department shall**

**provide the information collected under section 5 of this chapter to the Indiana department of health.**

**Sec. 7. (a) The department may assess:**

**(1) an insurer;**

**(2) a third party administrator; or**

**(3) a pharmacy benefit manager;**

**that violates section 5 of this chapter a fine of one thousand dollars ($1,000) per day for which the report is past due.**

**(b) A fine under this section shall be deposited into the payer affordability penalty fund established by IC 12-15-1-18.5.**

**(c) The department may waive a fine assessed under this section.**

**(d) The department may take disciplinary action against:**

**(1) an insurer;**

**(2) a third party administrator; or**

**(3) a pharmacy benefit manager;**

**that is licensed under this title for repeated violations of section 5 of this chapter.**

**Sec. 8. (a) Before December 1 of each year, the department shall submit to the legislative council an annual report of the:**

**(1) violations assessed; and**

**(2) fines waived;**

**under section 7 of this chapter in the previous calendar year.**

**(b) A report described in this section must be submitted in an electronic format under IC 5-14-6.**

**Sec. 9. (a) The department shall issue a notice or bulletin on at least two (2) occasions to notify insurers, third party administrators, and pharmacy benefit managers of the reporting requirements set forth in this chapter.**

**(b) A notice or bulletin issued under this section must be posted on the department's website in a manner that is easily accessible to insurers, third party administrators, and pharmacy benefit managers.**

**Sec. 10. In carrying out the department's duties under this chapter, the department shall operate within existing appropriations for the department.**

Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____