



What’s Moving & What’s at Stake
in the Last Weeks of the 2025 Indiana Legislative Session
March 28, 2025



Indiana Behavioral Health Legislative Update

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As the Indiana General Assembly approaches its final weeks, legislative action is heating up on key health-related bills. Several developments this week have implications for mental health access, affordability, and workforce support.

House Bill 1385 filed a concurrence with language allowing peer recovery coaches with past felony substance offenses to work in healthcare—so long as there are no further charges. Senate Bill 118 moved forward requiring transparency from 340B entities, which could influence funding streams for safety-net providers offering behavioral health services. House Bill 1003 includes provisions to limit the rescinding of prior authorizations, while Senate Bill 480 strengthens patient protections by setting clearer prior authorization requirements.

We still need your help urging the IGA to fully fund mental health and addiction services in the state budget.

Send a Message to Your Legislator

Bills Heard in the Senate

[HB 1385 – Health Care Facility Employees - Bascom, Goss-Reaves, Dant Chesser, Garcia Wilburn](#)

Synopsis: Provides an exception to one of the disqualifying conditions for a nurse aide or other unlicensed employee.

Allows individuals with a past felony drug conviction to work in healthcare facilities if they are certified peer recovery coaches, unless a subsequent offense is committed or pending.

[HB 1003 – Health Matters - Barrett, Lehman, Isa](#)

Synopsis: Specifies that the Medicaid fraud control unit's (MFCU) investigation of Medicaid fraud may include the investigation of provider fraud, insurer fraud, duplicate billing, and other instances of fraud. Permits the attorney general to enter into a data sharing agreement with specified state agencies and authorizes the MFCU to analyze this data to carry out its investigative duties. Provides that all complaints made to the state Medicaid fraud control unit are confidential until an action is filed concerning the complaint.

[HB 1474 – FSSA Matters - Barrett, Greene, Isa, Bauer M](#)

Synopsis: Adds additional duties to a workgroup currently organized concerning the pathways for aging risk based managed care program (program). Requires the office of the secretary of family and social services (office of the secretary) to do the following concerning the program: (1) Determine the base reimbursement rate, methodology, and reimbursement rates for provider payment by managed care organizations. (2) Conduct a claims review if claims are denied at a rate of at least 10%. (3) Post the claims reviews on the office of the secretary's website. (4) Conduct external medical reviews of prior authorization denials. Allows the office of the secretary to perform claims reviews of managed care organizations participating in the program.

Bills Heard in the House

[SB 118 – 340B Drug Program Report - Charbonneau, Crider, Johnson T, Deery, Becker, Busch](#)

Synopsis: Requires certain entities authorized to participate in the federal 340B Drug Pricing Program to annually report specified data to the Indiana department of health (state department). Requires the state department to submit a report of the aggregated data to the legislative council and post the report on the state department's website.

[SB 480 – Prior Authorization - Johnson T, Charbonneau, Brown L, Rogers, Crider, Becker](#)

Synopsis: Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Provides that a claim for reimbursement for a covered service or item provided to a certain individual may not be denied on the sole basis that the referring provider is an out of network provider. Repeals superseded provisions regarding prior authorization. Makes corresponding changes.

For the full list of priority bills we are tracking, please visit this [link](#).

