

# Indiana Supreme Court Upholds Broad COVID-19 Immunity for Health Care Providers

Insights

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The Indiana Supreme Court has issued a significant decision reinforcing the scope of state and federal COVID-19 immunity protections for health care providers. In *Waggoner v. Anonymous Health System, Inc.*, 274 N.E.3d 1245 (Ind. 2026), decided on March 4, 2026, the Court held that hospitals and clinicians were immune from civil liability for alleged malpractice arising from treatment provided during the COVID-19 public health emergency. This immunity extends to claims based on secondary complications such as pressure wounds developed during ventilator use.

The ruling provides important guidance on how courts may evaluate COVID-era immunity defenses and resolve such issues at early stages of litigation.

## Key Holdings of the *Waggoner* Decision

In *Waggoner*, the estate of a patient alleged that negligent treatment of a pressure wound, rather than COVID-19 itself, caused the patient's death. The Indiana Supreme Court rejected that framing and held that the providers were entitled to immunity under both Indiana law and the federal Public Readiness and Emergency Preparedness ("PREP") Act.

First, the Court concluded that trial courts may decide statutory immunity as a threshold legal issue, without first awaiting an opinion from a medical review panel under Indiana's Medical Malpractice Act ("MMA"). Because immunity is an affirmative defense that turns on statutory interpretation rather than medical standard-of-care questions, the Court held that expert medical opinion was not required before resolving the issue.

Second, the Court adopted a broad interpretation of injuries "arising from COVID-19." It held that an injury need not be directly caused by the COVID-19 virus to fall within immunity. Where a patient's injury results from services or treatment performed for COVID-19—such as prolonged immobilization and ventilator use—the causal connection is sufficient, even if the immediate cause of death is a secondary complication.

Third, the Court held that state law immunity may apply even when some treatment occurs after the formal expiration of a disaster emergency, so long as the patient's course of treatment arose from and began during the declared emergency period.

Fourth, the Court emphasized that the statutory exceptions for gross negligence or willful misconduct are narrow and require specific supporting evidence.

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Allegations that care was “inadequate” or negligent, without evidence of conscious or reckless disregard, were insufficient to defeat immunity.

Finally, the Court held that the providers were independently immune under the PREP Act, which broadly preempts state law claims arising from the use of covered countermeasures like ventilators during a declared public health emergency. The Court emphasized that claims “relating to” the administration of such countermeasures fall within PREP Act immunity, and that any willful-misconduct claims must be pursued exclusively through the federal statutory framework.

### **Practical Implications for Health Care Providers**

The *Waggoner* decision provides strong support for resolving COVID-era claims at early stages of litigation when immunity statutes apply. The Court’s analysis confirms that plaintiffs cannot avoid immunity by recasting their claims as non-COVID injuries where the alleged harm stems from treatment provided in response to COVID-19. It also confirms that courts may address immunity issues before completion of administrative or expert-panel review processes.

Although this decision arose under Indiana law, the Court’s analysis within the case of causation, timing, and PREP Act preemption may be persuasive to courts in other jurisdictions addressing similar COVID-related claims.

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