

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1013

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 3-7-15-2, AS AMENDED BY P.L.44-2009, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The general assembly finds that the following offices in Indiana provide public assistance within the scope of NVRA:

(1) Each county office established under IC 12-19-1-1 that administers:

(A) the Temporary Assistance for Needy Families program (TANF) under IC 12-14; or

(B) the Medicaid program under IC 12-15.

(2) Each office of the division of family resources that administers the food stamp program under federal law.

(3) Each office of the ~~state~~ **Indiana** department of health that administers the Special Supplemental Nutrition Program for the Women, Infants, and Children Program (WIC) under IC 16-35-1.5.

SECTION 2. IC 3-7-26.3-13, AS AMENDED BY P.L.128-2015, SECTION 96, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. As required under 52 U.S.C. 21083, the election division shall coordinate the computerized list with the ~~state~~ **Indiana** department of health concerning individuals identified as deceased under IC 3-7-45.

SECTION 3. IC 3-7-45-2.1, AS AMENDED BY P.L.138-2019,

HEA 1013



SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.1. (a) As required under 52 U.S.C. 21083, the election division shall coordinate the computerized list generated by the statewide voter registration system under IC 3-7-26.3 with the **state Indiana** department of health to permit a county voter registration office to cancel the registration records of deceased individuals on an expedited basis.

(b) The **state Indiana** department of health shall report to the election division, by county, the names, ages, and known residence addresses of all persons who:

- (1) died within Indiana but outside the county of residence; and
- (2) maintained a residence address within the county during the two (2) years preceding the date of death.

(c) Each county health officer and municipal health officer shall report to the **state Indiana** department of health the names, ages, and known voting addresses in the county of all persons:

- (1) who have died within the jurisdiction of the officer; or
- (2) for whom burial permits have been issued by the officer.

The **state Indiana** department of health shall report this information to the election division.

(d) The **state Indiana** department of health shall report to the election division, by county, the names, ages, and known residence addresses of all persons:

- (1) who died outside Indiana;
- (2) who maintained a residence address within the county during the two (2) years preceding the date of death; and
- (3) whose names were supplied to the **state Indiana** department of health under an agreement made under section 5 of this chapter.

(e) The county voter registration office shall request a copy of the death records filed quarterly by the local health department with the county auditor under IC 16-37-3-9(d). If a voter is identified as deceased in the death records, the county voter registration office shall cancel the voter registration record of that individual in conformity with section 3 of this chapter.

SECTION 4. IC 3-7-45-5, AS AMENDED BY P.L.258-2013, SECTION 66, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The **state Indiana** department of health shall acquire information regarding the deaths of Indiana residents occurring in each of the other states from those states or from the State and Territorial Exchange of Vital Events (STEVE) System and Electronic Verification of Vital Events (EVVE) System, administered by the

HEA 1013



National Association for Public Health Statistics and Information Systems. The **state Indiana** department of health may offer to share with each other state information regarding the deaths of the other state's residents in Indiana.

(b) At least once each month, the **state Indiana** department of health shall forward that information as provided in section 2.1 of this chapter.

SECTION 5. IC 3-10-8-4.5, AS AMENDED BY P.L.10-2010, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.5. Whenever the election division receives a notice under section 4 of this chapter, the election division shall notify the following offices and agencies that a special election will be conducted within all or part of Indiana:

- (1) Each agency serving persons with disabilities and designated as a voter registration site under IC 3-7-16.
- (2) Armed forces recruitment offices in accordance with procedures established under IC 3-7-17.
- (3) Each agency designated as a voter registration site and subject to IC 3-7-18.
- (4) The bureau of motor vehicles for voter registration purposes under IC 9-24-2.5.
- (5) The adjutant general for purposes of enforcing IC 10-16-7-17.
- (6) The division of family resources for voter registration purposes under IC 12-14-1.5, IC 12-14-25, and IC 12-15-1.5.
- (7) The **state Indiana** department of health for voter registration purposes under IC 16-35-1.6.
- (8) The Federal Voting Assistance Program of the United States Department of Defense, for notification of absent uniformed services voters and overseas voters.

SECTION 6. IC 4-1-8-1, AS AMENDED BY P.L.58-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) No individual may be compelled by any state agency, board, commission, department, bureau, or other entity of state government (referred to as "state agency" in this chapter) to provide the individual's Social Security number to the state agency against the individual's will, absent federal requirements to the contrary. However, the provisions of this chapter do not apply to the following:

- (1) Department of state revenue.
- (2) Department of workforce development.
- (3) The programs administered by:
 - (A) the division of family resources;
 - (B) the division of mental health and addiction;

HEA 1013



(C) the division of disability and rehabilitative services;
 (D) the division of aging; and
 (E) the office of Medicaid policy and planning;
 of the office of the secretary of family and social services.

(4) Auditor of state.

(5) State personnel department.

(6) Secretary of state, with respect to the registration of broker-dealers, agents, and investment advisors.

(7) The lobby registration commission, with respect to the registration of lobbyists.

(8) Indiana department of administration, with respect to bidders on contracts.

(9) Indiana department of transportation, with respect to bidders on contracts.

(10) Indiana professional licensing agency.

(11) Department of insurance, with respect to licensing of insurance producers.

(12) The department of child services.

(13) A pension fund administered by the board of trustees of the Indiana public retirement system.

(14) The state police benefit system.

(15) The alcohol and tobacco commission.

(16) The **state Indiana** department of health, for purposes of licensing radiologic technologists under IC 16-41-35-29(c).

(b) The bureau of motor vehicles may, notwithstanding this chapter, require the following:

(1) That an individual include the individual's Social Security number in an application for an official certificate of title for any vehicle required to be titled under IC 9-17.

(2) That an individual include the individual's Social Security number on an application for registration.

(3) That a corporation, limited liability company, firm, partnership, or other business entity include its federal tax identification number on an application for registration.

(4) That an individual include the individual's Social Security number on an application for a license, a permit, or an identification card.

(c) The Indiana department of administration, the Indiana department of transportation, and the Indiana professional licensing agency may require an employer to provide its federal employer identification number.

(d) The department of correction may require a committed offender

HEA 1013



to provide the offender's Social Security number for purposes of matching data with the Social Security Administration to determine benefit eligibility.

(e) The Indiana gaming commission may, notwithstanding this chapter, require the following:

(1) That an individual include the individual's Social Security number:

(A) in any application for a riverboat owner's license, supplier's license, or occupational license; or

(B) in any document submitted to the commission in the course of an investigation necessary to ensure that gaming under IC 4-32.3, IC 4-33, and IC 4-35 is conducted with credibility and integrity.

(2) That a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other business entity include its federal tax identification number on an application for a riverboat owner's license or supplier's license.

(f) Notwithstanding this chapter, the department of education established by IC 20-19-3-1 may require an individual who applies to the department for a license or an endorsement to provide the individual's Social Security number. The Social Security number may be used by the department only for conducting a background investigation, if the department is authorized by statute to conduct a background investigation of an individual for issuance of the license or endorsement.

SECTION 7. IC 4-3-22-18, AS ADDED BY P.L.109-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18. Before July 1, 2013, the office of management and budget, in consultation with the Indiana School for the Deaf, the department of education, the **state Indiana** department of health, and the office of the secretary of family and social services, shall recommend to the general assembly through the budget process an appropriate agency to provide office space and staff support for the center for deaf and hard of hearing education established under IC 20-35-11. Until the center for deaf and hard of hearing education is established and operating, the Indiana School for the Deaf shall continue to provide those services that will be transferred from the Indiana School for the Deaf to the center for deaf and hard of hearing education or local education agencies at the time the center is established and operating.

SECTION 8. IC 4-12-4-9, AS AMENDED BY P.L.6-2012, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 9. (a) The Indiana tobacco use prevention and cessation executive board is abolished July 1, 2011. On July 1, 2011:

(1) all assets, obligations, powers, and duties of the executive board are transferred to the **state Indiana** department of health; and

(2) all appropriations made to the Indiana tobacco use prevention and cessation executive board are transferred to the **state Indiana** department of health and are considered appropriations made to the **state Indiana** department of health.

(b) In addition to any other power granted by this chapter, the **state Indiana** department of health may:

(1) adopt rules under IC 4-22-2 to carry out this chapter;

(2) accept gifts, devises, bequests, grants, loans, appropriations, revenue sharing, other financing and assistance, and any other aid from any source and agree to and comply with conditions attached to that aid;

(3) make, execute, and effectuate any and all contracts, agreements, or other documents with any governmental agency or any person, corporation, limited liability company, association, partnership, or other organization or entity necessary or convenient to accomplish the purposes of this chapter, including contracts for the provision of all or any portion of the services the **state Indiana** department of health considers necessary;

(4) recommend legislation to the governor and general assembly;

(5) make recommendations to the governor, the budget agency, and the general assembly concerning the priorities for appropriation and distribution of money from the Indiana health care account established by IC 4-12-5-3; and

(6) do any and all acts and things necessary, proper, or convenient to carry out this chapter.

SECTION 9. IC 4-12-4-10, AS AMENDED BY P.L.35-2012, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. (a) The Indiana tobacco use prevention and cessation trust fund is established. The **state Indiana** department of health may expend money from the fund and make grants from the fund to implement the long range state plan established under this chapter. Administrative expenses necessary to carry out this chapter are also payable from the fund.

(b) The fund consists of:

(1) amounts, if any, that another statute requires to be distributed to the fund from the Indiana tobacco master settlement agreement fund;

HEA 1013



- (2) appropriations to the fund from other sources;
- (3) grants, gifts, and donations intended for deposit in the fund; and
- (4) interest that accrues from money in the fund.

(c) The fund shall be administered by the **state Indiana** department of health. Notwithstanding IC 5-13, 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 money is invested by the Indiana public retirement system under IC 5-10.3-5. The treasurer of state may contract with investment management professionals, investment advisors, and legal counsel to assist in the investment of the fund and may pay the expenses incurred under those contracts from the fund. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(d) All income and assets of the executive board deposited in the fund are for the use of the **state Indiana** department of health after appropriation.

SECTION 10. IC 4-12-4-11, AS AMENDED BY P.L.229-2011, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) The **state Indiana** department of health shall develop:

- (1) a mission statement concerning prevention and reduction of the usage of tobacco and tobacco products in Indiana, including:
 - (A) emphasis on prevention and reduction of tobacco use by minorities, pregnant women, children, and youth, including youth with serious and emotional disturbances;
 - (B) encouragement of smoking cessation;
 - (C) production and distribution of information concerning the dangers of tobacco use and tobacco related diseases;
 - (D) providing research on issues related to reduction of tobacco use;
 - (E) enforcement of laws concerning sales of tobacco to youth and use of tobacco by youth; and
 - (F) other activities that the **state Indiana** department of health considers necessary and appropriate for inclusion in the mission statement; and
- (2) a long range state plan, based on Best Practices for Tobacco Control Programs as published by the Centers for Disease Control and Prevention, for:
 - (A) the provision of services by the **state Indiana** department of health, public or private entities, and individuals to implement the **state Indiana** department of health's mission

HEA 1013



statement; and

(B) the coordination of state efforts to reduce usage of tobacco and tobacco products.

The **state Indiana** department of health shall update the mission statement and long range state plan as necessary to carry out the purposes of this chapter.

(b) The long range state plan described in subsection (a) must:

- (1) cover a period of at least five (5) years;
- (2) include base line data concerning tobacco usage;
- (3) set forth specific goals for prevention and reduction of tobacco usage in Indiana; and
- (4) be made available to the governor, the general assembly, and any other appropriate state or federal agency.

SECTION 11. IC 4-12-4-12, AS AMENDED BY P.L.229-2011, SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. A public or private entity or an individual may submit an application to the **state Indiana** department of health for a grant from the fund. Each application must be in writing and contain the following information:

- (1) A clear objective to be achieved with the grant.
- (2) A plan for implementation of the specific program.
- (3) A statement of the manner in which the proposed program will further the goals of the **state Indiana** department of health's mission statement and long range state plan.
- (4) The amount of the grant requested.
- (5) An evaluation and assessment component to determine the program's performance.
- (6) Any other information required by the **state Indiana** department of health.

The **state Indiana** department of health may adopt written guidelines to establish procedures, forms, additional evaluation criteria, and application deadlines.

SECTION 12. IC 4-12-4-13, AS AMENDED BY P.L.229-2011, SECTION 49, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. The expenditure of state funds (other than a grant awarded under this chapter) for a program concerning prevention or reduction of tobacco usage that is operated by a state agency or a public or private entity is subject to the approval of the **state Indiana** department of health. The state agency or public or private entity shall submit a description of the proposed expenditure to the **state Indiana** department of health for the **state Indiana** department of health's review and approval. The description submitted under this section must

HEA 1013



include the following:

- (1) The objective to be achieved through the expenditure.
- (2) The plan for implementation of the expenditure.
- (3) The extent to which the expenditure will supplement or duplicate existing expenditures of other state agencies, public or private entities, or the **state Indiana** department of health.

SECTION 13. IC 4-12-4-14, AS AMENDED BY P.L.229-2011, SECTION 50, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. The **state Indiana** department of health shall prepare an annual financial report and an annual report concerning the **state Indiana** department of health's activities under this chapter and promptly transmit the annual reports to the governor and, in an electronic format under IC 5-14-6, to the legislative council. The **state Indiana** department of health shall make the annual reports available to the public upon request.

SECTION 14. IC 4-12-4-15, AS AMENDED BY P.L.181-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. The funds, accounts, management, and operations of the **state Indiana** department of health under this chapter are subject to audit by the state board of accounts.

SECTION 15. IC 4-12-5-4, AS AMENDED BY P.L.109-2015, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. Subject to appropriation by the general assembly, review by the budget committee, and approval by the budget agency, the auditor of state shall distribute money from the account to public or private entities or individuals for the implementation of programs concerning one (1) or more of the following purposes:

- (1) The children's health insurance program established under IC 12-17.6.
- (2) Cancer detection tests and cancer education programs.
- (3) Heart disease and stroke education programs.
- (4) Assisting community health centers in providing:
 - (A) vaccinations against communicable diseases, with an emphasis on service to youth and senior citizens;
 - (B) health care services and preventive measures that address the special health care needs of minorities (as defined in IC 16-46-6-2); and
 - (C) health care services and preventive measures in rural areas.
- (5) Promoting health and wellness activities.
- (6) Encouraging the prevention of disease, particularly tobacco related diseases.

HEA 1013



- (7) Addressing the special health care needs of those who suffer most from tobacco related diseases, including end of life and long term care alternatives.
- (8) Addressing minority health disparities.
- (9) Addressing the impact of tobacco related diseases, particularly on minorities and females.
- (10) Promoting community based health care, particularly in areas with a high percentage of underserved citizens, including individuals with disabilities, or with a shortage of health care professionals.
- (11) Enhancing local health department services.
- (12) Expanding community based minority health infrastructure.
- (13) Other purposes recommended by the **state Indiana** department of health.

SECTION 16. IC 4-12-5-6, AS AMENDED BY P.L.109-2015, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. A public or private entity or an individual may submit an application to the **state Indiana** department of health for a grant from the account. Each application must be in writing and contain the following information:

- (1) A clear objective to be achieved with the grant.
- (2) A plan for implementation of the specific program.
- (3) A statement of the manner in which the proposed program will further the goals of the **state Indiana** department of health's mission statement and long range state plan under IC 4-12-4.
- (4) The amount of the grant requested.
- (5) An evaluation and assessment component to determine the program's performance.
- (6) Any other information required by the **state Indiana** department of health.

The **state Indiana** department of health may adopt written guidelines to establish procedures, forms, additional evaluation criteria, and application deadlines.

SECTION 17. IC 4-12-7-4, AS AMENDED BY P.L.191-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The Indiana local health department account is established within the Indiana tobacco master settlement agreement fund for the purpose of providing funding for services provided by local boards of health in each county. The account consists of:

- (1) money required to be distributed to the account under subsection (b);
- (2) additional amounts, if any, that another statute requires to be

HEA 1013



distributed to the account from the Indiana tobacco master settlement agreement fund;

(3) appropriations to the account from other sources; and

(4) grants, gifts, and donations intended for deposit in the account.

(b) Three million dollars (\$3,000,000) of the money received by the state under the master settlement agreement during each calendar year beginning on or after January 1, 2001, shall be distributed to the account from the Indiana tobacco master settlement agreement fund.

(c) The account shall be administered by the **state Indiana** department of health. Money in the account at the end of the state fiscal year does not revert to the state general fund but remains available for expenditure.

SECTION 18. IC 4-12-7-5, AS AMENDED BY P.L.191-2013, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Except as provided in subsection (e), a local board of health seeking to receive funding from the account established by section 4 of this chapter must file an application with the **state Indiana** department of health before October 1 of each year:

(1) specifying the planned use for the funds; and

(2) in a manner specified by the **state Indiana** department of health.

The **state Indiana** department of health may extend the deadline for filing the application required by this subsection upon a showing of good cause by the local board of health.

(b) Subject to subsection (d) and subject to review by the budget committee and approval by the budget agency, before June 1 of each year the **state Indiana** department of health shall allocate money in the account to each county that has at least one (1) local board of health that has submitted an application that has been approved by the **state Indiana** department of health.

(c) The **state Indiana** department of health shall make two (2) distributions of the money allocated for a county described in subsection (b) to the local board of health not later than January 1 and July 1 of the year following the year in which the allocation is made under subsection (b). Each distribution must be one-half (1/2) of the amount determined under STEP FOUR of the following formula:

STEP ONE: Determine the amount of money, if any, available for distribution from the account.

STEP TWO: Subtract nine hundred twenty thousand dollars (\$920,000) from the amount determined under STEP ONE.

STEP THREE: Multiply the STEP TWO remainder by a fraction.

HEA 1013



The numerator of the fraction is the population of the county. The denominator of the fraction is the population of the state.

STEP FOUR: Add ten thousand dollars (\$10,000) to the STEP THREE product.

(d) If less than nine hundred twenty thousand dollars (\$920,000) is available for distribution from the account on July 1 of any year, the amount of each distribution from the account to each county must be one-half (1/2) of the amount determined under STEP TWO of the following formula:

STEP ONE: Determine the amount of money, if any, available for distribution from the account.

STEP TWO: Multiply the STEP ONE amount by a fraction. The numerator of the fraction is the population of the county. The denominator of the fraction is the population of the state.

(e) Notwithstanding subsection (a), the application due in 2013 covers a period of eighteen (18) months starting July 1, 2013, and must be submitted by a local board of health by June 1, 2013, instead of October 1, 2013. The **state Indiana** department of health may extend the deadline described in this subsection upon a showing of good cause by the local board of health. Distribution for applications described in this subsection that are approved by the **state Indiana** department of health shall be made as follows:

(1) An amount equal to one-half (1/2) of the amount determined under STEP FOUR of the formula in subsection (c), not later than July 1, 2013.

(2) An amount equal to one-half (1/2) of the amount determined under STEP FOUR of the formula in subsection (c), not later than January 1, 2014.

(3) An amount equal to one-half (1/2) of the amount determined under STEP FOUR of the formula in subsection (c), not later than July 1, 2014.

SECTION 19. IC 4-12-7-6, AS AMENDED BY P.L.191-2013, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) If only one (1) local board of health in a county has an application approved by the **state Indiana** department of health under this chapter, the **state Indiana** department of health shall make the distributions for the county under this chapter to that local board of health.

(b) If more than one (1) local board of health in a county has an application approved by the **state Indiana** department of health under this chapter, the **state Indiana** department of health shall make the distributions for the county to those local boards of health in amounts

HEA 1013



determined by the **state Indiana** department of health based on the population of the county served by the local boards of health.

SECTION 20. IC 4-12-7-7, AS AMENDED BY P.L.229-2011, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. In using money distributed under this chapter, a local board of health shall give priority to:

- (1) programs that share common goals with the mission statement and long range state plan established by the **state Indiana** department of health;
- (2) preventive health measures; and
- (3) support for community health centers that treat low income persons and senior citizens.

SECTION 21. IC 4-20.5-1-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. "State institution" refers to any of the following:

- (1) A state institution (as defined in IC 12-7-2-184).
- (2) An institution under the administrative control of the **state Indiana** department of health.
- (3) A correctional facility under the administrative control of the department of correction.

SECTION 22. IC 4-20.5-4-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) This section applies only to the following agencies:

- (1) A division (as defined in IC 12-7-2-69(c)), for a state institution under the administrative control of the division.
- (2) The **state Indiana** department of health, for an institution under the administrative control of the **state Indiana** department of health.
- (3) The department of correction, for a correctional facility under the administrative control of the department of correction.

(b) An agency may acquire property by eminent domain.

(c) Before an agency may acquire property under this section, the governor must approve the acquisition in writing.

SECTION 23. IC 4-20.5-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This chapter applies only to the following agencies:

- (1) A division (as defined in IC 12-7-2-69(c)), for a state institution under the administrative control of the division.
- (2) The **state Indiana** department of health, for an institution under the administrative control of the **state Indiana** department of health.
- (3) The department of correction, for a correctional facility under

HEA 1013



the administrative control of the department of correction.

SECTION 24. IC 4-20.5-11-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This chapter applies only to the following agencies:

- (1) A division (as defined in IC 12-7-2-69(c)), for a state institution under the administrative control of the division.
- (2) The **state Indiana** department of health, for an institution under the administrative control of the **state Indiana** department of health.
- (3) The department of correction, for a correctional facility under the administrative control of the department of correction.

SECTION 25. IC 4-21.5-2.5-2, AS ADDED BY P.L.215-2017, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. This chapter does not apply:

- (1) if the agency conducting the inspection determines that the alleged violation:
 - (A) represents intentional misconduct or an act of fraud by a responsible person or an agent of the responsible person;
 - (B) is not correctable within a reasonable time, as determined by the agency;
 - (C) demonstrates, by a continuing pattern of conduct, a willful disregard by the responsible person of the person's obligation to remedy the errors after the responsible person becomes aware of the errors;
 - (D) constitutes an immediate risk to:
 - (i) any person;
 - (ii) the public health, safety, or welfare; or
 - (iii) the environment; or
 - (E) constitutes a major violation of the agency's rules as expressly provided by the rules of the agency;
- (2) if another statute (including IC 13-30) provides a substantially similar procedure for correction of an alleged violation of a rule or state statute before the agency:
 - (A) imposes a sanction on a person; or
 - (B) terminates a legal right, duty, privilege, immunity, or other legal interest of a person;
- (3) if application of this chapter to a violation would violate a federal law or regulation;
- (4) if the alleged violation is a violation of:
 - (A) a rule or state statute governing the conduct of an agency employee or contractor in the procurement or performance of services or the delivery of property to a governmental entity;

HEA 1013



or

- (B) an ethics code;
- (5) if the alleged violation was discovered as part of the preparation of a health care licensing and certification survey by the **state Indiana** department of health;
- (6) if the alleged violation constitutes an act or omission that is charged by a state law enforcement agency as a crime or delinquent act or the agency forwards notice of the alleged violation to the attorney general, a state or local law enforcement agency, or a prosecuting attorney for investigation or prosecution as a crime or delinquent act;
- (7) to a day care regulation under IC 12-17.2; or
- (8) to the responsibilities of the department of child services under IC 31.

SECTION 26. IC 4-21.5-3-6, AS AMENDED BY P.L.35-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) Notice shall be given under this section concerning the following:

- (1) A safety order under IC 22-8-1.1.
- (2) Any order that:
 - (A) imposes a sanction on a person or terminates a legal right, duty, privilege, immunity, or other legal interest of a person;
 - (B) is not described in section 4 or 5 of this chapter or IC 4-21.5-4; and
 - (C) by statute becomes effective without a proceeding under this chapter if there is no request for a review of the order within a specified period after the order is issued or served.
- (3) A notice of program reimbursement or equivalent determination or other notice regarding a hospital's reimbursement issued by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and planning regarding a hospital's year end cost settlement.
- (4) A determination of audit findings or an equivalent determination by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and planning arising from a Medicaid postpayment or concurrent audit of a hospital's Medicaid claims.
- (5) A license suspension or revocation under:
 - (A) IC 24-4.4-2;
 - (B) IC 24-4.5-3;
 - (C) IC 28-1-29;
 - (D) IC 28-7-5;



(E) IC 28-8-4; or

(F) IC 28-8-5.

(6) An order issued by the secretary or the secretary's designee against providers regulated by the division of aging or the bureau of developmental disabilities services and not licensed by the **state Indiana** department of health under IC 16-27 or IC 16-28.

(b) When an agency issues an order described by subsection (a), the agency shall give notice to the following persons:

(1) Each person to whom the order is specifically directed.

(2) Each person to whom a law requires notice to be given.

A person who is entitled to notice under this subsection is not a party to any proceeding resulting from the grant of a petition for review under section 7 of this chapter unless the person is designated as a party in the record of the proceeding.

(c) The notice must include the following:

(1) A brief description of the order.

(2) A brief explanation of the available procedures and the time limit for seeking administrative review of the order under section 7 of this chapter.

(3) Any other information required by law.

(d) An order described in subsection (a) is effective fifteen (15) days after the order is served, unless a statute other than this article specifies a different date or the agency specifies a later date in its order. This subsection does not preclude an agency from issuing, under IC 4-21.5-4, an emergency or other temporary order concerning the subject of an order described in subsection (a).

(e) If a petition for review of an order described in subsection (a) is filed within the period set by section 7 of this chapter and a petition for stay of effectiveness of the order is filed by a party or another person who has a pending petition for intervention in the proceeding, an administrative law judge shall, as soon as practicable, conduct a preliminary hearing to determine whether the order should be stayed in whole or in part. The burden of proof in the preliminary hearing is on the person seeking the stay. The administrative law judge may stay the order in whole or in part. The order concerning the stay may be issued after an order described in subsection (a) becomes effective. The resulting order concerning the stay shall be served on the parties and any person who has a pending petition for intervention in the proceeding. It must include a statement of the facts and law on which it is based.

SECTION 27. IC 4-21.5-3-10, AS AMENDED BY P.L.205-2019, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 10. (a) An administrative law judge is subject to disqualification for:

- (1) bias, prejudice, or interest in the outcome of a proceeding;
- (2) failure to dispose of the subject of a proceeding in an orderly and reasonably prompt manner after a written request by a party;
- (3) unless waived or extended with the written consent of all parties or for good cause shown, failure to issue an order not later than ninety (90) days after the latest of:
 - (A) the filing of a motion to dismiss or a motion for summary judgment under section 23 of this chapter that is filed after June 30, 2011;
 - (B) the conclusion of a hearing that begins after June 30, 2011;
 - or
 - (C) the completion of any schedule set for briefing or for submittal of proposed findings of fact and conclusions of law for a disposition under clauses (A) or (B); or
- (4) any cause for which a judge of a court may be disqualified.

Before July 1, 2020, nothing in this subsection prohibits an individual who is an employee of an agency from serving as an administrative law judge.

(b) This subsection does not apply to a proceeding concerning a regulated occupation (as defined in IC 25-1-7-1), except for a proceeding concerning a water well driller (as described in IC 25-39-3) or an out of state mobile health care entity regulated by the **state Indiana** department of health. An individual who is disqualified under subsection (a)(2) or (a)(3) shall provide the parties a list of at least three (3) special administrative law judges who meet the requirements of:

- (1) IC 4-21.5-7-6, if the case is pending in the office of environmental adjudication.
- (2) IC 14-10-2-2, if the case is pending before the division of hearings of the natural resources commission; or
- (3) subject to subsection (d), any other statute or rule governing qualification to serve an agency other than those described in subdivision (1) or (2).

Subject to subsection (c), the parties may agree to the selection of one (1) individual from the list.

(c) If the parties do not agree to the selection of an individual as provided in subsection (b) not later than ten (10) days after the parties are provided a list of judges under subsection (b), a special administrative law judge who meets the requirements of subsection (b) shall be selected under the procedure set forth in Trial Rule 79(D),

HEA 1013



79(E), or 79(F).

(d) This subsection applies after June 30, 2020, to an agency whose proceedings are subject to the jurisdiction of the office of administrative law proceedings. If an administrative law judge is disqualified under this section, the director of the office of administrative law proceedings shall assign another administrative law judge.

SECTION 28. IC 4-21.5-3-34, AS AMENDED BY P.L.32-2011, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 34. (a) An agency is encouraged to develop informal procedures that are consistent with this article and make unnecessary more elaborate proceedings under this article.

(b) An agency may adopt rules, under IC 4-22-2, setting specific procedures to facilitate informal settlement of matters. The procedures must be consistent with this article.

(c) This section does not require any person to settle a matter under the agency's informal procedures.

(d) This subsection does not apply to a proceeding before the state ethics commission (created by IC 4-2-6-2) or a proceeding concerning a regulated occupation (as defined in IC 25-1-7-1), except for a proceeding concerning a water well driller (as described in IC 25-39-3) or an out of state mobile health care entity regulated by the **state Indiana** department of health. When a matter is settled without the need for more elaborate proceedings under this section, the ultimate authority or its designee shall issue the order agreed to by the parties as a final order under this article.

(e) When the final order referred to in subsection (d) involves the modification of a permit issued under IC 13, the administrative law judge:

- (1) shall remand the permit to the issuing agency with instructions to modify the permit in accordance with the final order; and
- (2) retains jurisdiction over any appeals of the modified permit.

Only those terms of the permit that are the subject of the final order shall be modified and subject to public notice and comment.

(f) Any petition for administrative review under this chapter concerning permit modification under subsection (e) is limited to only those terms of the permit modified in accordance with the final order issued under subsection (d).

SECTION 29. IC 4-23-6-5, AS AMENDED BY P.L.215-2016, SECTION 93, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The powers of the commission shall be as follows:

HEA 1013



- (1) To establish and maintain a scientific laboratory for research and experimentation. The commission shall not duplicate adequate facilities for experimentation, research, or information which are available to the citizens of the state.
- (2) To appoint an administrative director who shall be a physician and should be a pathologist certified by the American Board of Pathology and to select and appoint or accept the loan of other personnel as it deems necessary to carry out its purposes.
- (3) To establish and maintain a system of records and to collect data pertinent to the objectives of the commission.
- (4) To correlate information concerning forensic science facilities and make this information available to coroners, law enforcement officers, attorneys, and others.
- (5) To contract from time to time for the services or opinion of experts in connection with a particular problem or a program of research.
- (6) To engage in research and experimentation consistent with the objectives of the commission.
- (7) To establish and maintain a forensic sciences library either alone or in cooperation with any other agency of the state, the use of which shall be available to any interested persons.
- (8) To engage in and foster programs of information in forensic sciences for interested groups.
- (9) To establish from time to time and to promulgate a schedule of reasonable fees and to collect the same for the services of the commission. The considerations in formulating a schedule shall be:
 - (A) uniformity;
 - (B) recovery of at least a portion of the cost of furnishing the major services of the commission; and
 - (C) availability of the services without burdensome expense to officers, agencies, and others in need of the services.

All money received by the commission under this subdivision shall be paid to the commission, which shall give a proper receipt for the same, and shall at the end of each month report to the auditor of state the total amount received by it under the provisions of this subsection, from all sources, and shall at the same time, deposit the entire amount of the receipts with the treasurer of state, who shall place them to the credit of a special fund to be created and known as the forensic sciences commission laboratory expense fund. The commission shall, by its chairperson from time to time, certify to the auditor of state any necessary

HEA 1013



laboratory expenses incurred by the commission, and the auditor shall issue the auditor's warrant for the same, which shall be paid out of any funds collected and appropriated to the commission. Payments made by the auditor of state from the forensic sciences commission laboratory expense fund shall be limited so as not to exceed the amounts allotted from this fund by the budget committee.

(10) To accept gifts and grants of money, services, or property and to use the same for any given purpose consistent with the objectives of the commission.

(11) To use the services and facilities of the **state Indiana** department of health, state educational institutions, and hospitals and other agencies supported in whole or in part by public funds.

(12) To establish and maintain branch offices as it considers necessary.

(13) To cooperate with any state or local agency or with any hospital or postsecondary educational institution in any scientific program consistent with the objectives of the commission.

SECTION 30. IC 4-23-6.5-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The board consists of seven (7) members. The board must include the following:

(1) The commissioner of the **state Indiana** department of health or the commissioner's designee.

(2) The chairman of the commission on forensic sciences or the chairman's designee.

(3) The superintendent of the state police department or the superintendent's designee.

(4) Four (4) county coroners appointed by the governor, who shall consider appointing coroners who are women or members of minority groups.

(b) Not more than two (2) of the county coroner members of the board may be from the same political party.

SECTION 31. IC 4-23-6.5-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The commissioner of the **state Indiana** department of health or the commissioner's designee shall serve as chairman of the board.

(b) The board shall annually elect a vice chairman from among the members of the board.

SECTION 32. IC 4-23-6.5-11, AS ADDED BY P.L.193-2018, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. The **state Indiana** department of health shall contract with a third party for testing services under this chapter.

HEA 1013



SECTION 33. IC 4-23-28-4, AS AMENDED BY P.L.43-2021, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The commission consists of twenty (20) members appointed as follows:

- (1) Two (2) members of the senate who may not be affiliated with the same political party, to be appointed by the president pro tempore of the senate.
- (2) Two (2) members of the house of representatives who may not be affiliated with the same political party, to be appointed by the speaker of the house of representatives.
- (3) Four (4) members of the Hispanic/Latino community who are not members of the general assembly, to be appointed by the president pro tempore of the senate.
- (4) Four (4) members of the Hispanic/Latino community who are not members of the general assembly, to be appointed by the speaker of the house of representatives.
- (5) The secretary of family and social services or a designee of the secretary who is a Hispanic or Latino employee of the office of the secretary of family and social services.
- (6) The commissioner of the **state Indiana** department of health or a designee of the commissioner who is a Hispanic or Latino employee of the **state Indiana** department of health.
- (7) The secretary of education or a designee of the secretary who is a Hispanic or Latino employee of the department of education.
- (8) The commissioner of the department of correction or a designee of the commissioner who is a Hispanic or Latino employee of the department of correction.
- (9) The director of the civil rights commission or a designee of the director who is a Hispanic or Latino employee of the civil rights commission.
- (10) The lieutenant governor or a designee of the lieutenant governor who is a Hispanic or Latino employee of the lieutenant governor.
- (11) A Hispanic or Latino business person, appointed by the governor.
- (12) The commissioner of workforce development or a designee of the commissioner who is a Hispanic or Latino employee of the department of workforce development, who shall serve as an ex officio member of the commission.

In making their appointments under this section, the president pro tempore of the senate and the speaker of the house of representatives shall attempt to have the greatest possible number of counties

HEA 1013



represented on the commission.

(b) If a legislative member of the commission ceases to be a member of the chamber from which the member was appointed, the member also ceases to be a member of the commission.

(c) A member of the commission may be removed at any time by the appointing authority who appointed the member.

(d) If a vacancy on the commission occurs, the appointing authority who appointed the former member whose position has become vacant shall appoint an individual to fill the vacancy.

SECTION 34. IC 4-23-29-8, AS AMENDED BY P.L.43-2021, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) The board of directors of the council is established.

(b) The following ex officio members are nonvoting members of the board:

- (1) The secretary of education or the secretary's designee.
- (2) The secretary of family and social services or the secretary's designee.
- (3) The commissioner of the **state Indiana** department of health or the commissioner's designee.

(c) The following ex officio members are voting members of the board:

- (1) The executive director of the Indiana protection and advocacy services commission.
- (2) The executive director of the university center for excellence as designated under the act.

(d) The governor shall appoint the following fifteen (15) members to the board for terms of three (3) years or until a successor is appointed:

- (1) Three (3) individuals with developmental disabilities.
- (2) Three (3) individuals who are:
 - (A) parents of children with developmental disabilities; or
 - (B) immediate relatives or guardians of adults with developmental disabilities.
- (3) Two (2) individuals who may be:
 - (A) individuals with developmental disabilities; or
 - (B) parents, immediate relatives, or guardians of individuals with developmental disabilities.
- (4) One (1) individual who is institutionalized or was previously institutionalized or the parent, immediate relative, or guardian of an individual who is institutionalized or was previously institutionalized.

HEA 1013



(5) Two (2) individuals with disabilities representing local community or statewide organizations whose stated mission includes fostering the productivity, inclusion, and independence of people with developmental disabilities.

(6) Two (2) individuals who represent:

(A) the community; or

(B) a business that has demonstrated a commitment to implementing the federal Americans with Disabilities Act (42 U.S.C. 12101 et seq.).

(7) Two (2) individuals who represent providers of services to persons with disabilities, including the following:

(A) Special education programs.

(B) Independent living centers.

(C) Community based programs.

(D) Health care.

(E) Preschool, early intervention programs, or area agencies on aging.

(e) Of the individuals initially appointed by the governor, at least seven (7) must be chosen from names submitted by the council for consideration.

(f) Individuals appointed by the governor under subsection (d)(1) through (d)(5) serve at the pleasure of the governor and must have demonstrated an active involvement in the development of disability policy by:

(1) serving on boards or commissions; or

(2) advocating;

on behalf of persons with disabilities.

(g) A member may not serve more than two (2) consecutive three (3) year terms. The governor shall make appointments not later than October 1 of each year.

(h) Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Members are also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(i) The governor shall appoint a chairperson of the board, who has at least one (1) year of experience as a board member, from among the members appointed by the governor.

(j) The board shall adopt policies and procedures to carry out the board's duties under:

HEA 1013



- (1) the act; and
- (2) this chapter.

(k) The affirmative votes of a majority of the voting members appointed to the board are required for the board to take action on any measure.

SECTION 35. IC 4-23-31-3, AS AMENDED BY P.L.43-2021, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The commission consists of nineteen (19) members appointed as follows:

- (1) Two (2) members of the senate, who are not members of the same political party, appointed by the president pro tempore of the senate with the advice of the minority leader of the senate.
- (2) Two (2) members of the house of representatives, who are not members of the same political party, appointed by the speaker of the house of representatives with the advice of the minority leader of the house of representatives.
- (3) The director of the division of family resources or the director's designee.
- (4) The director of the division of mental health and addiction or the director's designee.
- (5) The commissioner of the ~~state~~ **Indiana** department of health or the commissioner's designee.
- (6) The secretary of education or the secretary's designee.
- (7) The commissioner of the department of correction or the commissioner's designee.
- (8) The director of the civil rights commission or the director's designee.
- (9) The commissioner of the Indiana department of administration or the commissioner's designee.
- (10) The lieutenant governor or the lieutenant governor's designee.
- (11) A minority business person, appointed by the governor.
- (12) Three (3) persons appointed by the president pro tempore of the senate who are not members of the general assembly. Not more than two (2) persons appointed under this subdivision may be members of the same political party.
- (13) Three (3) persons appointed by the speaker of the house of representatives who are not members of the general assembly. Not more than two (2) persons appointed under this subdivision may be members of the same political party.

SECTION 36. IC 4-23-32-4, AS AMENDED BY P.L.137-2021, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 4. (a) The commission consists of fifteen (15) voting members and four (4) nonvoting members. The voting members of the commission consist of the following:

- (1) Eight (8) Native American Indians, each from a different geographic region of Indiana.
- (2) The commissioner of the department of correction or the commissioner's designee.
- (3) The director of the department of child services or the director's designee.
- (4) The commissioner of the ~~state~~ **Indiana** department of health or the commissioner's designee.
- (5) The secretary of family and social services or the secretary's designee.
- (6) The director of the department of natural resources or the director's designee.
- (7) The secretary of education or the secretary's designee.
- (8) The commissioner of the department of workforce development or the commissioner's designee.

(b) The nonvoting members of the commission consist of the following:

- (1) One (1) member of the house of representatives appointed by the speaker of the house of representatives.
- (2) One (1) member of the senate appointed by the president pro tempore of the senate.
- (3) One (1) member of the house of representatives appointed by the minority leader of the house of representatives.
- (4) One (1) member of the senate appointed by the minority leader of the senate.

(c) The governor shall appoint each Native American Indian member of the commission to a term of four (4) years, and any vacancy occurring shall be filled by the governor for the unexpired term. Before appointing a Native American Indian member to the commission, the governor shall solicit nominees from Indiana associations that represent Native American Indians in the geographic region from which the member will be selected. Not more than two (2) members may represent the same tribe or Native American Indian organization or association.

(d) A member of the commission may be removed by the member's appointing authority.

SECTION 37. IC 5-10-8-7.2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7.2. (a) As used in this section, "breast cancer diagnostic service" means a procedure intended

HEA 1013



to aid in the diagnosis of breast cancer. The term includes procedures performed on an inpatient basis and procedures performed on an outpatient basis, including the following:

- (1) Breast cancer screening mammography.
- (2) Surgical breast biopsy.
- (3) Pathologic examination and interpretation.

(b) As used in this section, "breast cancer outpatient treatment services" means procedures that are intended to treat cancer of the human breast and that are delivered on an outpatient basis. The term includes the following:

- (1) Chemotherapy.
- (2) Hormonal therapy.
- (3) Radiation therapy.
- (4) Surgery.
- (5) Other outpatient cancer treatment services prescribed by a physician.
- (6) Medical follow-up services related to the procedures set forth in subdivisions (1) through (5).

(c) As used in this section, "breast cancer rehabilitative services" means procedures that are intended to improve the results of or to ameliorate the debilitating consequences of the treatment of breast cancer and that are delivered on an inpatient or outpatient basis. The term includes the following:

- (1) Physical therapy.
- (2) Psychological and social support services.
- (3) Reconstructive plastic surgery.

(d) As used in this section, "breast cancer screening mammography" means a standard, two (2) view per breast, low-dose radiographic examination of the breasts that is:

- (1) furnished to an asymptomatic woman; and
- (2) performed by a mammography services provider using equipment designed by the manufacturer for and dedicated specifically to mammography in order to detect unsuspected breast cancer.

The term includes the interpretation of the results of a breast cancer screening mammography by a physician.

(e) As used in this section, "covered individual" means a female individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or

HEA 1013



renewed under section 7(c) of this chapter.

(f) As used in this section, "mammography services provider" means an individual or facility that:

- (1) has been accredited by the American College of Radiology;
- (2) meets equivalent guidelines established by the ~~state~~ **Indiana** department of health; or
- (3) is certified by the federal Department of Health and Human Services for participation in the Medicare program (42 U.S.C. 1395 et seq.).

(g) As used in this section, "woman at risk" means a woman who meets at least one (1) of the following descriptions:

- (1) A woman who has a personal history of breast cancer.
- (2) A woman who has a personal history of breast disease that was proven benign by biopsy.
- (3) A woman whose mother, sister, or daughter has had breast cancer.
- (4) A woman who is at least thirty (30) years of age and has not given birth.

(h) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide covered individuals with coverage for breast cancer diagnostic services, breast cancer outpatient treatment services, and breast cancer rehabilitative services. The coverage must provide reimbursement for breast cancer screening mammography at a level at least as high as:

- (1) the limitation on payment for screening mammography services established in 42 CFR 405.534(b)(3) according to the Medicare Economic Index at the time the breast cancer screening mammography is performed; or
- (2) the rate negotiated by a contract provider according to the provisions of the insurance policy;

whichever is lower. The costs of the coverage required by this subsection may be paid by the state or by the employee or by a combination of the state and the employee.

(i) A contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter must provide covered individuals with breast cancer diagnostic services, breast cancer outpatient treatment services, and breast cancer rehabilitative services.

(j) The coverage required by subsection (h) and services required by subsection (i) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to covered individuals than the dollar limits, deductibles, or coinsurance provisions applying to physical illness generally under the self-insurance program or

HEA 1013



contract with a health maintenance organization.

(k) The coverage for breast cancer diagnostic services required by subsection (h) and the breast cancer diagnostic services required by subsection (i) must include the following:

- (1) In the case of a covered individual who is at least thirty-five (35) years of age but less than forty (40) years of age, at least one (1) baseline breast cancer screening mammography performed upon the individual before she becomes forty (40) years of age.
- (2) In the case of a covered individual who is:
 - (A) less than forty (40) years of age; and
 - (B) a woman at risk;
 at least one (1) breast cancer screening mammography performed upon the covered individual every year.
- (3) In the case of a covered individual who is at least forty (40) years of age, at least one (1) breast cancer screening mammography performed upon the individual every year.
- (4) Any additional mammography views that are required for proper evaluation.
- (5) Ultrasound services, if determined medically necessary by the physician treating the covered individual.

(l) The coverage for breast cancer diagnostic services required by subsection (h) and the breast cancer diagnostic services required by subsection (i) shall be provided in addition to any benefits specifically provided for x-rays, laboratory testing, or wellness examinations.

SECTION 38. IC 5-14-3-2, AS AMENDED BY P.L.64-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The definitions set forth in this section apply throughout this chapter.

(b) "Copy" includes transcribing by handwriting, photocopying, xerography, duplicating machine, duplicating electronically stored data onto a disk, tape, drum, or any other medium of electronic data storage, and reproducing by any other means.

(c) "Criminal intelligence information" means data that has been evaluated to determine that the data is relevant to:

- (1) the identification of; and
- (2) the criminal activity engaged in by;

an individual who or organization that is reasonably suspected of involvement in criminal activity.

(d) "Direct cost" means one hundred five percent (105%) of the sum of the cost of:

- (1) the initial development of a program, if any;
- (2) the labor required to retrieve electronically stored data; and

HEA 1013



(3) any medium used for electronic output; for providing a duplicate of electronically stored data onto a disk, tape, drum, or other medium of electronic data retrieval under section 8(g) of this chapter, or for reprogramming a computer system under section 6(c) of this chapter.

(e) "Electronic map" means copyrighted data provided by a public agency from an electronic geographic information system.

(f) "Enhanced access" means the inspection of a public record by a person other than a governmental entity and that:

(1) is by means of an electronic device other than an electronic device provided by a public agency in the office of the public agency; or

(2) requires the compilation or creation of a list or report that does not result in the permanent electronic storage of the information.

(g) "Facsimile machine" means a machine that electronically transmits exact images through connection with a telephone network.

(h) "Inspect" includes the right to do the following:

(1) Manually transcribe and make notes, abstracts, or memoranda.

(2) In the case of tape recordings or other aural public records, to listen and manually transcribe or duplicate, or make notes, abstracts, or other memoranda from them.

(3) In the case of public records available:

(A) by enhanced access under section 3.5 of this chapter; or

(B) to a governmental entity under section 3(c)(2) of this chapter;

to examine and copy the public records by use of an electronic device.

(4) In the case of electronically stored data, to manually transcribe and make notes, abstracts, or memoranda or to duplicate the data onto a disk, tape, drum, or any other medium of electronic storage.

(i) "Investigatory record" means information compiled in the course of the investigation of a crime.

(j) "Law enforcement activity" means:

(1) a traffic stop;

(2) a pedestrian stop;

(3) an arrest;

(4) a search;

(5) an investigation;

(6) a pursuit;

(7) crowd control;

(8) traffic control; or

HEA 1013



(9) any other instance in which a law enforcement officer is enforcing the law.

The term does not include an administrative activity, including the completion of paperwork related to a law enforcement activity, or a custodial interrogation conducted in a place of detention as described in Indiana Evidence Rule 617, regardless of the ultimate admissibility of a statement made during the custodial interrogation.

(k) "Law enforcement recording" means an audio, visual, or audiovisual recording of a law enforcement activity captured by a camera or other device that is:

(1) provided to or used by a law enforcement officer in the scope of the officer's duties; and

(2) designed to be worn by a law enforcement officer or attached to the vehicle or transportation of a law enforcement officer.

(l) "Offender" means a person confined in a prison, county jail, detention facility, penal institution, or in a community corrections program as the result of the person's arrest or conviction for a crime.

(m) "Patient" has the meaning set out in IC 16-18-2-272(d).

(n) "Person" means an individual, a corporation, a limited liability company, a partnership, an unincorporated association, or a governmental entity.

(o) "Private university police department" means the police officers appointed by the governing board of a private university under IC 21-17-5.

(p) "Provider" has the meaning set out in IC 16-18-2-295(b) and includes employees of the **state Indiana** department of health or local boards of health who create patient records at the request of another provider or who are social workers and create records concerning the family background of children who may need assistance.

(q) "Public agency", except as provided in section 2.1 of this chapter, means the following:

(1) Any board, commission, department, division, bureau, committee, agency, office, instrumentality, or authority, by whatever name designated, exercising any part of the executive, administrative, judicial, or legislative power of the state.

(2) Any:

(A) county, township, school corporation, city, or town, or any board, commission, department, division, bureau, committee, office, instrumentality, or authority of any county, township, school corporation, city, or town;

(B) political subdivision (as defined by IC 36-1-2-13); or

(C) other entity, or any office thereof, by whatever name



designated, exercising in a limited geographical area the executive, administrative, judicial, or legislative power of the state or a delegated local governmental power.

- (3) Any entity or office that is subject to:
- (A) budget review by either the department of local government finance or the governing body of a county, city, town, township, or school corporation; or
 - (B) an audit by the state board of accounts that is required by statute, rule, or regulation.
- (4) Any building corporation of a political subdivision that issues bonds for the purpose of constructing public facilities.
- (5) Any advisory commission, committee, or body created by statute, ordinance, or executive order to advise the governing body of a public agency, except medical staffs or the committees of any such staff.
- (6) Any law enforcement agency, which means an agency or a department of any level of government that engages in the investigation, apprehension, arrest, or prosecution of alleged criminal offenders, such as the state police department, the police or sheriff's department of a political subdivision, prosecuting attorneys, members of the excise police division of the alcohol and tobacco commission, conservation officers of the department of natural resources, gaming agents of the Indiana gaming commission, gaming control officers of the Indiana gaming commission, and the security division of the state lottery commission.
- (7) Any license branch operated under IC 9-14.1.
- (8) The state lottery commission established by IC 4-30-3-1, including any department, division, or office of the commission.
- (9) The Indiana gaming commission established under IC 4-33, including any department, division, or office of the commission.
- (10) The Indiana horse racing commission established by IC 4-31, including any department, division, or office of the commission.
- (11) A private university police department. The term does not include the governing board of a private university or any other department, division, board, entity, or office of a private university.

(r) "Public record" means any writing, paper, report, study, map, photograph, book, card, tape recording, or other material that is created, received, retained, maintained, or filed by or with a public agency and which is generated on paper, paper substitutes, photographic media, chemically based media, magnetic or machine



readable media, electronically stored data, or any other material, regardless of form or characteristics.

(s) "Standard-sized documents" includes all documents that can be mechanically reproduced (without mechanical reduction) on paper sized eight and one-half (8 1/2) inches by eleven (11) inches or eight and one-half (8 1/2) inches by fourteen (14) inches.

(t) "Trade secret" has the meaning set forth in IC 24-2-3-2.

(u) "Work product of an attorney" means information compiled by an attorney in reasonable anticipation of litigation. The term includes the attorney's:

- (1) notes and statements taken during interviews of prospective witnesses; and
- (2) legal research or records, correspondence, reports, or memoranda to the extent that each contains the attorney's opinions, theories, or conclusions.

This definition does not restrict the application of any exception under section 4 of this chapter.

SECTION 39. IC 5-20-9-6, AS AMENDED BY P.L.114-2022, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The Indiana housing first program is established to provide housing and support services for eligible persons. The program shall be administered by the authority. The Indiana commission to combat substance use disorder established under IC 4-3-25-3 may award grants to the authority for the purposes of the program. Not later than January 1, 2018, the authority shall establish policies and procedures to implement and administer the program. The policies and procedures established by the authority under this section must ensure that the program does the following:

- (1) Provides eligible program participants with affordable and safe housing through program rental assistance to be used in dedicated supportive housing units and in existing market units in the community.
- (2) Includes a plan for the:
 - (A) initial leasing of; and
 - (B) management of rental assistance through the affordability period for; supportive housing developed under the program.
- (3) Provides eligible program participants with support services, including:
 - (A) employment assistance and job training;
 - (B) substance abuse and addiction treatment;
 - (C) educational assistance;

HEA 1013



- (D) life skills assistance; and
- (E) treatment for, and the management of, mental and physical health problems;

that are predicated on assertive engagement rather than coercion. Support services described in clause (B) must be predicated on a harm reduction approach to addiction, rather than mandating abstinence, while supporting a program participant's commitment to recovery.

(4) Grants eligible persons who have a high degree of medical vulnerability priority as participants in the program.

(5) Provides program participants with leases and tenant protections as provided by law.

(6) Establishes annual goals to:

(A) reduce the number of individuals cycling through chemical addiction programs;

(B) provide long term supports for individuals dually diagnosed with:

(i) a serious and persistent mental illness; and

(ii) a chronic chemical addiction;

(C) increase the housing stability of persons with mental illness or other behavioral health issues; and

(D) increase positive health indicators for all program participants;

in Indiana as a whole and in particular regions, communities, and metropolitan statistical areas within Indiana, through the program and support services provided under the program. The goals required by this subdivision must be based on data collected by the authority and the authority's partners.

(7) Includes partnerships with public entities and private entities, including any of the following, to provide support services and a continuum of care for eligible program participants:

(A) Nonprofit or faith based organizations providing services to individuals and families in the program's target population.

(B) Units of local government.

(C) School corporations and schools.

(D) Businesses.

(E) Public housing agencies.

(F) Social service providers.

(G) Mental health providers.

(H) Hospitals.

(I) Affordable housing developers and providers.

(J) Law enforcement agencies and correctional facilities.

HEA 1013



- (K) Organizations serving homeless veterans.
- (L) Organizations serving victims of domestic violence.
- (M) Universities.
- (N) Other public or private entities the authority considers appropriate to partner with to accomplish the purposes of the program.

(b) In establishing the policies and procedures required by this section, the authority may collaborate with or seek guidance from:

- (1) other appropriate state agencies, including the department of correction, the **state Indiana** department of health, and the office of the secretary of family and social services (and the appropriate divisions within the office of the secretary of family and social services);
- (2) officials in other states or municipalities that have implemented housing first programs or other similar programs; and
- (3) any of the entities listed in subsection (a)(7).

SECTION 40. IC 6-2.5-5-25, AS AMENDED BY P.L.137-2022, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 25. (a) Transactions involving tangible personal property, accommodations, or service are exempt from the state gross retail tax, if the person acquiring the property, accommodations, or service:

- (1) is any of the following types of organizations:
 - (A) A fraternity, a sorority, or a student cooperative housing organization that is connected with and under the supervision of a postsecondary educational institution if no part of its income is used for the private benefit or gain of any member, trustee, shareholder, employee, or associate.
 - (B) Any:
 - (i) institution;
 - (ii) trust;
 - (iii) group;
 - (iv) united fund;
 - (v) affiliated agency of a united fund;
 - (vi) nonprofit corporation;
 - (vii) cemetery association; or
 - (viii) organization;
 that is organized and operated exclusively for religious, charitable, scientific, literary, educational, or civic purposes if no part of its income is used for the private benefit or gain of any member, trustee, shareholder, employee, or associate.

HEA 1013



(C) A group, an organization, or a nonprofit corporation that is organized and operated for fraternal or social purposes, or as a business league or association, and not for the private benefit or gain of any member, trustee, shareholder, employee, or associate.

(D) A:

- (i) hospital licensed by the ~~state~~ **Indiana** department of health;
- (ii) shared hospital services organization exempt from federal income taxation by Section 501(c)(3) or 501(e) of the Internal Revenue Code;
- (iii) labor union;
- (iv) church;
- (v) monastery;
- (vi) convent;
- (vii) school that is a part of the Indiana public school system;
- (viii) parochial school regularly maintained by a recognized religious denomination; or
- (ix) trust created for the purpose of paying pensions to members of a particular profession or business who created the trust for the purpose of paying pensions to each other; if the taxpayer is not organized or operated for private profit or gain;

(2) uses the property, accommodations, or service to carry on or to raise money to carry on its not-for-profit purpose; and

(3) is not an organization operated predominantly for social purposes.

(b) Transactions involving tangible personal property or service are exempt from the state gross retail tax, if the person acquiring the property or service:

(1) is a fraternity, sorority, or student cooperative housing organization described in subsection (a)(1)(A); and

(2) uses the property or service to carry on its ordinary and usual activities and operations as a fraternity, sorority, or student cooperative housing organization.

(c) To obtain the exemption provided by this section, a taxpayer must file an application for exemption with the department not later than one hundred twenty (120) days after the taxpayer's formation. In addition, the taxpayer must file a report with the department on or before the fifteenth day of the fifth month every five (5) years following the date of its formation. The report must be filed electronically with

HEA 1013



the department in the manner determined by the department. If a taxpayer fails to file the report, the department shall notify the taxpayer of the failure. If within sixty (60) days after receiving such notice the taxpayer does not provide the report, the taxpayer's exemption shall be canceled. However, the department may reinstate the taxpayer's exemption if the taxpayer shows by petition that the failure was due to reasonable cause.

(d) Notwithstanding subsection (c), a taxpayer filing a report under this subsection or section 21(d) of this chapter (prior to recodification) after December 31, 2021, and before January 1, 2023, will be required to file the next required report on or before the following dates:

- (1) May 15, 2024, if the taxpayer does not have a federal employer identification number or has a federal employer identification number ending in 00 through 24, inclusive.
- (2) May 15, 2025, if the taxpayer has a federal employer identification number ending in 25 through 49, inclusive.
- (3) May 15, 2026, if the taxpayer has a federal employer identification number ending in 50 through 74, inclusive.
- (4) May 15, 2027, if the taxpayer has a federal employer identification number ending in 75 through 99 inclusive.

SECTION 41. IC 6-7-1-30.2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 30.2. (a) There is annually appropriated to the **state Indiana** department of health one hundred ninety thousand dollars (\$190,000) from the state general fund for the purpose of providing supplementary funding for the WIC (Women, Infants, and Children) program (42 U.S.C. 1786) in Indiana. The appropriation shall be administered by the nutrition division of the **state Indiana** department of health and shall be allocated to fund local WIC programs.

(b) There is annually appropriated to the **state Indiana** department of health one hundred ninety thousand dollars (\$190,000) from the state general fund for the purpose of providing supplementary funding for maternal and child health services. The appropriation shall be administered by the maternal and child health division of the **state Indiana** department of health. The funds appropriated under this subsection must be used to:

- (1) supplement federal Maternal and Child Health Services Block Grant funds provided under 42 U.S.C. 701 et seq. for the purpose of establishing and maintaining programs of pregnancy care in underserved areas of Indiana; and
- (2) provide funding for the hospital and medical expenses connected with the delivery of children whose parents are eligible

HEA 1013



for services that may be reimbursed with funds provided under the federal Maternal and Child Health Services Block Grant Program (42 U.S.C. 701 et seq.).

(c) There is annually transferred to the school age child care project fund established under IC 12-17-12-7 from the state general fund five hundred fifty thousand dollars (\$550,000) for carrying out the purposes of the school age child care project.

SECTION 42. IC 6-7-1-30.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 30.5. (a) There is annually appropriated to the local health maintenance fund established by IC 16-46-10 two million four hundred thirty thousand dollars (\$2,430,000) from the state general fund to provide funds for annual distribution to local boards of health in accordance with IC 16-46-10-2 to enable local boards of health to provide basic health services.

(b) The **state Indiana** department of health may retain annually a maximum of fifty thousand dollars (\$50,000) of the total appropriation to the local health maintenance fund under subsection (a) to pay administrative expenses incurred by the **state Indiana** department of health in distributing the funds to local health departments.

SECTION 43. IC 6-8.1-3-7, AS AMENDED BY P.L.197-2013, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The department may enter into reciprocal agreements with the taxing officials of the United States government or with the taxing officials of other state governments to furnish and receive information relevant to the administration and enforcement of the listed taxes. However, the department may not furnish information obtained from federal returns or schedules to officials of other state governments.

(b) All agencies of the state of Indiana shall cooperate with the department in the administration of the listed taxes and shall, upon request and at no charge to the department, furnish to the department any information relevant to the administration and collection of the listed taxes that the department requests. In addition, a state agency that encounters the use of a fraudulent identity shall notify the department and provide in electronic format identifying information as specified by the department for the department's use in preventing tax fraud. If a state agency encounters the use of fraudulent identities on a regular basis, the state agency shall provide to the department a monthly electronic report furnishing the identifying information specified by the department.

(c) Before December 1 each year:

(1) the department of correction shall provide to the department

HEA 1013



an electronic file listing the name and Social Security number of each individual under the jurisdiction of the department of correction as of November 1 of that year; and

(2) the **state Indiana** department of health shall provide to the department an electronic file listing the name of each individual for whom an Indiana death certificate was issued during the immediately preceding twelve (12) months.

SECTION 44. IC 7.1-2-3-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. The commission shall have the power to set standards of cleanliness and sanitation for a licensed premises and for the apparatus, equipment, utensils, accessories, articles, and fixtures used or employed in the licensed premises. The commission shall have the power to require the aid of the **state Indiana** department of health, any local board of health, and any health officer in this state to fix and enforce these standards.

SECTION 45. IC 7.1-5-8-11, AS ADDED BY P.L.70-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) This section does not apply to the possession, purchase, or use of powdered or crystalline alcohol for bona fide research purposes by any of the following:

- (1) A hospital licensed under IC 16-21.
- (2) The **state Indiana** department of health.
- (3) A state educational institution (as defined in IC 21-7-13-32).
- (4) A private college or university.
- (5) A pharmaceutical or biotechnology company.

(b) A person who possesses, purchases, sells, offers to sell, or uses powdered or crystalline alcohol commits a Class B infraction.

SECTION 46. IC 7.1-5-12-6, AS AMENDED BY P.L.187-2021, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The commission shall enforce this chapter.

(b) This chapter may also be enforced by:

- (1) the **state Indiana** department of health established by IC 16-19-1-1;
- (2) a local health department, as defined in IC 16-18-2-211;
- (3) a health and hospital corporation established by IC 16-22-8-6;
- (4) the department of homeland security established by IC 10-19-2-1; and
- (5) a law enforcement officer;

in cooperation with the commission.

(c) The commission, the **state Indiana** department of health, a local health department, a health and hospital corporation, the department of homeland security, or a law enforcement officer may inspect premises

HEA 1013



that are subject to this chapter to ensure that the person responsible for the premises is in compliance with this chapter.

SECTION 47. IC 7.1-6-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The Richard D. Doyle youth tobacco education and enforcement fund is established. The fund shall be administered by the commission.

(b) Expenses of administering the fund shall be paid from money in the fund.

(c) 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.

(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(e) Money in the fund shall be used for the following purposes:

(1) For youth smoking prevention education. The commission may contract with the **state Indiana** department of health or the office of the secretary of family and social services for youth smoking prevention education programs.

(2) For education and training of retailers who sell tobacco products. The commission may contract with education and training programs of the office of the secretary of family and social services, the division of mental health and addiction, enforcement officers, or a program approved by the commission.

(3) For the commission, for enforcement of youth tobacco laws.

SECTION 48. IC 7.1-7-2-7, AS ADDED BY P.L.176-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. "Department" means the Indiana **state** department of health.

SECTION 49. IC 8-1-2-89, AS AMENDED BY P.L.136-2018, SECTION 51, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 89. (a) As used in this section, unless the context otherwise requires, the following terms have the following meanings:

(1) "Sewage disposal service" means any public utility service whereby liquid and solid waste, sewage, night soil, and industrial waste of any single territorial area is collected, treated, purified, and disposed of in a sanitary manner, and includes all sewage treatment plant or plants, main sewers, submain sewers, local and lateral sewers, intercepting sewers, outfall sewers, force mains, pumping stations, ejector stations, and all other equipment and appurtenances necessary or useful and convenient for the rendition of such service.

(2) "Sewage disposal company" means any natural person, firm,

HEA 1013



association, corporation, or partnership owning, leasing, or operating any sewage disposal service within the rural areas of Indiana, and all provisions of this chapter pertaining to a public utility shall apply with equal force and effect to a sewage disposal company, except insofar as said provisions may be inconsistent with specific provisions of this section.

(3) "Rural area" means territory lying within Indiana and lying outside the corporate limits of a municipality.

(4) "Certificate of territorial authority" means a certificate of convenience and necessity issued by the commission pursuant to this section, which said certificate shall be deemed an indeterminate permit, unless expressly conditioned otherwise by the commission when issued.

(5) "Notice of hearing" means notice of the time, place, and purpose of a hearing, given by publication in at least one (1) newspaper of general circulation in each of the counties in which the particular sewage disposal company operates or proposes to operate and given also in writing by United States registered mail:

(A) to each other sewage disposal company operating in territory contiguous to the territory in which the particular sewage disposal company operates or proposes to operate;

(B) to each municipality in territory contiguous and nearest to the territory in which the particular sewage disposal company operates or proposes to operate; and

(C) to such other persons or entities which the commission may from time to time require by its rules and forms;

all such notices shall be so mailed as to be received by the recipients at least ten (10) days prior to any hearing, or as otherwise required by the commission.

(b) It is hereby declared to be in the public interest to provide for the orderly development and rendering of sewage disposal service in rural areas within Indiana, and such public interest makes it necessary and desirable that to the extent provided in this section, the holding of a certificate of territorial authority should be required as a condition precedent to the rendering of such service, and that such operation be under the control, regulation, and supervision of the commission, and such sewage disposal companies shall not be subject to regulation by any municipality or county government or metropolitan regulatory body, or any branch or subdivisions of or substitutes for any municipality or county government or metropolitan regulatory body, in the form of special service districts, with the exception that said sewage disposal company shall be subject to the comprehensive plan, zoning,

HEA 1013



and subdivision requirements and regulations of the governmental units having jurisdiction in the area. However, all functions, powers, and duties of the ~~state~~ **Indiana** department of health and the environmental rules board shall remain unaffected by this section.

(c) No sewage disposal company shall commence the rendering of sewage disposal service in any rural area in Indiana in which it is not actually rendering sewage disposal service, without first obtaining from the commission a certificate of territorial authority authorizing such sewage disposal service, finding that public convenience and necessity require such sewage disposal service within such rural area by such sewage disposal company, and defining and limiting specifically the rural area covered by the certificate. No sewage disposal company required to hold such a certificate under this section shall render any additional sewage disposal service within such rural area to any extent greater than that authorized by such certificate or shall continue to render sewage disposal service within such rural area if and after such certificate of territorial authority has been revoked or transferred as in this section provided, unless in such order of revocation or transfer the commission shall require continued service until a new sewage disposal company or municipality actually takes over such service. The commission shall not have the power to require extension of such service by any sewage disposal company into any additional territory than that defined and limited in such a certificate without the consent of such sewage disposal company.

(d) Whenever any sewage disposal company proposes to commence the rendering of sewage disposal service in any rural area, it shall file with the commission a verified application for a certificate of territorial authority to cover the proposed service. The commission shall by rule prescribe the form of the application and the information to be contained in the application, and such application by any such company shall conform to such prescribed form. The commission shall set the matter for hearing and notice of such hearing shall be given to the parties and in the manner defined in this section. Any city may, and upon petition to the commission shall, be made a party to any service proposal if its territorial limits lie within five (5) miles of the area to be serviced under this section.

(e) If, after notice of hearing and hearing on any application for a certificate of territorial authority, the commission shall find from the evidence introduced at such hearing, including any evidence which the commission shall have caused to be introduced as a result of any investigation which it may have made into the matter, that the applicant has proved:

HEA 1013



- (1) lawful power and authority to apply for said certificate and to operate said proposed service;
- (2) financial ability to install, commence, and maintain said proposed service; and
- (3) public convenience and necessity require the rendering of the proposed service in the proposed rural area by this particular sewage disposal company; however, in the event the service is proposed for a proposed rural real estate addition, division, or development, or any part thereof, the reasonably expected sewage disposal service requirements of the anticipated residents may be found to constitute such public convenience and necessity;

then the certificate of territorial authority, defining and limiting the rural area to be covered by the certificate, shall be granted to the applicant, subject to such terms, restrictions, limitations, and conditions, including but not limited to a reasonable time in which to commence operations, as the commission shall determine to be necessary and desirable in the public interest.

(f) In cases of applications filed by two (2) or more sewage disposal companies seeking the issuance of a certificate of territorial authority for the same area or areas or any conflicting portions thereof, the commission may either consider such applications separately or by consolidation of two (2) or more or all within a single hearing at its discretion and shall have the power to issue its certificate after notice of hearing and hearing to any single qualified sewage disposal company for a particular rural area, or, in the event that the commission determines and finds that two (2) or more or all applicants seeking the same area or areas or any conflicting portions thereof are both or all qualified, then the commission shall have the power to determine which is the better or best qualified, or whether the same area or areas or any conflicting portions thereof shall be divided between or among such qualified applicants. However, in no event shall such area or areas or portions thereof be greater than that for which the particular applicant applied, unless such sewage disposal company shall consent and agree in writing to such modification of its application and the issuance of such modified certificate.

(g) After the issuance of such certificate, no other sewage disposal company shall render sewage disposal service in the area or areas so determined and so defined in any certificate of territorial authority issued by the commission, except after notice of hearing and hearing, and the determination and finding by the commission that public convenience and necessity require that sewage disposal service in said same area or areas be also rendered or offered by an additional or

HEA 1013



another company, and the issuance of a certificate duly granted by the commission as provided in this section.

(h) A sewage disposal company shall be required to furnish reasonable adequate sewage disposal services and facilities for which said service and facilities it shall be entitled to charge reasonable, nondiscriminatory rates, subject to the jurisdiction of the commission for the purpose of fixing said rates to be charged to patrons of such sewage disposal company for sewage disposal service, and for such purpose the commission is given jurisdiction to proceed in the same manner and with like power as is provided by this chapter in the case of public utilities.

(i) To encourage the installation of sewage treatment plants, and sewers, mains, stations, and all other equipment and appurtenances for rendering sewage disposal service in rural areas in close proximity to municipalities, and to ensure that a sewage disposal company which had made such installation in such area can recover the cost of its investment, in the event that the area or areas or any part thereof included within the territory granted under a certificate of territorial authority shall be annexed by any municipality at any time within twelve (12) years from the date that such certificate was granted, a sewage disposal company operating under such certificate shall continue to operate under such certificate of territorial authority, subject to the exclusive jurisdiction and regulation of the commission, for the unexpired portion of such period of twelve (12) years from the date of granting such certificate, or, in the case of a determinate permit specifying a term shorter than twelve (12) years, then for the unexpired portion of such lesser period as specified by such permit from the date of granting such permit. However, the foregoing provisions in regard to continued operation within the corporate limits of a municipality after annexation shall not affect the right of the sewage disposal company to cease its operation of providing sewage disposal service within such annexed territory prior to the termination of said twelve (12) year or lesser determinate permit period, upon thirty (30) days written notice to the commission, the municipality, and all patrons.

(j) Upon approval by the commission given after notice of hearing and hearing, but not otherwise, any certificate of territorial authority may:

- (1) be sold, assigned, leased, or transferred by the holder of the certificate to any sewage disposal company to which a territorial certificate might be lawfully issued; or
- (2) be included in the property and rights encumbered under any indenture of mortgage or deed of trust of such holder;

HEA 1013



or any sewage treatment plant or plants, sewers, mains, stations, and equipment and appurtenances for the rendering of sewage disposal service or any part of any sewage treatment plant or plants, sewers, mains, stations, and equipment and appurtenances may be sold, assigned, leased, or transferred by the holder of the certificate to any municipality if these assets lie within an area which shall have been annexed by such municipality or lie within the given radius of miles from the corporate limits of such municipality into which it is authorized to render such services, if such municipality is prepared to render a comparable sewage disposal service without loss of continuity of service, and if the terms of such sale, assignment, lease, or transfer are reasonable. However, once the commission has given its approval to such transaction and the transaction itself is actually consummated, the commission shall have no control over the sewage disposal service rendered by such municipality as a municipally owned utility (as defined in this chapter).

(k) Any certificate of territorial authority may, after notice of hearing and hearing, be revoked by the commission, in whole or in part, for the failure of the holder of the certificate to furnish reasonably adequate sewage disposal service within the area or areas determined and defined in such certificate of territorial authority, or for the failure of the holder of the certificate to comply with any applicable order or rule prescribed by the commission in the exercise of its powers under this chapter, or for failure to comply with any term, condition, or limitation of such certificate of territorial authority.

(l) After the commission revokes any certificate of territorial authority under subsection (k) or after the county board of health determines the existence of a serious health problem related to the sewage disposal facility, the county commissioners of the county in which the sewage disposal facility is located may acquire the facility, subject to the approval of the acquisition by the county council, except that the county commissioners may not acquire any facility already acquired by any city or town. The county commissioners shall acquire the sewage disposal facility by:

- (1) gift, grant, purchase, or condemnation that is funded in the same manner that cities and towns fund sewage treatment acquisitions under IC 36-9; or
- (2) a lease arrangement that is funded in the same manner that cities and towns fund leases of sewage disposal facilities under IC 36-9.

After acquisition, the county commissioners shall repair, operate, and maintain the sewage disposal facility and charge user fees for these

HEA 1013



services.

SECTION 50. IC 8-1-2-125, AS AMENDED BY P.L.292-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 125. (a) As used in this section, "not-for-profit utility" means a public water or sewer utility that:

- (1) does not have shareholders;
- (2) does not engage in any activities for the profit of its trustees, directors, incorporators, or members; and
- (3) is organized and conducts its affairs for purposes other than the pecuniary gain of its trustees, directors, incorporators, or members.

The term does not include a regional district established under IC 13-26, a conservancy district established under IC 14-33, or, for purposes of subsections (f), (g), (h), (i), (j), and (k), a utility company owned, operated, or held in trust by a consolidated city.

(b) As used in this section, "sewage disposal system" means a privy, cesspool, septic tank, or other similar structure. The term includes a septic tank soil absorption system (as defined in IC 13-11-2-199.5). The term does not include a sewer system operated by a not-for-profit public sewer utility.

(c) A not-for-profit utility shall be required to furnish reasonably adequate services and facilities. The charge made by any not-for-profit utility for any service rendered or to be rendered, either directly or in connection with the service, must be nondiscriminatory, reasonable, and just. Each discriminatory, unjust, or unreasonable charge for the service is prohibited and unlawful.

(d) A reasonable and just charge for water or sewer service within the meaning of this section is a charge that will produce sufficient revenue to pay all legal and other necessary expense incident to the operation of the not-for-profit utility's system, including the following:

- (1) Maintenance and repair costs.
- (2) Operating charges.
- (3) Interest charges on bonds or other obligations.
- (4) Provision for a sinking fund for the liquidation of bonds or other evidences of indebtedness.
- (5) Provision for a debt service reserve for bonds or other obligations in an amount not to exceed the maximum annual debt service on the bonds or obligations.
- (6) Provision of adequate funds to be used as working capital.
- (7) Provision for making extensions and replacements.
- (8) The payment of any taxes that may be assessed against the not-for-profit utility or its property.

HEA 1013



The charges must produce an income sufficient to maintain the not-for-profit utility's property in sound physical and financial condition to render adequate and efficient service. A rate too low to meet these requirements is unlawful.

(e) Except as provided in subsections (f) and (h), a not-for-profit public sewer utility may require connection to its sewer system of property producing sewage or similar waste and require the discontinuance of use of a sewage disposal system if:

(1) there is an available sanitary sewer within three hundred (300) feet of:

(A) the property line, if the property is:

(i) located in a consolidated city;

(ii) adjacent to a body of water, including a lake, river, or reservoir; or

(iii) any part of a subdivision, or land that is divided or proposed to be divided into lots, whether contiguous or subject to zoning requirements, for the purpose of sale or lease as part of a larger common plan of development or sale; or

(B) for all other properties, the improvement or other structure from which the sewage or similar waste is discharged; and

(2) the utility has given written notice by certified mail to the property owner at the address of the property at least ninety (90) days before the date for connection stated in the notice.

The notice given under subdivision (2) must also inform the property owner, other than an owner of property located in a consolidated city, that the property owner may qualify for an exemption as set forth in subsection (f).

(f) Subject to subsection (h), a property owner is exempt from the requirement to connect to a not-for-profit public sewer utility's sewer system and to discontinue use of a sewage disposal system if the following conditions are met:

(1) The property owner's sewage disposal system is a septic tank soil absorption system that was new at the time of installation and approved in writing by the local health department.

(2) The property owner, at the property owner's expense, obtains a written determination from the local health department or the department's designee that the septic tank soil absorption system is not failing. The local health department or the department's designee shall provide the owner with a written determination not later than sixty (60) days after receipt of the owner's request. If the local health department or the department's designee fails to

HEA 1013



provide a written determination within the time established in this subdivision, the owner, at the owner's expense, may obtain a written determination from a qualified inspector. If the local health department or the department's designee determines that a septic tank soil absorption system is failing, the property owner may appeal the determination to the board of the local health department. The decision of the board is final and binding.

(3) The property owner provides the not-for-profit public sewer utility with:

(A) the written notification of potential qualification for the exemption described in subsection (i); and

(B) the written determination described in subdivision (2); within the time limits set forth in subsection (i).

(g) If a property owner, within the time allowed under subsection (i), notifies a not-for-profit public sewer utility in writing that the property owner qualifies for the exemption under this section, the not-for-profit public sewer utility shall, until the property owner's eligibility for an exemption under this section is determined, suspend the requirement that the property owner discontinue use of a sewage disposal system and connect to the not-for-profit public sewer utility's sewer system.

(h) A property owner who qualifies for the exemption provided under this section may not be required to connect to the not-for-profit public sewer utility's sewer system for a period of ten (10) years beginning on the date the new sewage disposal system was installed. A property owner may apply for two (2) five (5) year extensions of the exemption provided under this section by following the procedures set forth in subsections (f) and (g). If ownership of an exempt property is transferred during a valid exemption period, including during an extension of an initial exemption:

(1) the exemption applies to the subsequent owner of the property for the remainder of the exemption period during which the transfer occurred; and

(2) the subsequent owner may apply for any remaining extensions.

However, the total period during which a property may be exempt from the requirement to connect to a district's sewer system under this section may not exceed twenty (20) years, regardless of ownership of the property.

(i) To qualify for an exemption under this section, a property owner must:

(1) within sixty (60) days after the date of the written notice given

HEA 1013



to the property owner under subsection (e), notify the not-for-profit public sewer utility in writing that the property owner qualifies for the exemption under this section; and
 (2) within one hundred twenty (120) days after the not-for-profit public sewer utility receives the written notice provided under subdivision (1), provide the not-for-profit public sewer utility with the written determination required under subsection (f)(2).

(j) When a property owner who qualifies for an exemption under this section subsequently discontinues use of the property owner's sewage disposal system and connects to the not-for-profit public sewer utility's sewer system, the property owner may be required to pay only the following to connect to the sewer system:

(1) The connection fee the property owner would have paid if the property owner connected to the sewer system on the first date the property owner could have connected to the sewer system.

(2) Any additional costs:

(A) considered necessary by; and

(B) supported by documentary evidence provided by;
 the not-for-profit public sewer utility.

(k) A not-for-profit public sewer utility may not require a property owner to connect to the not-for-profit public sewer utility's sewer system if:

(1) the property is located on at least ten (10) acres;

(2) the owner can demonstrate the availability of at least two (2) areas on the property for the collection and treatment of sewage that will protect human health and the environment;

(3) the waste stream from the property is limited to domestic sewage from a residence or business;

(4) the system used to collect and treat the domestic sewage has a maximum design flow of seven hundred fifty (750) gallons per day; and

(5) the owner, at the owner's expense, obtains and provides to the district a certification from the local health department or the department's designee that the system is not failing.

(l) A property owner who connects to a not-for-profit public sewer utility's sewer system may provide, at the owner's expense, labor, equipment, materials, or any combination of labor, equipment, and materials from any source to accomplish the connection to the sewer system, subject to inspection and approval by the not-for-profit public sewer utility.

(m) This section does not affect the authority of the ~~state~~ **Indiana** department of health, a local health department, or a county health

HEA 1013



officer with respect to a sewage disposal system.

(n) For purposes of this section, a sewage disposal system is "failing" if one (1) or more of the following apply:

- (1) The system refuses to accept sewage at the rate of design application and interferes with the normal use of plumbing fixtures.
- (2) Effluent discharge exceeds the absorptive capacity of the soil into which the system discharges, resulting in ponding, seepage, or other discharge of the effluent to the ground surface or to surface waters.
- (3) Effluent discharged from the system contaminates a potable water supply, ground water, or surface waters.

(o) As used in this section, "qualified inspector" means any of the following:

- (1) An employee of a local health department who is designated by the local health department as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.
- (2) An individual who is certified by the Indiana Onsite Wastewater Professionals Association as an onsite sewage system installer or inspector.
- (3) An individual listed by the **state Indiana** department of health or the local health department with jurisdiction over the service area of the property inspected as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.

SECTION 51. IC 8-1-5.5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Within thirty (30) days before the date that the authority to supply piped drinking water is transferred from a city or town to a person other than a city or town, the **state Indiana** department of health shall conduct a test to determine the quality of the drinking water supplied by the city or town. The **state Indiana** department of health shall adopt rules under IC 4-22-2 concerning the test that is required under this section.

SECTION 52. IC 8-1-5.5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. After August 31, 1981, if the authority to supply piped drinking water is transferred from a city or town to a person other than a city or town, the piped drinking water must, at the time of transfer, be at least equal in quality to the water tested under section 1 of this chapter which was supplied by the city or town. A person shall comply with this section within ten (10) days of the date on which it is found by the **state Indiana** department

HEA 1013



of health that the person supplies drinking water that does not comply with this section.

SECTION 53. IC 8-1-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Whenever an order has been lawfully made upon any public utility by the commission under the provisions of IC 8-1-2 or by the **state Indiana** department of health under the provisions of IC 16-41-24, it shall be unlawful for such public utility, or any officer thereof, to pay any funds from its treasury to any other public utility for the purpose of concealing its income or assets or otherwise diverting the funds from their proper uses.

SECTION 54. IC 8-1-32-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. As used in this chapter, "health agency" refers to either of the following:

- (1) The **state Indiana** department of health.
- (2) A local health department (as defined in IC 16-18-2-211).

SECTION 55. IC 8-2.1-27-1, AS ADDED BY P.L.108-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. As used in this chapter, "acceptable temperature" means a temperature established in a rule or regulation adopted by the **state Indiana** department of health with respect to the storage and transportation of a particular food and enforced by the **state Indiana** department of health or a local health department.

SECTION 56. IC 8-2.1-27-2, AS ADDED BY P.L.108-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. As used in this chapter, "health inspector" refers to an agent or employee of the **state Indiana** department of health or a local health department.

SECTION 57. IC 8-2.1-27-6, AS ADDED BY P.L.108-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. A person may not operate a motor vehicle for the transportation of food upon a public highway unless the motor vehicle is in compliance with applicable rules adopted by the **state Indiana** department of health concerning the transportation of food.

SECTION 58. IC 8-2.1-27-7, AS ADDED BY P.L.108-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) A law enforcement officer may inspect a motor vehicle used to transport food to determine compliance with section 6 of this chapter.

(b) This subsection applies if, during the course of an inspection under subsection (a), a law enforcement officer determines that:

- (1) the temperature of the food is more than two (2) degrees above

HEA 1013



the acceptable temperature;

(2) the food exhibits outward signs of contamination, spoilage, deterioration, putrefaction, or infestation; or

(3) the food is improperly loaded in a manner that increases the risk of cross-contamination.

A person who operates a motor vehicle described in this subsection commits a Class A infraction.

(c) If, during the course of an inspection under subsection (a), a law enforcement officer determines that the motor vehicle is not in compliance with applicable rules and regulations adopted by the **state Indiana** department of health concerning the transportation of food, the law enforcement officer:

(1) may contact a health inspector to inspect the motor vehicle; and

(2) may detain the motor vehicle and its operator for purposes of the inspection.

(d) If a health inspector is present to inspect a motor vehicle and finds a violation of section 6 of this chapter, the health inspector may order either or both of the following:

(1) Disposal of part or all of the food.

(2) Impoundment of the vehicle.

(e) The penalty under this subsection is in addition to any penalties provided in IC 9, IC 16, or rules or regulations adopted by the **state Indiana** department of health. This subsection applies if a health inspector, after inspection of a motor vehicle under subsection (d), finds a violation of section 6 of this chapter. A person who operates a motor vehicle described in this subsection commits a Class A infraction.

(f) A person who recklessly, knowingly, or intentionally transports food that a health inspector ordered to be disposed under subsection (d)(1), other than for the purpose of disposal, commits a Class A misdemeanor.

(g) A person who operated a motor vehicle impounded under subsection (d)(2) may not obtain possession of the motor vehicle until the person complies with the requirements of this chapter, including paying any costs associated with the disposal of food under subsection (d)(1).

SECTION 59. IC 8-2.1-27-8, AS ADDED BY P.L.108-2012, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. The following are not liable in a civil action for an official act done or omitted in connection with the performance of duties under this chapter:

HEA 1013



- (1) An agent or employee of the department.
- (2) An agent or employee of the state police department.
- (3) An agent or employee of the ~~state~~ **Indiana** department of health.
- (4) An agent or employee of a local health department.
- (5) Any other individual charged with enforcing:
 - (A) this article; or
 - (B) rules or regulations adopted by the ~~state~~ **Indiana** department of health concerning the transportation of food.

SECTION 60. IC 9-27-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The director of the state department of toxicology may solicit and receive aid from the following:

- (1) The office of traffic safety.
- (2) The state police department.
- (3) The commission on forensic sciences.
- (4) The Indiana Coroners Association.
- (5) The ~~state~~ **Indiana** department of health.
- (6) The Indiana State Medical Association.
- (7) Other agencies that may, in the director's opinion, make a contribution to the effectiveness of the study.

SECTION 61. IC 9-32-8.5-1, AS ADDED BY P.L.20-2022, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) To apply for a license under this article, a manufactured home dealer must submit an application to the secretary. An application for a license must:

- (1) meet the requirements under IC 9-32-11-2; and
 - (2) be accompanied by payment of the fee under subsection (d).
- (b) An application for a license as a manufactured home dealer must show whether the applicant dealer is a manufactured home community or a nonresidential sales lot.
- (c) If the applicant dealer is a manufactured home community, the application must contain the following:
- (1) The name and contact information of the park operator.
 - (2) A copy of the license issued by the ~~state~~ **Indiana** department of health.
- (d) The fee for a license for a manufactured home dealer is thirty dollars (\$30). The fee is nonrefundable and shall be retained by the secretary.

SECTION 62. IC 9-32-8.5-3, AS ADDED BY P.L.20-2022, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) If the manufactured home dealer's

HEA 1013



established place of business is a nonresidential sales lot, it must meet the requirements for new or used motor vehicle dealers as prescribed by the secretary under rules adopted under IC 4-22-2.

(b) If the manufactured home dealer's established place of business is a manufactured home community, it must meet location standards required by the ~~state~~ **Indiana** department of health.

SECTION 63. IC 9-32-16-11, AS AMENDED BY P.L.20-2022, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) All dealers and transport operators operating as a:

- (1) corporation;
- (2) limited liability company;
- (3) limited partnership; or
- (4) limited liability partnership;

shall file and maintain all filings required to remain in good standing with the secretary of state business services division.

(b) The dealer must, for the entire licensing period, have an established place of business with a physical Indiana address. The dealer may not have a mailing address that differs from the actual location of the business. At the discretion of the secretary, an exemption for the mailing address may be granted for:

- (1) dealers with an established place of business in a location not serviced by the United States Postal Service to allow a post office box to be used as a mailing address. A dealer using a post office box for this reason must notify the division in writing with the dealer's application; or
- (2) a manufactured home dealer.

(c) Before the secretary may issue a license to a dealer or license plates to a transport operator, the following must occur:

- (1) A dealer or transport operator must disclose to the secretary the following:
 - (A) Each dealer owner.
 - (B) For a dealer owner that is a business entity, the following:
 - (i) If a corporation, each officer, director, and shareholder designated in writing by the board of directors.
 - (ii) If a limited liability company, each member of the company designated in writing by all members.
 - (iii) If a partnership, each partner.
 - (iv) If a sole proprietorship, the proprietor.
 - (C) Except for a transport operator, each dealer manager.
- (2) A person under subdivision (1) must submit to a national criminal history background check (as defined in IC 10-13-3-12)

HEA 1013



or expanded criminal history check (as defined in IC 20-26-2-1.5) administered by the state police.

The secretary shall make the determination whether an individual must submit to a national criminal history background check or an expanded criminal history check under this subsection.

(d) A national criminal history background check or expanded criminal history check conducted under subsection (c):

- (1) is at the expense of the dealer or transport operator, and the dealer owners; and
- (2) may be completed not more than sixty (60) days before the dealer applies for a license under this article.

(e) The secretary may deny an application for a license or transport operator license plates if the division finds that a dealer owner or a dealer manager has been convicted of a:

- (1) felony within the previous ten (10) years;
- (2) felony or misdemeanor involving theft or fraud; or
- (3) felony or misdemeanor concerning an aspect of business involving the offer, sale, financing, repair, modification, or manufacture of a motor vehicle or watercraft.

(f) If a dealer or transport operator adds, removes, or changes a dealer owner or dealer manager after issuance of the initial license, the dealer or transport operator must submit an application for a change in ownership in a manner prescribed by the secretary not later than ten (10) days after the change. The new dealer owner or dealer manager shall submit to a national criminal history background check or expanded criminal history check as set forth in subsection (c).

(g) Following licensure under this article, a dealer or transport operator shall, not later than ninety (90) days after the entry of an order or judgment, notify the division in writing if the dealer owner or dealer manager has been convicted of a:

- (1) felony within the past ten (10) years;
- (2) felony or misdemeanor involving theft or fraud; or
- (3) felony or misdemeanor concerning an aspect of business involving the:
 - (A) offer;
 - (B) sale;
 - (C) financing;
 - (D) repair;
 - (E) modification; or
 - (F) manufacture;
 of a motor vehicle or watercraft.

(h) The dealer or transport operator, and the corporation, company,

HEA 1013



or partnership must be in good standing with the bureau, the department of state revenue, the department of financial institutions, and the state police department during the entire period for which a license is valid. A manufactured home dealer that owns a manufactured home community must be in good standing with the **state Indiana** department of health during the entire period for which a license is valid.

SECTION 64. IC 10-11-2-31.1, AS AMENDED BY P.L.30-2019, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 31.1. (a) The following definitions apply throughout this section:

(1) "Controlled substance" has the meaning set forth in IC 35-48-1-9.

(2) "Property" has the meaning set forth in section 31.2 of this chapter.

(b) The superintendent shall adopt:

(1) guidelines; and

(2) a reporting form or a specified electronic format, or both;

for receiving an approved certificate of cleanup from the **state Indiana** department of health that property used for the illegal manufacture of a controlled substance or polluted by waste from the illegal manufacture of a controlled substance has been certified as decontaminated by a qualified inspector certified under IC 16-19-3.1-1.

(c) Guidelines adopted under this section must require that the department remove, in accordance with the time periods described in section 31.2 of this chapter, the decontaminated property from any publicly available list of properties used for the illegal manufacture of a controlled substance compiled or made available by the department.

SECTION 65. IC 10-11-11-4, AS ADDED BY P.L.102-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) If a physician is selected, the physician shall serve a two (2) year term as an employee or contractor of the state police department. During the two (2) year term, the physician shall assist the state police department in creating a comprehensive report. The report shall be presented to the state police superintendent, the **state Indiana** department of health, and the legislative council. The report must detail the findings of the state police department, or of the physician, if applicable, including:

(1) the need for a state medical examiner's office;

(2) various staffing models for the office;

(3) contracting options for assistant medical examiners;

(4) state forensic laboratory needs;

HEA 1013



- (5) contracting models for forensic laboratory facilities;
- (6) certification and training standards for the state medical examiner and assistant examiners;
- (7) accreditation considerations for the state medical examiner's office;
- (8) under what circumstances the state medical examiner's office may be used; and
- (9) under what circumstances the state medical examiner's office must be used.

(b) The report shall be:

- (1) submitted on or before July 15, 2021; and
- (2) in an electronic format under IC 5-14-6.

(c) The report may include any other information that the state police department or physician believes would be helpful.

SECTION 66. IC 10-13-3-38.5, AS AMENDED BY P.L.137-2022, SECTION 102, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 38.5. (a) Under federal P.L.92-544 (86 Stat. 1115), the department may use an individual's fingerprints submitted by the individual for the following purposes:

- (1) Determining the individual's suitability for employment with the state, or as an employee of a contractor of the state, in a position:
 - (A) that has a job description that includes contact with, care of, or supervision over a person less than eighteen (18) years of age;
 - (B) that has a job description that includes contact with, care of, or supervision over an endangered adult (as defined in IC 12-10-3-2), except the individual is not required to meet the standard for harmed or threatened with harm set forth in IC 12-10-3-2(a)(3);
 - (C) at a state institution managed by the office of the secretary of family and social services or **state Indiana** department of health;
 - (D) at the Indiana School for the Deaf established by IC 20-22-2-1;
 - (E) at the Indiana School for the Blind and Visually Impaired established by IC 20-21-2-1;
 - (F) at a juvenile detention facility;
 - (G) with the Indiana gaming commission under IC 4-33-3-16;
 - (H) with the department of financial institutions under IC 28-11-2-3; or
 - (I) that has a job description that includes access to or

HEA 1013



supervision over state financial or personnel data, including state warrants, banking codes, or payroll information pertaining to state employees.

(2) Determining the individual's suitability for employment with state or local government, or as an employee of a contractor of state or local government, in a position in which the individual's duties include access to confidential tax information obtained from the United States Internal Revenue Service under Section 6103(d) of the Internal Revenue Code or from an authorized secondary source.

(3) Identification in a request related to an application for a teacher's license submitted to the department of education established by IC 20-19-3-1.

(4) Use by the gaming commission established under IC 4-33-3-1 for licensure of a promoter (as defined in IC 4-33-22-6) under IC 4-33-22.

(5) Use by the Indiana board of pharmacy in determining the individual's suitability for a position or employment with a wholesale drug distributor, as specified in IC 25-26-14-16(b), IC 25-26-14-16.5(b), IC 25-26-14-17.8(c), and IC 25-26-14-20.

(6) Identification in a request related to an individual applying for or renewing a license or certificate described in IC 25-1-1.1-4 and a conviction described in IC 25-1-1.1-2 or IC 25-1-1.1-3.

An applicant shall submit the fingerprints in an appropriate format or on forms provided for the employment, license, or certificate application. The department shall charge each applicant the fee established under section 28 of this chapter and by federal authorities to defray the costs associated with a search for and classification of the applicant's fingerprints. The department may forward fingerprints submitted by an applicant to the Federal Bureau of Investigation or any other agency for processing. The state personnel department, the Indiana professional licensing agency, or the agency to which the applicant is applying for employment or a license may receive the results of all fingerprint investigations.

(b) An applicant who is an employee of the state may not be charged under subsection (a).

(c) Subsection (a)(1) does not apply to an employee of a contractor of the state if the contract involves the construction or repair of a capital project or other public works project of the state.

(d) Each current or new state or local government employee whose duties include access to confidential tax information described in subsection (a)(2) must submit to a fingerprint based criminal history

HEA 1013



background check of both national and state records data bases before being granted access to the confidential tax information. In addition to the initial criminal history background checks, each state or local government employee whose duties include access to confidential tax information described in subsection (a)(2) must submit to such criminal history background checks at least once every five (5) years thereafter. The appointing authority of such a state or local government employee may pay any fee charged for the cost of fingerprinting or conducting the criminal history background checks for the state or local government employee. Only the state or local government agency in its capacity as the individual's employer or to which the applicant is applying for employment is entitled to receive the results of all fingerprint investigations.

(e) Each current or new contractor or subcontractor whose contract or subcontract grants access to confidential tax information described in subsection (a)(2) must submit to a fingerprint based criminal history background check of both national and state records data bases at least once every five (5) years before being granted access to the confidential tax information. Only the state or local government agency is entitled to receive the results of all fingerprint investigations conducted under this subsection.

(f) Each contract entered into by the state in which access to confidential tax information described in subsection (a)(2) is granted to a contractor or a subcontractor shall include:

- (1) terms regarding which party is responsible for payment of any fee charged for the cost of the fingerprinting or the criminal history background checks; and
- (2) terms regarding the consequences if one (1) or more disqualifying records are discovered through the criminal history background checks.

(g) The department:

- (1) may permanently retain an applicant's fingerprints submitted under this section; and
- (2) shall retain the applicant's fingerprints separately from fingerprints collected under section 24 of this chapter.

SECTION 67. IC 10-13-5-7, AS AMENDED BY P.L.43-2009, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The clearinghouse shall do the following:

- (1) Collect, process, and maintain identification and investigative information to aid in finding missing children and missing endangered adults.
- (2) Establish a statewide, toll free telephone line for the reporting:

HEA 1013



- (A) of missing children and missing endangered adults; and
 - (B) of sightings of missing children and missing endangered adults.
- (3) Prescribe a uniform reporting form concerning missing children and missing endangered adults for use by law enforcement agencies within Indiana.
- (4) Assist in training law enforcement and other professionals on issues relating to missing children and missing endangered adults.
- (5) Operate a resource center of information regarding the prevention of:
- (A) the abduction of children; and
 - (B) the sexual exploitation of children.
- (6) Distribute the quarterly directory prepared under section 6(b)(7) of this chapter to schools and hospitals.
- (7) Distribute the quarterly directory described in subdivision (6) to child care centers and child care homes that make an annual contribution of four dollars (\$4) to the clearinghouse. The contributions must be used to help defray the cost of publishing the quarterly directory.
- (b) For a missing child who was born in Indiana, the clearinghouse shall notify the vital statistics division of the ~~state~~ **Indiana** department of health:
- (1) within fifteen (15) days after receiving a report under IC 31-36-1-3 (or IC 31-6-13-4 before its repeal) of a missing child less than thirteen (13) years of age; and
 - (2) promptly after the clearinghouse is notified that a missing child has been found.
- (c) Upon receiving notification under subsection (b) that a child is missing or has been found, the vital statistics division of the ~~state~~ **Indiana** department of health shall notify the local health department or the health and hospital corporation that has jurisdiction over the area where the child was born.
- (d) Information collected, processed, or maintained by the clearinghouse under subsection (a) is confidential and is not subject to IC 5-14-3, but may be disclosed by the clearinghouse for purposes of locating missing children and missing endangered adults.
- SECTION 68. IC 10-13-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) Upon receiving notification under section 7 of this chapter, the vital statistics division of the ~~state~~ **Indiana** department of health and the appropriate local health department or health and hospital corporation shall attach a notice to the child's birth certificate stating that the child has been

HEA 1013



reported missing. The notice must remain attached to the birth certificate until notification is received under section 7 of this chapter that the missing child has been found.

(b) If a request for a copy of the birth certificate of a child is received, the vital statistics division and the appropriate local health department or health and hospital corporation shall require the person making the request to submit an application for the birth certificate that includes:

- (1) the date of the request;
- (2) the name, address, and telephone number of the person making the request; and
- (3) the signature of the person making the request.

(c) If a notice that the child is missing has been attached to the birth certificate, the vital statistics division and the appropriate local health department or health and hospital corporation shall immediately notify the clearinghouse of the information contained in the application.

(d) A copy of the birth certificate of a missing child to which a notice has been attached under subsection (a) may not be issued without authorization from the clearinghouse.

SECTION 69. IC 10-14-3-11, AS AMENDED BY P.L.99-2021, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) The governor has general direction and control of the agency and is responsible for carrying out this chapter. In the event of disaster or emergency beyond local control, the governor may assume direct operational control over all or any part of the emergency management functions within Indiana.

(b) In performing the governor's duties under this chapter, the governor may, subject to sections 12.5 and 12.7 of this chapter, do the following:

- (1) Make, amend, and rescind the necessary orders, rules, and regulations to carry out this chapter with due consideration of the plans of the federal government.
- (2) Cooperate with the President of the United States and the heads of the armed forces, the Federal Emergency Management Agency, and the officers and agencies of other states in matters pertaining to emergency management and disaster preparedness, response, and recovery of the state and nation. In cooperating under this subdivision, the governor may take any measures that the governor considers proper to carry into effect any request of the President of the United States and the appropriate federal officers and agencies for any emergency management action, including the direction or control of disaster preparations,

HEA 1013



including the following:

- (A) Mobilizing emergency management forces and other tests and exercises.
 - (B) Providing warnings and signals for drills, actual emergencies, or disasters.
 - (C) Shutting off water mains, gas mains, and electric power connections and suspending any other utility service.
 - (D) Conducting civilians and the movement and cessation of movement of pedestrians and vehicular traffic during, before, and after drills, actual emergencies, or other disasters.
 - (E) Holding public meetings or gatherings.
 - (F) Evacuating and receiving the civilian population.
- (3) Take any action and give any direction to state and local law enforcement officers and agencies as may be reasonable and necessary for securing compliance with this chapter and with any orders, rules, and regulations made under this chapter.
- (4) Employ any measure and give any direction to the **state Indiana** department of health or local boards of health as is reasonably necessary for securing compliance with this chapter or with the findings or recommendations of the **state Indiana** department of health or local boards of health because of conditions arising from actual or threatened:
- (A) national security emergencies; or
 - (B) manmade or natural disasters or emergencies.
- (5) Use the services and facilities of existing officers, agencies of the state, and of political subdivisions. All officers and agencies of the state and of political subdivisions shall cooperate with and extend services and facilities to the governor as the governor may request.
- (6) Establish agencies and offices and appoint executive, technical, clerical, and other personnel necessary to carry out this chapter, including the appointment of full-time state and area directors.

SECTION 70. IC 10-14-8-4, AS AMENDED BY P.L.26-2010, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The director shall consult with:

- (1) the state health commissioner of the **state Indiana** department of health;
- (2) the commissioner of the Indiana department of transportation;
- (3) the commissioner of the department of environmental management;
- (4) the director of the department of natural resources;

HEA 1013



- (5) the superintendent of the state police department;
- (6) representatives of the:
 - (A) United States Nuclear Regulatory Commission;
 - (B) Federal Emergency Management Agency;
 - (C) United States Department of Energy; and
 - (D) United States Department of Transportation; and
- (7) a representative of a local emergency management agency designated by the director;

to prepare a plan for emergency response to a radioactive waste transportation accident in Indiana. The plan must include provisions for evacuation, containment, and cleanup and must designate the role of each state or local government agency involved in the emergency response plan.

(b) The director shall report to the general assembly each year on the:

- (1) status of the plan prepared under subsection (a); and
- (2) ability of the state to respond adequately to a radioactive waste transportation accident in Indiana.

A report under this subsection to the general assembly must be in an electronic format under IC 5-14-6.

SECTION 71. IC 10-14-8-5, AS AMENDED BY P.L.26-2010, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Under 49 CFR Part 177, the director may require preferred highway routes for transporting high level radioactive waste in Indiana if the director determines under United States Department of Transportation "Guidelines for Selecting Preferred Highway Routes for Highway Route Controlled Quantity Shipments of Radioactive Materials" that alternative routes are safer than proposed routes.

(b) The director shall:

- (1) annually review federally approved highway and railway routes for transporting high level radioactive waste in Indiana; and
- (2) select new state designated routes in accordance with 49 CFR Part 172.80 if safety considerations indicate the alternate routes would be preferable.

(c) Before the director may require alternative routes under subsection (a) or select new state designated routes under subsection (b), the director must do the following:

- (1) Consult with all of the persons described in section 4(a) of this chapter.
- (2) Conduct or engage in substantial consultation with the

HEA 1013



affected local county authorities.

(3) Notify the:

(A) state health commissioner of the ~~state~~ **Indiana** department of health;

(B) commissioner of the department of environmental management;

(C) superintendent of the state police department; and

(D) local emergency management agency and applicable local fire and law enforcement agencies in each affected county;

of the director's final decision concerning an alternative route or a new state designated route before the date upon which the alternative route or new state designated route takes effect.

(d) The state is not liable by requiring alternate routes to be used as provided under this section.

SECTION 72. IC 10-17-9-8, AS AMENDED BY P.L.85-2017, SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) Each member, the estate of a deceased member, or the estate of a member under guardianship is liable for the costs of maintenance of the member in an amount up to one hundred percent (100%) of the daily per capita cost of personal services and all other operating expenses for the preceding fiscal year. The per capita charge may be adjusted to reflect the level of care provided.

(b) The level of care must be as consistent as possible with:

(1) the care category of the facility in which the member is placed;

(2) the rules of the ~~state~~ **Indiana** department of health adopted under IC 16-28; and

(3) the applicable code of the federal government covering reimbursement from the United States Department of Veterans' Affairs or another department of the federal government.

(c) The liability created for the costs of maintenance of a member constitutes a lien upon the real property of the member if the lien is recorded as provided in this chapter. The lien has priority over all liens subsequently acquired.

SECTION 73. IC 10-17-9-21, AS ADDED BY P.L.220-2011, SECTION 239, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 21. The ~~state~~ **Indiana** department of health established by IC 16-19-1-1 may develop a plan and seek federal approval to qualify the Indiana Veterans' Home for reimbursement of services and other expenses that could be eligible under Medicaid. A plan developed under this section must be structured to maximize federal Medicaid reimbursement for the Indiana

HEA 1013



Veterans' Home. Subject to approval of the budget agency, any revenue accruing to the Indiana Veterans' Home from the receipt of Medicaid reimbursement may be used to augment appropriations made to the office for use in funding long term care.

SECTION 74. IC 10-17-13.5-4, AS AMENDED BY P.L.155-2018, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The department may make grants to qualified entities to be used for the purpose of providing services to veterans, including the following:

- (1) Programs focused on eliminating homelessness, preventing near term homelessness, and providing safe and secure living conditions.
- (2) Assisting veterans in moving from public housing assistance programs to:
 - (A) home ownership; or
 - (B) stable, long term rental status.

A grant under this chapter for the purpose specified in clause (B) may include up to nine (9) months of rental assistance.
- (3) Assisting veterans in finding and using available federal and state resources.
- (4) Providing therapeutic services.
- (5) Providing job training and job search assistance.

(b) The department may make grants to the provider chosen by the **state Indiana** department of health under section 6 of this chapter to be used for the purpose of providing assistance to the provider to provide diagnostic testing and hyperbaric oxygen treatment to veterans receiving treatment under the pilot program established under section 6 of this chapter. However, a grant under this chapter may not be awarded for the purposes specified in this subsection unless the **state Indiana** department of health has adopted the rules required by section 6(g) of this chapter. In addition, a grant may not be awarded for the purposes specified in this subsection after the expiration of the pilot program established under section 6 of this chapter.

SECTION 75. IC 10-17-13.5-6, AS AMENDED BY P.L.23-2021, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) As used in this section, "hyperbaric oxygen treatment" means treatment for traumatic brain injury or posttraumatic stress disorder that is ordered by a health care provider and delivered in a hyperbaric chamber.

(b) The department shall establish a pilot program for the purpose of providing assistance for each provider that has been approved by the **state Indiana** department of health to provide diagnostic testing and

HEA 1013



hyperbaric oxygen treatment to veterans receiving treatment under section 4(b) of this chapter.

(c) The **state Indiana** department of health shall issue a request for proposals within Indiana to offer the treatment described in section 4(b) of this chapter.

(d) An individual veteran is eligible to begin treatment if the service related event that caused the traumatic brain injury or posttraumatic stress disorder is documented by a licensed physician.

(e) An individual veteran may not be required to pay a co-pay under the pilot program.

(f) A grant under the pilot program established under subsection (b) may be provided only to the provider chosen by the **state Indiana** department of health to provide diagnostic testing and hyperbaric oxygen treatment to veterans.

(g) The **state Indiana** department of health, after consulting with the department, shall adopt rules under IC 4-22-2 to implement section 4(b) of this chapter, including standards for the following:

- (1) Determination by a provider that an individual is a veteran eligible for participation in the pilot program.
- (2) Determination by the **state Indiana** department of health that a provider is eligible to participate in the pilot program, including:
 - (A) a requirement that the provider must maintain compliance with applicable fire codes, treatment protocols, and **state Indiana** department of health oversight; and
 - (B) other facility standards determined by the **state Indiana** department of health.
- (3) Treatment plan requirements, including the following:
 - (A) A provider's submission to the **state Indiana** department of health, before providing hyperbaric oxygen treatment to a veteran, of a treatment plan that includes:
 - (i) a health care provider's prescription for hyperbaric oxygen treatment;
 - (ii) verification by the provider that the veteran is eligible for participation in the pilot program and voluntarily accepts treatment through the pilot program;
 - (iii) an estimate of the cost of the veteran's treatment; and
 - (iv) any other information required by the **state Indiana** department of health.
 - (B) A reasonable time frame for:
 - (i) approval or disapproval by the **state Indiana** department of health of a treatment plan described in clause (A); and
 - (ii) notice to the provider of approval or disapproval of the

HEA 1013



treatment plan.

(C) Contingent on sufficient funding available in the fund, approval of each treatment plan that meets the requirements established by the **state Indiana** department of health under this section.

(D) The sources of funding for the estimated treatment cost for each veteran whose treatment plan is approved under this section.

(4) Criteria for approval of payment for treatment that has been verified by the **state Indiana** department of health to have been provided under a treatment plan approved under subdivision (3), including:

(A) whether a drug or device used in the treatment plan has been approved for any purpose by the federal Food and Drug Administration; and

(B) verification of the veteran receiving the treatment, as demonstrated through:

(i) billing documentation from the provider of the hyperbaric oxygen therapy treatments; or

(ii) attendance documentation signed by the provider and treatment recipient attesting to the receipt of the prescribed treatments.

(5) Confidentiality of all individually identifiable patient information of a veteran. However, subject to the requirements of the federal Health Insurance Portability and Accountability Act and any other applicable medical record laws, all data and information from which the identity of an individual veteran cannot be reasonably ascertained must be available to the general assembly, participating institutional review boards, participating health care providers, medical researchers, and other governmental agencies.

(h) A provider under this section, including a physician who supervises treatment, shall bill the pilot program and be paid at cost out of the grant amount awarded to the provider. No providers may profit from services provided under the pilot program. Services offered under the pilot program are provided as a service to veterans.

(i) Each provider shall quarterly file a status report concerning the services provided by the provider under the pilot program with the following:

(1) The department.

(2) The **state Indiana** department of health.

(j) At the conclusion of the pilot program, the department, in

HEA 1013



collaboration with the ~~state~~ **Indiana** department of health, shall prepare a written final report and transmit it to the following:

- (1) The governor.
- (2) The leadership of the legislative council in electronic format under IC 5-14-6.
- (3) The chairperson of the house committee on veterans affairs and public safety.
- (4) The chairperson of the senate committee on veterans affairs and the military.

The report required under this subsection must be made available on the department's ~~Internet web site~~: **website**.

(k) This section expires June 30, 2025.

SECTION 76. IC 10-19-3-3, AS AMENDED BY P.L.28-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The executive director shall do the following:

- (1) Serve as the chief executive and administrative officer of the department.
- (2) Serve as the director of the council.
- (3) Administer the application for, and disbursement of, federal and state homeland security money for all Indiana state and local governments.
- (4) Develop a single strategic plan for preparing and responding to homeland security emergencies in consultation with the council.
- (5) Serve as the state coordinating officer under federal law for all matters relating to emergency and disaster mitigation, preparedness, response, and recovery.
- (6) Use and allocate the services, facilities, equipment, personnel, and resources of any state agency, on the governor's behalf, as is reasonably necessary in the preparation for, response to, or recovery from an emergency or disaster situation that threatens or has occurred in Indiana.
- (7) Develop a plan to protect key state assets and public infrastructure from a disaster or terrorist attack.
- (8) Partner with state agencies, including the ~~state~~ **Indiana** department of health and state educational institutions, to develop public safety education and outreach programs.
- (9) Appoint an individual to serve as the state emergency medical services medical director as provided in section 3.5 of this chapter.
- (10) Carry out the provisions of IC 10-19-12.

SECTION 77. IC 10-19-3-3.5, AS ADDED BY P.L.187-2021,

HEA 1013



SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.5. (a) For purposes of this section, "EMS" means emergency medical services.

(b) For purposes of this section, "state EMS medical director" refers to the state emergency medical services medical director appointed under subsection (c).

(c) The executive director shall appoint an individual to serve as the state emergency medical services medical director. The individual must have the following qualifications:

- (1) Thorough knowledge of state EMS laws and administrative rules and regulations.
- (2) At least five (5) years experience in the following:
 - (A) Medical direction of out of hospital EMS.
 - (B) Emergency department treatment of acutely ill and injured patients.
- (3) Significant experience and familiarity with the following:
 - (A) The design and operation of statewide EMS systems.
 - (B) Working with national and other state EMS committees.
- (4) At the time of the individual's appointment, has a valid and unrestricted license to practice medicine in Indiana.
- (5) Be certified by the American Board of Emergency Medicine.
- (6) Other areas of knowledge and expertise that the executive director determines essential.

The state EMS medical director shall be an employee of the department.

(d) The executive director shall submit the name of the individual whom the executive director would like to appoint as state EMS medical director to the Indiana emergency medical services commission created by IC 16-31-2-1. The commission may, by a majority of the members, vote not later than thirty (30) days after the submission on whether to approve the appointment. If the commission:

- (1) does not take any action; or
- (2) by a majority of the commission votes to approve the appointment of the individual;

not later than thirty (30) days after, the appointment shall become effective. If a majority of the commission votes not later than thirty (30) days after the submission of the appointment to not approve the appointment, the executive director shall restart the appointment process and submit an alternative individual for appointment.

(e) The state EMS medical director shall oversee all pre-hospital aspects of the statewide EMS system, including the following:

- (1) Medical components for systems of care that interface or

HEA 1013



integrate with the statewide EMS system, including the following:

- (A) Statewide planning for trauma, burn, cardiac, and stroke care.
 - (B) Domestic preparedness.
 - (C) EMS for children.
- (2) For all levels of emergency responders, establishment of the following:
- (A) Statewide model guidelines and best practices for all patient care activities to ensure delivery of medical care consistent with professionally recognized standards.
 - (B) A statewide EMS continuous quality improvement program.
 - (C) A statewide EMS advocacy program.
- (3) In cooperation with appropriate state and local agencies, training and certification of all EMS providers.
- (f) The state EMS medical director shall assist the executive director on all issues related to statewide EMS, including the following:
- (1) Consulting with EMS medical directors.
 - (2) In consultation with the Indiana emergency medical services commission created by IC 16-31-2-1, providing guidance and assistance on the following matters:
 - (A) Scope of practice for EMS providers.
 - (B) Restrictions placed on EMS certifications.
 - (C) Appropriate corrective and disciplinary actions for EMS personnel.
 - (D) Education and training on emerging issues in EMS.
 - (3) EMS system research.
 - (4) Coordination of all medical activities for disaster planning and response.
 - (5) Improving quality of care, research, and injury prevention programs.
 - (6) Partnering with state agencies, including the ~~state~~ **Indiana** department of health and state educational institutions, to develop public safety education and outreach programs.
- SECTION 78. IC 10-19-7-3, AS AMENDED BY P.L.187-2021, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The state fire marshal appointed under IC 22-14-2-2 shall manage the department's administration of the following:
- (1) IC 16-31.
 - (2) IC 22-11.
 - (3) IC 22-12.

HEA 1013



(4) IC 22-13.

(5) IC 22-14.

(6) IC 22-15.

(b) In carrying out the duties under subsection (a), the state fire marshal shall do the following:

(1) Provide department staff to support the fire prevention and building safety commission established by IC 22-12-2-1.

(2) Partner with state agencies, including the **state Indiana** department of health and state educational institutions, to develop public safety education and outreach programs.

(c) The state fire marshal may not exercise any powers or perform any duties specifically assigned to either of the following:

(1) The fire prevention and building safety commission.

(2) The state building commissioner.

(d) The state fire marshal may delegate the state fire marshal's authority to the appropriate department staff.

SECTION 79. IC 11-10-3-2.5, AS AMENDED BY P.L.130-2018, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) As used in this section, "confirmatory test" means a laboratory test or a series of tests approved by the **state Indiana** department of health and used in conjunction with a screening test to confirm or refute the results of the screening test for the human immunodeficiency virus (HIV) antigen or antibodies to the human immunodeficiency virus (HIV).

(b) As used in this section, "screening test" means a laboratory screening test or a series of tests approved by the **state Indiana** department of health to determine the possible presence of the human immunodeficiency virus (HIV) antigen or antibodies to the human immunodeficiency virus (HIV).

(c) For an individual who is committed to the department after June 30, 2001, the examination required under section 2(a) of this chapter must include the following:

(1) A blood test for hepatitis C.

(2) A screening test for the human immunodeficiency virus (HIV) antigen or antibodies to the human immunodeficiency virus (HIV).

(d) If the screening test required under subsection (c)(2) indicates the presence of antibodies to the human immunodeficiency virus (HIV), the department shall administer a confirmatory test to the individual.

(e) The department may require an individual who:

(1) was committed to the department before July 1, 2001; and

HEA 1013



(2) is in the custody of the department after June 30, 2001; to undergo the tests required by subsection (c) and, if applicable, subsection (d).

(f) Except as otherwise provided by state or federal law, the results of a test administered under this section are confidential.

(g) The department shall include statistical information on the number of individuals tested and the number of positive test results determined under this section in the annual report made under IC 11-8-2-5(a)(16).

SECTION 80. IC 11-10-3-4, AS AMENDED BY P.L.117-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The department shall establish directives governing:

- (1) medical care to be provided to committed individuals, including treatment for intellectual disabilities, alcoholism, and drug addiction;
- (2) administration of medical facilities and health centers operated by the department;
- (3) medical equipment, supplies, and devices to be available for medical care;
- (4) provision of special diets to committed individuals;
- (5) acquisition, storage, handling, distribution, and dispensing of all medication and drugs;
- (6) the return of unused medications that meet the requirements of IC 25-26-13-25(k)(1) through IC 25-26-13-25(k)(6) to the pharmacy that dispensed the medication;
- (7) training programs and first aid emergency care for committed individuals and department personnel;
- (8) medical records of committed individuals; and
- (9) professional staffing requirements for medical care.

(b) The **state Indiana** department of health shall make an annual inspection of every health facility, health center, or hospital:

- (1) operated by the department; and
- (2) not accredited by a nationally recognized accrediting organization;

and report to the commissioner whether that facility, center, or hospital meets the requirements established by the **state Indiana** department of health. Any noncompliance with those requirements must be stated in writing to the commissioner, with a copy to the governor.

(c) For purposes of IC 4-22-2, the term "directive" as used in this section relates solely to internal policy and procedure not having the force of law.

HEA 1013



(d) For purposes of subsection (a)(6), the department:

- (1) shall return medication that belonged to a Medicaid recipient; and
- (2) may return other unused medication;

to the pharmacy that dispensed the medication if the unused medication meets the requirements of IC 25-26-13-25(k)(1) through IC 25-26-13-25(k)(6).

(e) The department may establish directives concerning the return of unused medical devices or medical supplies that are used for prescription drug therapy and that meet the requirements of IC 25-26-13-25(l).

(f) A pharmacist or pharmacy that enters into an agreement with the department to accept the return of:

- (1) unused medications that meet the requirements of IC 25-26-13-25(k)(1) through IC 25-26-13-25(k)(6); or
- (2) unused medical devices or medical supplies that are used for prescription drug therapy and that meet the requirements of IC 25-26-13-25(l);

may negotiate with the department a fee for processing the returns.

SECTION 81. IC 11-11-6-2, AS AMENDED BY P.L.156-2011, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The facilities of the department must comply with federal and state health, sanitation, safety, and fire laws applicable to dwellings, food establishments, eating facilities, and public buildings.

(b) Each department facility shall be inspected at least annually by:

- (1) the ~~state~~ **Indiana** department of health if the facility is not accredited by a nationally recognized accrediting organization; and
- (2) the state fire marshal;

who shall, within fifteen (15) days of the inspection, file a written report with the commissioner listing all unsafe, unsanitary, or unhealthy conditions within a facility that constitute a menace to the health, safety, and welfare of committed persons or department employees. In determining whether conditions are unsafe, unsanitary, or unhealthy, the ~~state~~ **Indiana** department of health and the state fire marshal shall consider the degree of overcrowding, the light, air, and space available to offenders within a facility, the size and arrangement of rooms and cells, the sanitary facilities, and the extent to which conditions in a facility endanger life or property.

(c) The commissioner shall correct all unsafe, unsanitary, or unhealthy conditions reported by the ~~state~~ **Indiana** department of

HEA 1013



health or the state fire marshal with reasonable promptness. Failure by the department to initiate and continue action to correct unsafe, unsanitary, or unhealthy conditions within thirty (30) days of receiving a report of those conditions from the **state Indiana** department of health or the state fire marshal constitutes noncompliance with this subsection. Upon such noncompliance, the commissioner shall submit to the reporting agency and the governor a written statement explaining:

- (1) why the reported condition or conditions have not been remedied;
- (2) what the estimated cost of remedying the reported condition or conditions would be in terms of construction, renovation, manpower, space, and equipment;
- (3) whether the reported condition or conditions can be corrected by using facilities of other governmental entities;
- (4) whether additional state financing is required and, if so, the estimated amount needed; and
- (5) the probable consequences of not remedying each reported unsafe, unsanitary, or unhealthy condition.

(d) Notwithstanding other provisions of this section, the **state Indiana** department of health and state fire marshal retain authority to correct unhealthy, unsanitary, or unsafe conditions within a facility as provided by law.

SECTION 82. IC 11-12-4-1, AS AMENDED BY P.L.78-2022, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The department shall adopt under IC 4-22-2 minimum standards for county jails governing:

- (1) general physical and environmental conditions;
- (2) services and programs to be provided to confined persons;
- (3) procedures for the care and control of confined persons that are necessary to ensure the health and safety of confined persons, the security of the jail, and public safety; and
- (4) the restraint of pregnant inmates. Rules adopted under this subdivision must be consistent with IC 11-10-3.5.

However, the department may not adopt any standard that prohibits the placement of more than one (1) prisoner in a prisoner cell that has thirty-five (35) square feet or more of floor space per prisoner.

(b) The standards must be sufficiently flexible to foster the development of new and improved practices and to accommodate local needs and circumstances. The standards must be consistent with the laws of Indiana and the rules of the **state Indiana** department of health and the fire prevention and building safety commission.

HEA 1013



(c) The commissioner shall select a committee of not less than five (5) county sheriffs to consult with the department before and during the drafting of the proposed minimum standards. County sheriffs shall be selected from the various classes of counties to ensure that densely, moderately, and sparsely populated counties are represented. Each county sheriff is entitled to the minimum salary per diem as provided in IC 4-10-11-2.1 for each day engaged in the official business of the committee and to reimbursement for traveling and other expenses, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(d) At least sixty (60) days before setting the date for a public hearing under IC 4-22-2, the department shall forward copies of the proposed minimum standards to each county sheriff and each board of county commissioners and shall solicit their views and suggestions.

SECTION 83. IC 12-7-2-151, AS AMENDED BY P.L.99-2007, SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 151. "Psychiatric hospital", for purposes of section 82 of this chapter, means any of the following:

- (1) A state institution.
- (2) A general hospital:
 - (A) licensed by the **state Indiana** department of health; and
 - (B) that maintains and operates facilities for the observation, care, treatment, and detention of individuals who have a mental illness.
- (3) A private psychiatric hospital licensed by the division of mental health and addiction.

SECTION 84. IC 12-8-1.5-6, AS AMENDED BY P.L.202-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The secretary and the commissioner of the **state Indiana** department of health shall cooperate to coordinate family and social services programs with related programs administered by the **state Indiana** department of health.

(b) The secretary, in cooperation with the commissioner of the **state Indiana** department of health, is accountable for the following:

- (1) Resolving administrative, jurisdictional, or policy conflicts between a division and the **state Indiana** department of health.
- (2) Formulating overall policy for family, health, and social services in Indiana.
- (3) Coordinating activities between the programs of the division of family resources and the maternal and child health programs of the **state Indiana** department of health.

HEA 1013



(4) Coordinating activities concerning long term care between the division of disability and rehabilitative services and the **state Indiana** department of health.

(5) Developing and implementing a statewide family, health, and social services plan that includes a set of goals and priorities.

(c) The office shall cooperate with the **state Indiana** department of health in providing the information required for the commissioner of the **state Indiana** department of health or the commissioner's designee to complete the:

(1) state comprehensive care bed need rate calculation under IC 16-29-7-8; and

(2) county comprehensive care bed need calculation under IC 16-29-7-9.

SECTION 85. IC 12-8-10-1, AS AMENDED BY P.L.143-2022, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This chapter applies only to the indicated money of the following state agencies to the extent that the money is used by the agency to obtain services from grantee agencies to carry out the program functions of the agency:

(1) Money appropriated or allocated to a state agency from money received by the state under the federal Social Services Block Grant Act (42 U.S.C. 1397 et seq.).

(2) The division of aging, except this chapter does not apply to money expended under the following:

(A) The following statutes, unless application of this chapter is required by another subdivision of this section:

(i) IC 12-10-6.

(ii) IC 12-10-12 (before its expiration).

(B) Epilepsy services.

(3) The division of family resources, for money expended under the following programs:

(A) The child development associate scholarship program.

(B) The dependent care program.

(C) Migrant day care.

(D) The commodities program.

(E) The migrant nutrition program.

(F) Any emergency shelter program.

(G) The energy weatherization program.

(4) The **state Indiana** department of health, for money expended under IC 16-19-10.

(5) The group.

(6) All state agencies, for any other money expended for the

HEA 1013



purchase of services if all the following apply:

(A) The purchases are made under a contract between the state agency and the office of the secretary.

(B) The contract includes a requirement that the office of the secretary perform the duties and exercise the powers described in this chapter.

(C) The contract is approved by the budget agency.

(7) The division of mental health and addiction.

SECTION 86. IC 12-9-5-5, AS AMENDED BY P.L.141-2006, SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Notwithstanding any other law:

(1) home health agencies licensed under IC 16-27-1 are approved to provide home health services; and

(2) personal services agencies licensed under IC 16-27-4 are approved to provide personal services;

under any federal waiver granted to the state under 42 U.S.C. 1315 or 42 U.S.C. 1396n.

(b) In determining whether to approve an entity described in subsection (a) to provide services for a program administered by the office of the secretary, the office of the secretary may use the survey performed by the **state Indiana** department of health in licensing the entity.

SECTION 87. IC 12-10-3-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. If an adult protective services unit receives a report alleging that an individual who is a resident of a facility licensed under IC 16-28 is an endangered adult, the adult protective services unit shall immediately communicate the report to the **state Indiana** department of health under IC 16-28-4-1.

SECTION 88. IC 12-10-6-5, AS AMENDED BY P.L.85-2017, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) An individual who is determined under section 2.1(a)(2) of this chapter to be incapable of residing in the individual's own home because of mental illness may be admitted to a home or facility that provides residential care to the extent that money is available for the care.

(b) Within thirty (30) days after an individual with a mental illness is placed in a home or facility that provides residential care, a comprehensive care plan must be developed for the individual.

(c) The residential care facility, in cooperation with the community mental health center or an individual's managed care provider (as defined in IC 12-7-2-127(b)) serving the area in which the residential

HEA 1013



care facility is located, shall develop the comprehensive care plan for the individual. The plan must include the following:

- (1) Psychosocial rehabilitation services that are provided within the community.
- (2) A comprehensive range of activities to meet multiple levels of need, including the following:
 - (A) Recreational and socialization activities.
 - (B) Social skills.
 - (C) Educational, training, occupational, and work programs.
 - (D) Opportunities for progression into less restrictive and more independent living arrangements.
- (3) Appropriate alternate placement if the individual's needs cannot be met by the facility.

(d) The **state Indiana** department of health shall, in coordination with the division of mental health and addiction and the division, adopt rules under IC 4-22-2 to govern:

- (1) residential care; and
- (2) the comprehensive care plan;

provided to individuals with a mental illness who reside under this chapter in a home or facility that provides residential care.

SECTION 89. IC 12-10-11.5-8, AS AMENDED BY P.L.10-2019, SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) As used in this section, "assisted living services" refers to services covered under a waiver and provided in any of the following entities:

- (1) A residential care facility licensed under IC 16-28.
- (2) Any other housing with services establishment.

(b) Under a Medicaid waiver that provides services to an individual who is aged or disabled, the office shall reimburse for assisted living services.

(c) The office may reimburse for any home and community based services provided to a Medicaid recipient beginning on the date of the individual's Medicaid application.

(d) The office may not do any of the following concerning assisted living services provided in a home and community based services program:

- (1) Require the installation of a sink in the kitchenette within any living unit of an entity that participated in the Medicaid home and community based service program before July 1, 2018.
- (2) Require all living units within a setting that provides assisted living services to comply with physical plant requirements that are applicable to individual units occupied by a Medicaid

HEA 1013



recipient.

(3) Require a provider to offer only private rooms.

(4) Require a housing with services establishment provider to provide housing when:

(A) the provider is unable to meet the health needs of a resident without:

(i) undue financial or administrative burden; or

(ii) fundamentally altering the nature of the provider's operations; and

(B) the resident is unable to arrange for services to meet the resident's health needs.

(5) Require a housing with services establishment provider to separate an agreement for housing from an agreement for services.

(6) Prohibit a housing with services establishment provider from offering studio apartments with only a single sink in the unit.

(7) Preclude the use of a shared bathroom between adjoining or shared units if the participants consent to the use of a shared bathroom.

(e) The division may adopt rules under IC 4-22-2 that establish the right, and an appeals process, for a resident to appeal a provider's determination that the provider is unable to meet the health needs of the resident as described in subsection (d)(4). The process:

(1) must require an objective third party to review the provider's determination in a timely manner; and

(2) may not be required if the provider is licensed by the ~~state~~ **Indiana** department of health and the licensure requirements include an appellate procedure for such a determination.

(f) Before December 31, 2018, the office shall:

(1) implement a process for; and

(2) resume enrollment of;

a provider with specialized and secure settings for individuals with Alzheimer's disease or other dementia, within a portion of or throughout the setting, to become a provider under a home and community based services program. At least forty-five (45) days before the adoption of an enrollment process under this subsection, the office shall consult with home and community based services providers, case managers, care managers, and persons with expertise in Alzheimer's disease or other dementia. The office's failure to adopt an enrollment process under this subsection shall not prevent the office from processing a provider application.

SECTION 90. IC 12-10-13-16.8, AS AMENDED BY P.L.168-2018,

HEA 1013



SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16.8. The office shall do the following:

- (1) Promote effective coordination between the office and the following:
 - (A) Programs that provide legal services for the elderly.
 - (B) The adult protective services program.
 - (C) The attorney general's division of Medicaid fraud.
 - (D) The **state Indiana** department of health.
 - (E) Indiana protection and advocacy services.
 - (F) The state's legal assistance developer.
- (2) Establish a statewide toll free telephone line to receive reports of residents' complaints concerning long term care facilities.
- (3) Ensure that the identity of a complainant or resident will not be disclosed without:
 - (A) the complainant's or resident's written consent; or
 - (B) a court order.

SECTION 91. IC 12-10-13-19, AS AMENDED BY P.L.168-2018, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 19. (a) The office shall prepare a report each year on the operations of the office.

- (b) A copy of the report shall be provided to the following:
 - (1) The governor.
 - (2) The general assembly. The report must be in an electronic format under IC 5-14-6.
 - (3) The division.
 - (4) The secretary.
 - (5) The Assistant Secretary for Aging of the Administration for Community Living.
 - (6) Each area agency on aging within Indiana.
 - (7) The **state Indiana** department of health.

SECTION 92. IC 12-10-15-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. This chapter does not preclude the authority of the **state Indiana** department of health to regulate:

- (1) a home health agency, as provided in IC 16-27 and rules adopted under IC 16-27; or
- (2) a health facility, as provided in IC 16-28 and rules adopted under IC 16-28.

SECTION 93. IC 12-10-17.1-12, AS AMENDED BY P.L.133-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) The division shall register an individual who provides the following:

HEA 1013



(1) A personal resume containing information concerning the individual's qualifications, work experience, and any credentials the individual may hold. The individual must certify that the information contained in the resume is true and accurate.

(2) The individual's:

(A) limited criminal history check from the Indiana central repository for criminal history information under IC 10-13-3;

(B) expanded criminal history check under IC 20-26-2-1.5; or

(C) criminal history check from another source allowed by law.

(3) If applicable, the individual's state nurse aide registry report from the ~~state~~ **Indiana** department of health. This subdivision does not require an individual to be a nurse aide.

(4) Three (3) letters of reference.

(5) A registration fee. The division shall establish the amount of the registration fee.

(6) Proof that the individual is at least eighteen (18) years of age.

(7) Any other information required by the division.

(b) A registration is valid for two (2) years. A personal services attendant may renew the personal services attendant's registration by updating any information in the file that has changed and by paying the fee required under subsection (a)(5). The limited criminal history check and report required under subsection (a)(2) and (a)(3) must be updated every two (2) years.

(c) The division and any organization designated under section 11 of this chapter shall maintain a file for each personal services attendant that contains:

(1) comments related to the provision of attendant care services submitted by an individual in need of self-directed in-home care who has employed the personal services attendant; and

(2) the items described in subsection (a)(1) through (a)(4).

(d) Upon request, the division shall provide to an individual in need of self-directed in-home care the following:

(1) Without charge, a list of personal services attendants who are registered with the division and available within the requested geographic area.

(2) A copy of the information of a specified personal services attendant who is on file with the division under subsection (c).

The division may charge a fee for shipping, handling, and copying expenses.

(e) The limited criminal history check requirement described in subsection (a)(2) may be satisfied by fulfilling the components of an

HEA 1013



expanded criminal history check under IC 20-26-2-1.5 and is subject to the conditions described in IC 16-27-2-4(c).

SECTION 94. IC 12-11-2.1-1, AS AMENDED BY P.L.85-2017, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The bureau shall determine whether or not an individual has a developmental disability. For individuals for whom there is not enough current information available to make a determination of eligibility, the bureau shall use the results of a diagnostic assessment in determining whether an individual has a developmental disability. A diagnostic assessment must include the following:

- (1) Diagnostic information concerning the individual's functioning level and medical and habilitation needs.
- (2) All information necessary for the use of the office of Medicaid policy and planning, the ~~state~~ **Indiana** department of health, and the division.
- (3) The use of all appropriate assessments conducted under rules adopted under IC 16-28.

(b) An individual who is found not to have a developmental disability may appeal the bureau's finding under IC 4-21.5.

(c) If an individual is determined to have a developmental disability, the office shall determine whether the individual meets the appropriate federal level of care requirements.

SECTION 95. IC 12-11-8-3, AS AMENDED BY P.L.210-2015, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The Indiana resource center for autism in cooperation with the appropriate state agencies shall do the following:

- (1) Provide informational services about autism.
- (2) Provide an information system for services provided to individuals with autism and their families by federal, state, local, and private agencies.
- (3) Develop a data base from information received by the division, the division of mental health and addiction, the department of education, and the ~~state~~ **Indiana** department of health relative to the services provided to individuals with autism and their families.
- (4) Offer training and technical assistance to providers of services and families of individuals with autism.
- (5) Research methods for assessing, planning, implementing, and evaluating programs for individuals with autism and their families.
- (6) Develop model curricula and resource materials for providers

HEA 1013



of services and families of individuals with autism.

(7) Conduct one (1) time every three (3) years a statewide needs assessment study designed to determine the following:

(A) The status of services provided to individuals with autism and their families.

(B) The need for additional or alternative services for individuals with autism and their families.

(b) The Indiana resource center for autism shall deliver to the general assembly in an electronic format under IC 5-14-6 the results of the needs assessment study required by subsection (a)(7) before December 1 of each year in which the study is conducted.

SECTION 96. IC 12-11-15.5-2, AS ADDED BY P.L.262-2019, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The services for individuals with intellectual and other developmental disabilities task force is established.

(b) The task force consists of twenty-one (21) members as follows:

(1) One (1) member representing the division of disability and rehabilitative services.

(2) One (1) member representing the office of Medicaid policy and planning.

(3) One (1) member representing the division of mental health and addiction.

(4) One (1) member representing the governor's council for people with disabilities.

(5) One (1) member representing the department of education.

(6) One (1) member representing the ~~state~~ **Indiana** department of health.

(7) One (1) member representing the division of aging.

(8) One (1) member representing the department of child services.

(9) One (1) member representing a statewide, nonprofit organization that advocates for people with intellectual and other developmental disabilities.

(10) One (1) member representing a trade association of providers that deliver services to people with intellectual and other developmental disabilities.

(11) Two (2) members who are family members of people with intellectual or other developmental disabilities.

(12) Two (2) members who are consumers of services for people with intellectual and other developmental disabilities.

(13) Two (2) members who are employees of organizations that provide services to people with intellectual and other developmental disabilities.

HEA 1013



(14) One (1) member who is the secretary or the secretary's designee.

(15) One (1) member who:

(A) represents the house of representatives;

(B) is appointed by the speaker of the house of representatives; and

(C) is not a member of the same political party as the member appointed under subdivision (16).

(16) One (1) member who:

(A) represents the house of representatives;

(B) is appointed by the minority leader of the house of representatives; and

(C) is not a member of the same political party as the member appointed under subdivision (15).

(17) One (1) member who:

(A) represents the senate;

(B) is appointed by the president pro tempore of the senate; and

(C) is not a member of the same political party as the member appointed under subdivision (18).

(18) One (1) member who:

(A) represents the senate;

(B) is appointed by the minority leader of the senate; and

(C) is not a member of the same political party as the member appointed under subdivision (17).

(c) The governor shall appoint the members described in subsection (b)(1) through (b)(13) and these members serve at the pleasure of the governor.

(d) The governor or the governor's designee:

(1) is a nonvoting member of the task force; and

(2) shall serve as the chairperson.

(e) The expenses of the task force shall be paid by the office of the secretary of family and social services.

(f) A quorum consists of the majority of the members of the task force.

(g) The affirmative votes of a majority of the voting members appointed to the task force are required for the task force to take action on any measure.

(h) The appointing authority shall fill any vacancy on the task force not later than forty-five (45) days after the vacancy occurs.

SECTION 97. IC 12-12-9-2, AS AMENDED BY P.L.141-2006, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 2. The office of the secretary shall, on the first business day of each month, send a copy of a report filed under section 1 of this chapter to the following persons:

(1) For persons less than seventeen (17) years of age, to the following:

- (A) The Indiana School for the Blind and Visually Impaired.
- (B) The division of disability and rehabilitative services.
- (C) The division of special education of the department of education.

(2) For persons at least seventeen (17) years of age, to the following:

- (A) The division of disability and rehabilitative services.
- (B) On request, organizations serving the blind or visually impaired and the **state Indiana** department of health.

SECTION 98. IC 12-12.7-2-1, AS ADDED BY P.L.93-2006, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. As used in this chapter, "agency" means a department, a commission, a council, a board, a bureau, a division, a service, an office, or an administration that is responsible for providing services to infants and toddlers with disabilities and their families, including the following:

- (1) The division of mental health and addiction.
- (2) The **state Indiana** department of health.
- (3) The division of family resources.
- (4) The division of disability, aging, and rehabilitative services.
- (5) The department of education.
- (6) The department of child services.

SECTION 99. IC 12-13-15.2-2, AS AMENDED BY P.L.160-2012, SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The division shall collaborate with the office of Medicaid policy and planning established by IC 12-8-6.5-1 and the **state Indiana** department of health established by IC 16-19-1-1 to establish programs that facilitate children's access to oral health services.

SECTION 100. IC 12-15-15-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) In addition to a payment due to a hospital for the delivery of a newborn infant, the office shall tender a payment to the hospital for the hospital's collection, handling, and delivery of a specimen for testing under IC 16-41-17-2(a)(10).

(b) Payment to a hospital required under subsection (a) must be in an amount equal to the total of the following costs:

HEA 1013



(1) The cost incurred by the hospital to collect, handle, and deliver the specimen obtained for testing under IC 16-41-17-2(a)(10).

(2) Any fee assessed against the hospital for a laboratory's testing of the specimen under IC 16-41-17-2(a)(10).

(3) Any newborn screening fee or other fee assessed against the hospital by the ~~state~~ **Indiana** department of health in connection with the testing of the specimen under IC 16-41-17-2(a)(10).

SECTION 101. IC 12-15-36-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. The office of Medicaid policy and planning may not approve more than one hundred (100) beds for special skilled services under this chapter without the agreement of the commissioner of the ~~state~~ **Indiana** department of health and the administrator of the office of Medicaid policy and planning.

SECTION 102. IC 12-15-37-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. The ~~state~~ **Indiana** department of health, with guidance and input from the office, shall review Medicaid recipient populations to determine which populations might benefit from transfer to an insurance product. Populations to review include participants in:

(1) the IMPACT program; and

(2) certain geographic populations, including rural populations; to determine the fiscal and other effects of a demonstration project established for the benefit of these recipients.

SECTION 103. IC 12-15-37-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. After completing the review under section 1 of this chapter, the office, under the guidance of the ~~state~~ **Indiana** department of health, may seek waivers from the United States Department of Health and Human Services to establish one (1) or more of the following demonstration projects, the goal of each of which is to provide a more cost effective means of providing health care coverage for certain Medicaid eligible individuals:

(1) Enrolling the designated recipients in prepaid health care delivery plans.

(2) Establishing medical savings accounts for designated recipients.

(3) Purchasing a private insurance product for designated recipients.

(4) Notwithstanding IC 12-15-5, redesigning the package of Medicaid benefits and services offered to designated recipients.

Any package offered to designated recipients under this

HEA 1013



subdivision must include those services that may be provided within the scope of a provider's license if the service is covered under IC 12-15-12.

(5) Integrating the designated recipients into an already established risk pool.

SECTION 104. IC 12-15-37-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The ~~state~~ **Indiana** department of health and the office may not implement any of the demonstration projects under section 2 of this chapter until the office, under the guidance of the ~~state~~ **Indiana** department of health, files an affidavit with the governor that attests that the federal waivers applied for under section 2 of this chapter are in effect. The ~~state~~ **Indiana** department of health and the office shall file the affidavit under this section not later than five (5) days after the ~~state~~ **Indiana** department of health or the office are notified that the waiver is approved.

SECTION 105. IC 12-15-37-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. If a waiver is received from the United States Department of Health and Human Services and the governor receives the affidavit filed under section 3 of this chapter, the ~~state~~ **Indiana** department of health, with guidance and input from the office, shall implement the demonstration project for which the waiver was granted not more than ninety (90) days after the governor receives the affidavit.

SECTION 106. IC 12-15-37-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. The ~~state~~ **Indiana** department of health, with guidance and input from the office, shall adopt rules under IC 4-22-2 to implement a demonstration project for which a waiver is granted under this chapter.

SECTION 107. IC 12-15-37-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. If the ~~state~~ **Indiana** department of health and the office seek a waiver under this chapter to establish a managed care program or other demonstration project, the ~~state~~ **Indiana** department of health and the office shall not seek a waiver of:

(1) federally qualified health centers and rural health clinic services as mandatory Medicaid services under:

- (A) 42 U.S.C. 1396a(10)(A);
- (B) 42 U.S.C. 1396d(a)(2)(B); and
- (C) 42 U.S.C. 1396d(a)(2)(C); or

(2) reasonable cost reimbursement for federally qualified health centers and rural health clinics under 42 U.S.C. 1396a(a)(13)(C).

SECTION 108. IC 12-15-37-7 IS AMENDED TO READ AS

HEA 1013



FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. The office and the **state Indiana** department of health may collaborate with the American Heart Association to reduce the cost of stroke treatment and improve the outcome of stroke patients in the state. The collaboration may include the following:

- (1) The development and implementation of a comprehensive statewide public education program on stroke prevention that is targeted at high-risk populations and at geographical areas that have a high incidence of stroke.
- (2) The recommendation and dissemination of guidelines on the treatment of stroke patients, including emergency stroke care.
- (3) The development of a program that would ensure that the public and health care providers are informed concerning the most effective stroke prevention strategies.
- (4) The dissemination of information concerning public and private grant opportunities available for hospitals and providers of emergency medical services for the purposes of improving stroke patient care.

SECTION 109. IC 12-15-38-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The **state Indiana** department of health, with guidance and input from the office, shall examine and study the availability of funds that require a waiver and funds that do not require a waiver from the United States Secretary of Health and Human Services that may be:

- (1) used to fund a demonstration project to provide health care to individuals who do not qualify for coverage under IC 12-15-2 on July 1, 1995; and
- (2) eligible for federal financial participation, other matching funds from the federal government, or grants from the federal government.

(b) The examination of funds under this section is restricted to funding sources not used in the Medicaid program on June 30, 1995, and may not include funds authorized for planning and starting nonprofit community based primary health care centers.

SECTION 110. IC 12-15-38-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. If the **state Indiana** department of health, with guidance and input from the office, identifies funds under section 1 of this chapter, the **state Indiana** department of health may develop a health care plan and delivery system that uses the funds under the Medicaid program to provide health insurance for individuals who would not qualify for coverage under IC 12-15-2. The plan may include providing insurance through

HEA 1013



the private health insurance system.

SECTION 111. IC 12-15-38-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. If the ~~state~~ **Indiana** department of health and the office develop a plan that requires a waiver from federal Medicaid law, the office may apply for the necessary waiver from the appropriate authority to implement the program under section 2 of this chapter.

SECTION 112. IC 12-15-38-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. Before July 1, 1996, the ~~state~~ **Indiana** department of health and the office shall submit a report to the general assembly summarizing the study conducted under section 1 of this chapter and any health care plans developed under section 2 of this chapter.

SECTION 113. IC 12-15-38-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. The ~~state~~ **Indiana** department of health and the office shall enter into an interagency agreement to allow the ~~state~~ **Indiana** department of health to carry out the department's responsibilities under this chapter in accordance with federal requirements.

SECTION 114. IC 12-16-1-1, AS AMENDED BY P.L.141-2006, SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. As used in this chapter, "affected agency" means any of the following:

- (1) The department of correction.
- (2) The ~~state~~ **Indiana** department of health.
- (3) The division of mental health and addiction.
- (4) The division of disability and rehabilitative services.

SECTION 115. IC 12-16-2.5-5, AS AMENDED BY P.L.141-2006, SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. The hospital care for the indigent program does not apply to inmates and patients of institutions of the department of correction, the ~~state~~ **Indiana** department of health, the division of mental health and addiction, the division of aging, or the division of disability and rehabilitative services.

SECTION 116. IC 12-17.2-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This article does not apply to the following:

- (1) A child care center or child care home licensed or operated by any of the following:
 - (A) Programs for children in grades kindergarten through 12 that are operated under the authority of the department of education or that are operated with the assistance of the



department of education.

(B) The division of mental health and addiction.

(C) The **state Indiana** department of health.

(D) The department of correction.

(2) A county jail or detention center.

SECTION 117. IC 12-17.2-2-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The division may do the following:

(1) Prescribe forms for reports, statements, notices, and other documents required by this article or by the rules adopted under this article.

(2) Increase public awareness of this article and the rules adopted under this article by preparing and publishing manuals and guides explaining this article and the rules adopted under this article.

(3) Facilitate compliance with and enforcement of this article through the publication of materials under subdivision (2).

(4) Prepare reports and studies to advance the purpose of this article.

(5) Seek the advice and recommendations of state agencies whose information and knowledge would be of assistance in writing, revising, or monitoring rules developed under this article. These agencies, including the office of the attorney general, **state Indiana** department of health, division of mental health and addiction, bureau of criminal identification and investigation, and fire prevention and building safety commission, shall upon request supply necessary information to the division.

(6) Make the directory of licensees available to the public for a charge not to exceed the cost of reproducing the directory.

(7) Charge a reasonable processing fee for each license application and renewal as follows:

(A) For a child care center license, a fee of two dollars (\$2) per licensed child capacity.

(B) For a child care center new inquiry application packet, a fee not to exceed five dollars (\$5).

(C) For a child care home license new inquiry application packet, a fee not to exceed five dollars (\$5).

(D) For a child care home annual inspection, a fee not to exceed twenty-five dollars (\$25).

(8) Exercise any other regulatory and administrative powers necessary to carry out the functions of the division.

SECTION 118. IC 12-17.2-2-4, AS AMENDED BY P.L.210-2015, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 4. (a) The division shall adopt rules under IC 4-22-2 concerning the licensing and inspection of child care centers and child care homes after consultation with the following:

- (1) ~~State~~ **Indiana** department of health.
- (2) Fire prevention and building safety commission.

(b) The rules adopted under subsection (a) shall be applied by the division and state fire marshal in the licensing and inspection of applicants for a license and licensees under this article.

SECTION 119. IC 12-17.2-3.5-11.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11.1. (a) After December 31, 2002, a provider shall maintain and annually update documentation provided by the physician of each child who is cared for in a facility where the provider operates a child care program that the child has received complete age appropriate immunizations, including:

- (1) conjugated pneumococcal vaccine; and
- (2) varicella vaccine or a demonstrated immunity to varicella.

The ~~state~~ **Indiana** department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

- (b) A provider meets the requirement of subsection (a) if:
- (1) a child's parent:
 - (A) objects to immunizations for religious reasons; and
 - (B) provides documentation of the parent's objection;
 - (2) the child's physician provides documentation of a medical reason the child should not be immunized; or
 - (3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the provider maintains and annually updates the documentation provided by the parent or physician under this subsection.

SECTION 120. IC 12-17.2-4-18.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care center where the licensee provides child care that the child has received complete age appropriate immunizations, including:

- (1) conjugated pneumococcal vaccine; and
- (2) varicella vaccine or a demonstrated immunity to varicella.

The ~~state~~ **Indiana** department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

- (b) A licensee meets the requirement of subsection (a) if:

HEA 1013



- (1) a child's parent:
 - (A) objects to immunizations for religious reasons; and
 - (B) provides documentation of the parent's objection;
- (2) the child's physician provides documentation of a medical reason the child should not be immunized; or
- (3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection.

SECTION 121. IC 12-17.2-5-18.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care home where the licensee provides child care that the child has received complete age appropriate immunizations, including:

- (1) conjugated pneumococcal vaccine; and
- (2) varicella vaccine or a demonstrated immunity to varicella.

The **state Indiana** department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

(b) A licensee meets the requirement of subsection (a) if:

- (1) a child's parent:
 - (A) objects to immunizations for religious reasons; and
 - (B) provides documentation of the parent's objection;
- (2) the child's physician provides documentation of a medical reason the child should not be immunized; or
- (3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection.

SECTION 122. IC 12-18-8-8, AS AMENDED BY P.L.258-2017, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) To complete its review of a death or near fatality that it believes to have resulted from domestic violence, the local domestic violence fatality review team may review all applicable records and information related to the death or near fatality, including the following:

- (1) Records held by the:
 - (A) **Indiana department of health** or local ~~or state~~ health department; and

HEA 1013



(B) department of child services, subject to IC 31-33-18-2.

- (2) Medical records.
- (3) Law enforcement, court, and probation records.
- (4) Autopsy reports.
- (5) Records of the coroner.
- (6) Mental health reports.

(b) Subject to IC 34-30-15, if the local domestic violence fatality review team requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death or near fatality that the local domestic violence fatality review team is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the local domestic violence fatality review team.

(c) A person who provides records in accordance with subsection (b) in good faith is not subject to liability in:

- (1) a civil;
- (2) an administrative;
- (3) a disciplinary; or
- (4) a criminal;

action that might otherwise be imposed as a result of the disclosure of the records.

(d) Except as otherwise provided in this article, information and records acquired by the local domestic violence fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(e) Records, information, documents, and reports acquired or produced by the local domestic violence fatality review team are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the local domestic violence fatality review team.

SECTION 123. IC 12-18-9-4, AS ADDED BY P.L.258-2017, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The statewide domestic violence fatality review committee consists of the following members:

- (1) A coroner or deputy coroner.
- (2) A representative from the ~~state~~ **Indiana** department of health who specializes in injury prevention.
- (3) A medical practitioner with expertise in domestic violence.

HEA 1013



(4) A representative of law enforcement who has experience in responding to and investigating domestic violence.

(5) The director of the department of child services or the director's designee.

(6) The executive director of the Indiana prosecuting attorneys council or the executive director's designee.

(7) A mental health provider.

(8) A representative of a domestic violence prevention program.

(9) The state domestic violence fatality review coordinator.

(10) The director of the Indiana criminal justice institute or the director's designee.

(11) A family violence specialist of the Indiana supreme court appointed by the chief justice of the Indiana supreme court.

(b) The governor shall appoint the members described in subsection (a)(1), (a)(2), (a)(3), (a)(4), (a)(7), and (a)(8). Members appointed under subsection (a)(1), (a)(3), and (a)(7) shall serve initial terms of three (3) years. Members appointed under subsection (a)(2), (a)(4), and (a)(8) shall serve initial terms of two (2) years. After the expiration of the initial terms specified by this subsection, each member appointed by the governor shall serve a two (2) year term. A member may be reappointed to serve a subsequent term.

(c) The member appointed under subsection (a)(11) shall serve at the pleasure of the chief justice of the Indiana supreme court.

SECTION 124. IC 12-18-9-7, AS ADDED BY P.L.258-2017, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) Upon request by a local domestic violence fatality review team, the statewide domestic violence fatality review committee shall assist the local domestic violence fatality review team or conduct a review of a death or near fatality that occurred in Indiana as permitted by subsection (c).

(b) In the absence of a county or regional domestic violence fatality review team established under IC 12-18-8, the statewide domestic violence fatality review committee may conduct a review of a death or near fatality that occurred in Indiana as permitted by subsection (c).

(c) A death or near fatality occurring in Indiana may be reviewed by the statewide domestic violence fatality review committee under subsection (a) or (b) if:

(1) the death results from:

(A) domestic violence; or

(B) suicide, in a case of domestic violence; or

(2) the near fatality occurs when a victim of domestic violence suffers a life threatening injury.

HEA 1013



(d) In conducting a domestic violence fatality review under this section, the statewide domestic violence fatality review committee may review all applicable records and information related to the death, including the following:

- (1) Records held by the:
 - (A) **Indiana department of health** or local ~~or state~~ health department; and
 - (B) department of child services, subject to IC 31-33-18-2.
- (2) Medical records.
- (3) Law enforcement, court, and probation records.
- (4) Autopsy reports.
- (5) Records of the coroner.
- (6) Mental health reports.

(e) Subject to IC 34-30-15, if the statewide domestic violence fatality review committee requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death that the statewide domestic violence fatality review committee is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the statewide domestic violence fatality review committee.

(f) A person who provides records in accordance with subsection (d) in good faith is not subject to liability in:

- (1) a civil;
- (2) an administrative;
- (3) a disciplinary; or
- (4) a criminal;

action that might otherwise be imposed as a result of the disclosure of the records.

(g) Except as otherwise provided in this article, information and records acquired by the statewide domestic violence fatality review committee in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(h) Records, information, documents, and reports acquired or produced by the statewide domestic violence fatality review committee are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the statewide

HEA 1013



domestic violence fatality review committee.

SECTION 125. IC 12-20-16-12, AS AMENDED BY P.L.73-2005, SECTION 78, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) This section does not apply if the county coroner assumes jurisdiction of an unclaimed body under IC 36-2-14-16.

(b) If:

(1) an individual dies in a township without leaving:

- (A) money;
- (B) real or personal property;
- (C) other assets that may be liquidated; or
- (D) other means necessary to defray funeral expenses; and

(2) the individual is not a resident of another township in Indiana; the township trustee, as administrator of township assistance, shall provide a person to superintend and authorize either the funeral and burial or cremation of the deceased individual. If the township trustee determines that the deceased individual is a resident of another township in Indiana, the township trustee shall notify the trustee of that township, who shall then provide a person to superintend and authorize either the funeral and burial or cremation of the deceased individual.

(c) The necessary and reasonable expenses of the funeral and burial or cremation, including a burial plot, shall be paid in the same manner as other claims for township assistance. A trustee shall determine the cost for the items and services required by law for the funeral and burial of an individual, including a burial plot, and for the cremation of an individual, and include in the township's township assistance standards the maximum funeral and burial or cremation amount to be paid from township assistance funds. The trustee may deduct from the maximum amount the following:

- (1) Any monetary benefits that the deceased individual is entitled to receive from a state or federal program.
- (2) Any money that another person provides on behalf of the deceased individual.

(d) If an individual described in subsection (b) is a resident of a state institution at the time of the individual's death, the division that has administrative control of the state institution shall reimburse the township trustee for the necessary and reasonable expenses of the funeral and burial or cremation of the deceased individual. The township trustee shall submit to the division that has administrative control of the state institution an itemized claim for reimbursement of the necessary and reasonable funeral and burial or cremation expenses incurred by the township trustee.

HEA 1013



(e) If an individual described in subsection (b) is a resident of a special institution governed by IC 16-33 at the time of the individual's death, the **state Indiana** department of health shall reimburse the township trustee for the necessary and reasonable expenses of the funeral and burial or cremation of the deceased individual. The township trustee shall submit to the **state Indiana** department of health an itemized claim for reimbursement of the necessary and reasonable funeral and burial or cremation expenses incurred by the township trustee.

(f) A township trustee who provides funeral and burial or cremation benefits to a deceased individual is entitled to a first priority claim, to the extent of the cost of the funeral and burial or cremation benefits paid by the township trustee, against any money or other personal property held by the coroner under IC 36-2-14-11.

(g) The township trustee may not cremate a deceased individual if:

- (1) the deceased individual; or
- (2) a surviving family member of the deceased individual;

has objected in writing to cremation.

(h) If a township trustee provides a funeral under this section, the cost of the funeral may not be more than the cost of the least expensive funeral, including any necessary merchandise and embalming, available from the funeral director under the funeral director's price list disclosed to the Federal Trade Commission.

SECTION 126. IC 12-23-21.5-2, AS ADDED BY P.L.145-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The division may award a grant in accordance with this chapter to an eligible entity or group of entities working in cooperation to establish or operate a comprehensive addiction recovery center. In order for an entity to be certified as a comprehensive addiction recovery center and be eligible for a grant under this chapter, the entity must apply for the certification or grant in the manner set forth by the division and meet the following requirements:

- (1) Be credentialed to accept reimbursement through all of the following:
 - (A) A policy of accident and sickness insurance (as defined in IC 27-8-5-1).
 - (B) A contract with a health maintenance organization under IC 27-13.
 - (C) The Medicaid program (IC 12-15).
 - (D) Mental health and addiction forensic treatment services under IC 12-23-19.

HEA 1013



- (2) Determine that the applicant carries out or is capable of coordinating with other entities to carry out the following:
- (A) Community outreach as follows:
 - (i) Train and supervise outreach staff to work with schools, workplaces, faith based organizations, the **state Indiana** department of health, local health departments, law enforcement, and first responders to ensure awareness of the center's services.
 - (ii) Disseminate and make available online evidence based resources that educate professionals and the public on opioid use disorder and other substance use disorders.
 - (B) Treatment and recovery services as follows:
 - (i) Intake evaluation that determines the clinical needs of patients.
 - (ii) Full continuum of treatment services including all drugs approved by the Food and Drug Administration for medication assisted treatment, including withdrawal management and maintenance of substance use disorders.
 - (iii) Treatment services include either partial hospitalization or intensive outpatient, at least one (1) level of residential care, at least one (1) level of inpatient or acute hospitalization, peer support services, and outpatient services, including medication management and behavioral therapies, recovery residences, and other services as defined by the division.
 - (iv) Administration of an onsite pharmacy and provision of toxicology services.
 - (C) Establishment and operation of a secure and confidential electronic health information system that is capable of measuring recovery outcomes, including measures of:
 - (i) housing and employment; and
 - (ii) any other measures determined by the division.
 - (D) Partnering with community or faith based entities to offer family support services, including child care, family counseling, and other services as defined by the division.
 - (E) Partnering with entities to deliver job training and workforce readiness services.
- (3) Use the grant funds to establish or operate a comprehensive addiction recovery center.
- (b) The division shall give priority to applications by eligible entities that:
- (1) are geographically distributed around the state and at least in

HEA 1013



the:

- (A) north;
- (B) central; and
- (C) south;

regions; and

(2) meet other criteria or need, as determined by the division.

(c) The division may award at least three (3) grants under this chapter.

SECTION 127. IC 13-14-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) Whenever the commissioner concludes, in consultation with the commissioner of the **state Indiana** department of health, that contamination of air, water, or land in any area has reached the point where the contamination constitutes a clear and present danger to the health and safety of persons in any area, the commissioner's determination shall be immediately communicated to the governor. The commissioner, in concert with the commissioner of the **state Indiana** department of health, shall request the governor to declare that an emergency exists.

(b) The governor may:

- (1) proclaim the existence of an emergency; and
- (2) order all persons causing or contributing to the causing of the contamination to reduce or discontinue immediately the emission or discharge of contaminants.

(c) Notice of an emergency order must be in writing wherever practicable. However, if the governor considers that written notice is not practicable, the governor may give notice in the manner determined by the governor.

(d) A person against whom an emergency order of the governor has been issued shall, upon receiving notice of the order, immediately comply with the provisions of the order.

(e) The governor may enforce an order by any appropriate action.

(f) The procedures for emergency orders provided for in this section are governed by IC 4-21.5-4.

SECTION 128. IC 13-17-4-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) Air pollution may at certain times and places so seriously affect the public health and so threaten the population as to warrant emergency powers to prevent or minimize disasters of unforeseen proportions. If the commissioner determines, in consultation with the commissioner of the **state Indiana** department of health, that air pollution in an area constitutes an unreasonable and emergency risk to the health and safety of those in the area, that determination shall be immediately communicated to the

HEA 1013



governor.

(b) The governor may, by proclamation, do the following:

- (1) Declare that an emergency exists.
- (2) Order all persons causing or contributing to the air pollution to reduce or discontinue immediately the emission of air contaminants.

SECTION 129. IC 13-18-17-5, AS AMENDED BY P.L.187-2021, SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The board shall adopt rules under IC 4-22-2 establishing groundwater quality standards that include numeric and narrative criteria, a groundwater classification plan, and a method of determining where the groundwater quality standards must apply. The standards established under this subsection shall be used for the following purposes:

- (1) To establish minimum compliance levels for groundwater quality monitoring at regulated facilities.
- (2) To ban the discharge of effluents into potable groundwater.
- (3) To establish health protection goals for untreated water in water supply wells.
- (4) To establish concentration limits for contaminants in ambient groundwater.

(b) Except as provided in subsection (c) and subject to subsection (d), the following agencies shall adopt rules under IC 4-22-2 to apply the groundwater quality standards established under this section to activities regulated by the agencies:

- (1) The department.
- (2) The department of natural resources.
- (3) The **state Indiana** department of health.
- (4) The office of the state chemist.
- (5) The department of homeland security.

(c) The executive board of the **state Indiana** department of health may not adopt rules to apply the nitrate and nitrite numeric criteria included in groundwater quality standards established in rules adopted by the board under subsection (a) to onsite sewage systems.

(d) Any rule adopted by the executive board of the **state Indiana** department of health is void to the extent that the rule applies the nitrate and nitrite numeric criteria included in groundwater quality standards established in rules adopted by the board under subsection (a) to onsite sewage systems.

SECTION 130. IC 13-18-17-5.5, AS ADDED BY P.L.61-2007, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5.5. (a) The department shall pay the costs of well

HEA 1013



water testing if:

- (1) the testing is required by state law, federal law, or both; and
- (2) the costs are incurred:
 - (A) after June 30, 2007;
 - (B) by a nontransient noncommunity water system operated by a nonprofit center for advocacy for abused and neglected children that does not provide overnight care on site; and
 - (C) for testing of water from a well operated by the entity as part of the system.

(b) To receive payment from the department for the costs described in subsection (a), an entity described in subsection (a)(2)(B) shall do the following:

- (1) Conduct or cause to be conducted the testing required by state law, federal law, or both, by:
 - (A) submitting samples from the nontransient noncommunity water system to the **state Indiana** department of health for testing; and
 - (B) arranging for a private laboratory to perform any tests not performed by the **state Indiana** department of health.
- (2) Submit to the department a request for reimbursement of the amount paid for the testing by the entity described in subsection (a)(2)(B). A request under this subdivision must include the following:
 - (A) The name or type of testing conducted.
 - (B) The date of the testing.
 - (C) The name of each laboratory conducting the testing.
 - (D) The cost of each test conducted.
 - (E) A paid invoice from each laboratory conducting the testing, indicating:
 - (i) the amount paid by the entity described in subsection (a)(2)(B); and
 - (ii) the date paid.
 - (F) The name of the facility served by the nontransient noncommunity water system.

(c) The department shall establish any additional procedures necessary for an entity referred to in subsection (a)(2)(B) to apply to the department for payments under subsection (a).

SECTION 131. IC 13-26-5-2.5, AS AMENDED BY P.L.167-2022, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) As used in this section, "septic tank soil absorption system" has the meaning set forth in IC 13-11-2-199.5.

(b) Subject to subsection (d), a property owner is exempt from the

HEA 1013



requirement to connect to a district's sewer system and to discontinue use of a septic tank soil absorption system if the following conditions are met:

(1) The property owner's septic tank soil absorption system was new at the time of installation and was approved in writing by the local health department, the department's designee, or a qualified inspector.

(2) The property owner, at the property owner's own expense, obtains a written determination from the local health department or the department's designee that the septic tank soil absorption system is not failing. The local health department or the department's designee shall provide the owner with a written determination not later than sixty (60) days after receipt of the owner's request. If the local health department or the department's designee fails to provide a written determination within the time established in this subdivision, the owner, at the owner's expense, may obtain a written determination from a qualified inspector. If the local health department or the department's designee determines that a septic tank soil absorption system is failing, the property owner may appeal the determination to the board of the local health department. The decision of the board is final and binding.

(3) The property owner provides the district with:

(A) the written notification of potential qualification for the exemption described in subsection (f); and

(B) the written determination described in subdivision (2); within the time limits set forth in subsection (f).

(c) If a property owner, within the time allowed under subsection (f), notifies a district in writing that the property owner qualifies for the exemption under this section, the district shall, until the property owner's eligibility for an exemption under this section is determined, suspend the requirement that the property owner discontinue use of a septic tank soil absorption system and connect to the district's sewer system.

(d) A property owner who qualifies for the exemption provided under this section may not be required to connect to the district's sewer system for a period of ten (10) years beginning on the date of the written determination of the local health department, the department's designee, or a qualified inspector under subsection (b)(2) that the property owner's septic tank soil absorption system is not failing. A property owner may apply for two (2) five (5) year extensions of the exemption provided under this section by following the procedures set

HEA 1013



forth in subsections (b) and (c). If ownership of an exempt property is transferred during a valid exemption period, including during an extension of an initial exemption:

- (1) the exemption applies to the subsequent owner of the property for the remainder of the exemption period during which the transfer occurred; and
- (2) the subsequent owner may apply for any remaining extensions.

However, the total period during which a property may be exempt from the requirement to connect to a district's sewer system under this section may not exceed twenty (20) years, regardless of ownership of the property.

(e) A district that has filed plans with the department to create or expand a sewage district shall, within ten (10) days after filing the plans, provide written notice to affected property owners:

- (1) that the property owner may be required to discontinue the use of a septic tank soil absorption system;
- (2) that the property owner may qualify for an exemption from the requirement to discontinue the use of the septic tank soil absorption system; and
- (3) of the procedures to claim an exemption.

(f) To qualify for an exemption under this section, a property owner must:

- (1) within sixty (60) days after the date of the written notice given to the property owner under subsection (e), notify the district in writing that the property owner qualifies for the exemption under this section; and
- (2) within one hundred twenty (120) days after the district receives the written notice provided under subdivision (1), provide the district with the written determination required under subsection (b)(2).

(g) When a property owner who qualifies for an exemption under this section subsequently discontinues use of the property owner's septic tank soil absorption system and connects to the district's sewer system, the property owner may be required to pay only the following to connect to the sewer system:

- (1) The connection fee the property owner would have paid if the property owner connected to the sewer system on the first date the property owner could have connected to the sewer system.
- (2) Any additional costs:
 - (A) considered necessary by; and
 - (B) supported by documentary evidence provided by;

HEA 1013



the district.

(h) A property owner who connects to a district's sewer system may provide, at the owner's expense, labor, equipment, materials, or any combination of labor, equipment, and materials from any source to accomplish the connection to the sewer system, subject to inspection and approval by the board or a designee of the board.

(i) This section does not affect the authority of the **state Indiana** department of health, a local health department, or a county health officer with respect to a septic tank soil absorption system.

(j) For purposes of this section, a septic tank soil absorption system is "failing" if one (1) or more of the following apply:

(1) The system refuses to accept sewage at the rate of design application and interferes with the normal use of plumbing fixtures.

(2) Effluent discharge exceeds the absorptive capacity of the soil into which the system discharges, resulting in ponding, seepage, or other discharge of the effluent to the ground surface or to surface waters.

(3) Effluent discharged from the system contaminates a potable water supply, ground water, or surface waters.

(k) As used in this section, "qualified inspector" means any of the following:

(1) An employee of a local health department who is designated by the local health department as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.

(2) An individual who is certified by the Indiana Onsite Wastewater Professionals Association as an onsite sewage system installer or inspector.

(3) An individual listed by the **state Indiana** department of health or a local health department with jurisdiction over the service area of the property inspected as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.

SECTION 132. IC 14-21-1-27, AS AMENDED BY P.L.26-2008, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 27. (a) A person who disturbs buried human remains or burial grounds shall do the following:

(1) Notify the department within two (2) business days of the time of the disturbance.

(2) Treat or rebury the human remains in a manner and place according to rules adopted by the commission or a court order and permit issued by the **state Indiana** department of health under

HEA 1013



IC 23-14-57.

(b) A person who recklessly, knowingly, or intentionally violates this section commits a Class A misdemeanor.

SECTION 133. IC 14-22-9-7, AS AMENDED BY P.L.155-2015, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) This section does not apply to the sale of fish produced in private ponds for sale or for breeding and stocking purposes, or for roe bearing species listed in IC 14-22-13-2.5(a), if the owner obtains a permit from the director under the rules adopted by the department and conditions provided in the permit.

(b) A person may not sell, barter, or exchange, offer to sell, barter, or exchange, or purchase or offer to purchase fish protected by law, whether taken in Indiana, the boundary waters of the state, or some other state and brought into Indiana, except as otherwise provided in this article. Restaurants, hotels, boardinghouses, or eating houses may prepare and serve during the open season to:

- (1) a guest, patron, or boarder; and
- (2) the family of the guest, patron, or boarder;

fish legally taken in open season in Indiana by the guest, patron, or boarder.

(c) Except for roe bearing species listed in IC 14-22-13-2.5(a) or as specifically prohibited by law, a person may sell a species of hatchery reared fish or fish legally taken outside Indiana under a valid commercial fishing license or regulation, dead or alive, dressed or undressed, or partly dressed under the rules that the department and the **state Indiana** department of health prescribe if the fish are tagged or labeled in a manner that specifically identifies the following:

- (1) The name and address of the seller.
- (2) The hatchery.
- (3) The commercial fishing license or regulation.

(d) A person may not import and sell a live species of fish that has not been approved by the director without a permit from the director for this activity.

SECTION 134. IC 14-33-6-4, AS AMENDED BY P.L.113-2014, SECTION 99, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The commission shall do the following:

- (1) Review each district plan.
- (2) Request the technical assistance of any other state agency, including:
 - (A) the environmental rules board;
 - (B) the **state Indiana** department of health; and
 - (C) the department of environmental management;

HEA 1013



having administrative jurisdiction over any of the purposes of the district.

(b) The commission may also request technical assistance of any federal agency.

(c) The commission shall approve a plan if the following conditions are met:

(1) Any other state agency having authority over certain purposes of the district has approved that part of the plan.

(2) The commission finds that the plan accomplishes in an economical manner the purpose for which the district is established.

(d) The commission may reject a plan or any part of a plan.

The board may make the changes that are necessary to secure the approval of the commission.

SECTION 135. IC 15-16-4-42, AS AMENDED BY P.L.99-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 42. (a) The Indiana pesticide review board is established. The board consists of the following members:

(1) One (1) representative of the ~~state~~ **Indiana** department of health.

(2) One (1) representative of the department of natural resources.

(3) One (1) representative of the department of environmental management.

(4) One (1) representative of the Purdue University office of agricultural research programs.

(5) One (1) representative of the Purdue University cooperative extension service.

(6) Two (2) ecologists:

(A) one (1) a terrestrial ecologist; and

(B) one (1) an aquatic ecologist.

Not more than one (1) ecologist may be a plant ecologist.

(7) One (1) public representative.

(8) One (1) representative of the pesticide producing or manufacturing industry.

(9) Two (2) representatives of producers of agricultural crops or products on which pesticides are applied or that may be affected by the application of pesticides:

(A) one (1) of whom represents producers of agronomic crops; and

(B) one (1) of whom represents producers of specialty crops.

(10) One (1) public representative from a conservation organization.

HEA 1013



(11) Three (3) qualified scientists, one (1) each in the fields of entomology, plant pathology, and weed science. One (1) scientist must be the representative of either the Purdue University office of agricultural research programs or the Purdue University cooperative extension service.

(12) Three (3) certified and licensed commercial applicators of pesticides who must represent three (3) different certificate or license categories established under IC 15-16-5-45.

(13) The state chemist, who is an ex officio member and shall serve as a nonvoting member.

(14) The pesticide administrator for the office of the state chemist, who shall serve as a nonvoting member.

(15) The pesticide training coordinator, who shall serve as a nonvoting member.

(b) The voting members shall be appointed by the governor for terms of four (4) years and, subject to subsection (d), continue until the member's successor is approved and qualified. Appointments shall be made so that not more than five (5) terms expire annually.

(c) Voting members may be appointed for successive terms at the discretion of the governor.

(d) The governor may remove a voting member of the board prior to the expiration of the member's term for cause.

SECTION 136. IC 15-17-3-0.3, AS ADDED BY P.L.220-2011, SECTION 302, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.3. (a) Rules adopted by the **state Indiana** department of health before July 1, 1996, under IC 16-42-12 (before its repeal on July 1, 1996), IC 16-42-13 (before its repeal on July 1, 1996), and IC 16-42-16 (before its repeal on July 1, 1996) are considered rules of the Indiana state board of animal health after June 30, 1996.

(b) On July 1, 1996, all records, powers, duties, and liabilities of the **state Indiana** department of health under IC 16-42-12 (before its repeal on July 1, 1996), IC 16-42-13 (before its repeal on July 1, 1996), and IC 16-42-16 (before its repeal on July 1, 1996) are transferred to the Indiana state board of animal health under:

(1) IC 15-2.1-22 (as added by P.L.137-1996 and before its repeal);

(2) IC 15-2.1-23 (as added by P.L.137-1996 and before its repeal), now codified at IC 15-18-1; and

(3) IC 15-2.1-24 (as added by P.L.137-1996 and before its repeal), now codified at IC 15-17-5.

(c) All matters pending before and judgments entered by the **state**

HEA 1013



Indiana department of health under IC 16-42-12 (before its repeal on July 1, 1996), IC 16-42-13 (before its repeal on July 1, 1996), and IC 16-42-16 (before its repeal on July 1, 1996) are transferred to the Indiana state board of animal health under:

- (1) IC 15-2.1-22 (as added by P.L.137-1996 and before its repeal);
- (2) IC 15-2.1-23 (as added by P.L.137-1996 and before its repeal), now codified at IC 15-18-1; and
- (3) IC 15-2.1-24 (as added by P.L. 137-1996 and before its repeal), now codified at IC 15-17-5.

SECTION 137. IC 15-17-6-13, AS ADDED BY P.L.2-2008, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. The **state Indiana** department of health and the local health officers shall cooperate with the state veterinarian in the rabies control program.

SECTION 138. IC 15-17-11-24, AS ADDED BY P.L.2-2008, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 24. (a) A disposal plant must maintain the following complete and accurate records concerning the disposal plant's nonedible meats:

- (1) The amount denatured.
- (2) The amount sold.
- (3) To whom the meat was sold.
- (4) The address of the consignee.
- (5) How and by whom the meat was hauled.

(b) The records under subsection (a) must be open for inspection during the disposal plant's normal working hours to the state veterinarian, the commissioner of the **state Indiana** department of health, or the state veterinarian's or commissioner's agent.

SECTION 139. IC 15-17-11-34, AS ADDED BY P.L.2-2008, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 34. (a) The state veterinarian may suspend or revoke a license issued under this chapter after receiving written certification of specific charges from the **state Indiana** department of health that allege:

- (1) a particular disposal plant;
- (2) the operation of a particular disposal plant; or
- (3) the operator of a byproducts collection service;

is a menace to the public health.

(b) If a hearing on the license suspension or revocation is requested under this section, the hearing must be held not later than thirty (30) days after the charges of the **state Indiana** department of health are

HEA 1013



filed.

SECTION 140. IC 15-17-14-10, AS ADDED BY P.L.2-2008, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. (a) Scales used by a dealer licensed under this chapter are subject to inspection and testing by a scale inspector who may be any weights and measures inspector appointed by the **state Indiana** department of health. Scales are subject to the applicable requirements of the code of specifications, tolerances, and rules for scales adopted by the **state Indiana** department of health.

(b) If, after proper inspection and testing, a scale fails to meet the applicable requirements of subsection (a), the scale inspector may condemn the scale to prevent its further use until the scale is brought into conformance with the requirements.

(c) A dealer licensed under this chapter, after a hearing under this chapter, shall have the dealer's license revoked if the hearing establishes that the dealer is guilty of fraudulent, deceptive, or dishonest practices in the weighing of livestock.

SECTION 141. IC 16-18-2-69, AS AMENDED BY P.L.164-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 69. (a) "Consent", for purposes of IC 16-34, means a written agreement to submit to an abortion:

- (1) after the consenting party has had a full explanation of the abortion procedure to be performed, including disclosures and information required by IC 16-34-2-1.1; and
- (2) as evidenced by the signature of the consenting party on a consent form prescribed by the state department. ~~of health.~~

(b) "Consent", for purposes of IC 16-36-6, has the meaning set forth in IC 16-36-6-1.

SECTION 142. IC 16-18-2-120, AS AMENDED BY P.L.2-2007, SECTION 184, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 120. (a) "Executive board", except as provided in subsection (b), refers to the executive board of the **state Indiana** department of health.

(b) "Executive board", for purposes of IC 16-23.5, has the meaning set forth in IC 16-23.5-1-7.

SECTION 143. IC 16-18-2-340, AS AMENDED BY P.L.2-2008, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 340. (a) "State health commissioner" or "commissioner", except as otherwise provided, means the state health commissioner of the **state Indiana** department of health.

(b) For purposes of IC 16-21, IC 16-28, and IC 16-29, the term includes a deputy or an assistant state health commissioner appointed

HEA 1013



by the state health commissioner, or an agent expressly authorized by the state health commissioner.

(c) For purposes of IC 16-42-1 through IC 16-42-4, the term means the state veterinarian when impounding or disposing of adulterated or misbranded products under IC 15-17-5 and IC 15-18-1.

SECTION 144. IC 16-19-1-1, AS AMENDED BY P.L.9-2022, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. The ~~state~~ **Indiana** department of health is established. The ~~state~~ department may officially be known as the Indiana department of health **or the state department of health.**

SECTION 145. IC 16-19-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The executive board of the ~~state~~ **Indiana** department of health is established.

(b) The executive board consists of eleven (11) members appointed by the governor as follows:

- (1) Three (3) licensed physicians.
- (2) One (1) sanitary engineer.
- (3) One (1) pharmacist.
- (4) One (1) dentist.
- (5) One (1) veterinarian.
- (6) One (1) registered nurse.
- (7) One (1) hospital administrator.
- (8) One (1) health facility administrator.
- (9) One (1) other person.

SECTION 146. IC 16-19-3-27, AS AMENDED BY P.L.104-2022, SECTION 99, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 27. (a) The state department ~~of health~~ shall:

- (1) study the use of:
 - (A) effluent filters;
 - (B) recirculation media filters;
 - (C) aeration treatment units;
 - (D) drip irrigation;
 - (E) graveless trenches; and
 - (F) new technologies;

for residential septic systems that will cause systems to perform satisfactorily as alternatives to currently operating systems that do not perform satisfactorily because of soil characteristics, lot sizes, topographical conditions, or high water tables; and

- (2) take all actions necessary to develop plans and specifications for use of the technologies listed in subdivision (1) in residential septic systems.

(b) The executive board shall adopt reasonable rules under

HEA 1013



IC 4-22-2 to:

- (1) promulgate the plans and specifications developed under subsection (a); and
- (2) allow for the issuance of operating permits for:
 - (A) residential septic systems that are installed in compliance with the plans and specifications promulgated under subdivision (1); and
 - (B) onsite residential sewage discharging disposal systems in a county having a population of more than three hundred fifty thousand (350,000) and less than four hundred thousand (400,000) that comply with IC 13-18-12-9.

SECTION 147. IC 16-19-10-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The center shall do the following:

- (1) Collect and process health data.
- (2) Maintain statistics concerning gender and ethnicity and provide the information to the state department of health annually.
- (3) Improve the quality, timeliness, and comparability of health statistics.
- (4) Analyze and disseminate information about the health status of Indiana residents.
- (5) Provide access to health data to persons who are permitted to obtain the data under this chapter.
- (6) Support the goals and objectives of the Cooperative Health Statistics System established by the federal National Center for Health Statistics.

SECTION 148. IC 16-21-2-11, AS AMENDED BY P.L.179-2022(ss), SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) An applicant must submit an application for a license on a form prepared by the state department showing that:

- (1) the applicant is of reputable and responsible character;
 - (2) the applicant is able to comply with the minimum standards for a hospital, an ambulatory outpatient surgical center, or a birthing center, and with rules adopted under this chapter; and
 - (3) the applicant has complied with section 15.4 of this chapter.
- (b) The application must contain the following additional information:
- (1) The name of the applicant.
 - (2) The type of institution to be operated.
 - (3) The location of the institution.
 - (4) The name of the person to be in charge of the institution.

HEA 1013



(5) If the applicant is a hospital, the range and types of services to be provided under the general hospital license, including any service that would otherwise require licensure by the state department under the authority of IC 16-19.

(6) Other information the state department requires.

(c) If the department of state revenue notifies the **state** department that a person is on the most recent tax warrant list, the **state** department shall not issue or renew the person's license until:

(1) the person provides to the **state** department a statement from the department of state revenue that the person's tax warrant has been satisfied; or

(2) the **state** department receives a notice from the commissioner of the department of state revenue under IC 6-8.1-8-2(k).

SECTION 149. IC 16-21-2-15 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. A hospital with at least one hundred (100) beds shall have on duty at all times at least one (1) physician licensed under IC 25-22.5. Implementation of this section shall be subject to rules promulgated by the state department of ~~health~~ to ensure continuous coverage by physicians licensed under IC 25-22.5 for inpatient emergencies.

SECTION 150. IC 16-22-8-34, AS AMENDED BY P.L.229-2019, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 34. (a) The board or corporation may do all acts necessary or reasonably incident to carrying out the purposes of this chapter, including the following:

(1) As a municipal corporation, sue and be sued in any court with jurisdiction.

(2) To serve as the exclusive local board of health and local department of health within the county with the powers and duties conferred by law upon local boards of health and local departments of health.

(3) To adopt and enforce ordinances consistent with Indiana law and administrative rules for the following purposes:

(A) To protect property owned or managed by the corporation.

(B) To determine, prevent, and abate public health nuisances.

(C) To establish isolation and quarantine regulations in accordance with IC 16-41-9.

(D) To license, regulate, and establish minimum sanitary standards for the operation of a business handling, producing, processing, preparing, manufacturing, packing, storing, selling, distributing, or transporting articles used for food, drink, confectionery, or condiment in the interest of the public



health.

(E) To control:

- (i) rodents, mosquitos, and other animals, including insects, capable of transmitting microorganisms and disease to humans and other animals; and
- (ii) the animals' breeding places.

(F) Subject to subsection (c), to require persons to connect to available sewer systems and to regulate the disposal of domestic or sanitary sewage by private methods. However, the board and corporation have no jurisdiction over publicly owned or financed sewer systems or sanitation and disposal plants.

(G) To control rabies.

(H) For the sanitary regulation of water supplies for domestic use.

(I) To protect, promote, or improve public health. For public health activities and to enforce public health laws, the state health data center described in IC 16-19-10 shall provide health data, medical information, and epidemiological information to the corporation.

(J) To detect, report, prevent, and control disease affecting public health.

(K) To investigate and diagnose health problems and health hazards.

(L) To regulate the sanitary and structural conditions of residential and nonresidential buildings and unsafe premises.

(M) To regulate the remediation of lead hazards.

(N) To license and regulate the design, construction, and operation of public pools, spas, and beaches.

(O) To regulate the storage, containment, handling, use, and disposal of hazardous materials.

(P) To license and regulate tattoo and body piercing facilities.

(Q) To regulate the storage and disposal of waste tires.

(4) To manage the corporation's hospitals, medical facilities, and mental health facilities.

(5) To furnish health and nursing services to elementary and secondary schools within the county.

(6) To furnish medical care to insured and uninsured residents of the county.

(7) To furnish dental services to the insured and uninsured residents of the county.

(8) To establish public health programs.

HEA 1013



- (9) To adopt an annual budget ordinance and levy taxes.
- (10) To incur indebtedness in the name of the corporation.
- (11) To organize the corporation into divisions.
- (12) To acquire and dispose of property.
- (13) To receive charitable contributions and gifts as provided in 26 U.S.C. 170.
- (14) To make charitable contributions and gifts.
- (15) To establish a charitable foundation as provided in 26 U.S.C. 501.
- (16) To receive and distribute federal, state, local, or private grants.
- (17) To receive and distribute grants from charitable foundations.
- (18) To establish corporations and enter into partnerships and joint ventures to carry out the purposes of the corporation. This subdivision does not authorize the merger of the corporation with a hospital licensed under IC 16-21.
- (19) To erect, improve, remodel, or repair corporation buildings.
- (20) To determine operating procedures.
- (21) To do the following:
 - (A) Adopt a schedule of reasonable charges for nonresidents of the county for medical and mental health services.
 - (B) Collect the charges from the patient, the patient's insurance company, or a government program.
 - (C) Require security for the payment of the charges.
- (22) To adopt a schedule of and to collect reasonable charges for medical and mental health services.
- (23) To enforce Indiana laws, administrative rules, ordinances, and the code of the health and hospital corporation of the county.
- (24) To purchase supplies, materials, and equipment.
- (25) To employ personnel and establish personnel policies.
- (26) To employ attorneys admitted to practice law in Indiana.
- (27) To acquire, erect, equip, and operate the corporation's hospitals, medical facilities, and mental health facilities.
- (28) To dispose of surplus property in accordance with a policy by the board.
- (29) To determine the duties of officers and division directors.
- (30) To fix the compensation of the officers and division directors.
- (31) To carry out the purposes and object of the corporation.
- (32) To obtain loans for hospital expenses in amounts and upon terms agreeable to the board. The board may secure the loans by pledging accounts receivable or other security in hospital funds.

HEA 1013



(33) To establish fees for licenses, services, and records. The corporation may accept payment by credit card for fees. IC 5-14-3-8(d) does not apply to fees established under this subdivision for certificates of birth, death, or stillbirth registration.

(34) To use levied taxes or other funds to make intergovernmental transfers to the state to fund governmental health care programs, including Medicaid and Medicaid supplemental programs.

(b) The board shall exercise the board's powers and duties in a manner consistent with Indiana law, administrative rules, and the code of the health and hospital corporation of the county.

(c) This subsection does not affect a septic tank elimination program approved by the commission. Except as provided in subsection (d), if, within a county containing a consolidated city:

(1) a main sewer line is extended for the purpose of connecting one (1) or more residential or commercial properties to a sanitary sewer system; and

(2) the extension connecting the residential or commercial property or properties referred to in subdivision (1) to the sanitary sewer system, when completed, will be located close enough to the property line of a residential property served by a septic system to authorize the board or corporation to order the connection of the residential property to the extension under the ordinances adopted under section 6(b)(4) of this chapter;

the board or corporation may not exercise its power under subsection (a)(3)(F) to require the residential property served by the septic system to be connected to the extension referred to in subdivision (1).

(d) The board or corporation may exercise its power under subsection (a)(3)(F) to require a residential property served by a septic system to be connected to an extension described in subsection (c) if:

(1) the state department; ~~of health;~~ or

(2) the board or corporation;

determines that the septic system serving the residential property is failing, as described in IC 36-9-23-30.1(b).

SECTION 151. IC 16-31-2-7.1, AS ADDED BY P.L.100-2017, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7.1. (a) Not later than July 1, 2018, the commission shall:

(1) evaluate the use in Indiana of air ambulance services on patient outcomes; and

(2) develop and recommend statewide standards for the activation and use of air ambulance services;

HEA 1013



not including air ambulance services used for transferring patients between health facilities. In performing its duties under this section, the commission shall reevaluate Indiana's adopted triage and transportation protocols for the transportation of trauma patients. The division of trauma and injury prevention of the state department of health shall assist the commission.

(b) The goal of the standards for activation and use of air ambulance services developed by the commission must be to:

- (1) prevent the overuse of air ambulance services for emergency scene response and patient transport;
- (2) provide consistent and appropriate criteria for emergency medical responders to use when determining whether to:
 - (A) request an emergency scene response by an air ambulance provider; and
 - (B) transport patients by air or by ground transport from the emergency scene to appropriate hospitals or trauma centers; and
- (3) provide appropriate, quality prehospital or pretrauma center patient care.

(c) The commission shall review and update the standards at least once every three (3) years.

SECTION 152. IC 16-32-2-3, AS AMENDED BY P.L.37-2018, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The committee shall be composed of the following members:

- (1) The director of the division of disability and rehabilitative services or the director's designee.
- (2) The commissioner of the Indiana department of administration or the commissioner's designee.
- (3) The executive director of the governor's planning council on people with disabilities.
- (4) The director of the division of mental health and addiction or the director's designee.
- (5) The commissioner of the state department of health or the commissioner's designee.
- (6) Three (3) members appointed by the governor to represent the public at large.
- (7) A representative of the central coordinating agency described in section 7(8) of this chapter.

SECTION 153. IC 16-34-2-1.1, AS AMENDED BY P.L.179-2022(ss), SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.1. (a) An abortion

HEA 1013



shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met:

(1) At least eighteen (18) hours before the abortion and in the private, not group, presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following:

(A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis.

(B) That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) is available on an appropriate and timely basis when clinically necessary.

(C) The nature of the proposed procedure or information concerning the abortion inducing drug that includes the following statement: "Some evidence suggests that effects of Mifepristone may be avoided, ceased, or reversed if the second pill, Misoprostol, has not been taken. Immediately contact the following for more information at (insert applicable abortion inducing drug reversal ~~Internet web site~~ **website** and corresponding hotline number)."

(D) Objective scientific information of the risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

- (i) the risk of infection and hemorrhage;
- (ii) the potential danger to a subsequent pregnancy; and
- (iii) the potential danger of infertility.

(E) That human physical life begins when a human ovum is fertilized by a human sperm.

(F) The probable gestational age of the fetus at the time the abortion is to be performed, including:

- (i) a picture of a fetus;
- (ii) the dimensions of a fetus; and

HEA 1013



- (iii) relevant information on the potential survival of an unborn fetus;
at this stage of development.
- (G) That objective scientific information shows that a fetus can feel pain at or before twenty (20) weeks of postfertilization age.
- (H) The medical risks associated with carrying the fetus to term.
- (I) The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services.
- (J) That the pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5.
- (K) That Indiana does not allow a fetus to be aborted solely because of the fetus's race, color, national origin, ancestry, sex, or diagnosis or potential diagnosis of the fetus having Down syndrome or any other disability.
- (L) That no one has the right to coerce the pregnant woman to have an abortion.
- (2) At least eighteen (18) hours before the abortion, the pregnant woman will be informed orally and in writing of the following:
- (A) That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care from the county office of the division of family resources.
- (B) That the father of the unborn fetus is legally required to assist in the support of the child. In the case of rape, the information required under this clause may be omitted.
- (C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.
- (D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.
- (E) That Indiana has enacted the safe haven law under IC 31-34-2.5.
- (F) The:
- (i) ~~Internet web site~~ **website** address of the state ~~department of health's web site~~; **department's website**; and



(ii) description of the information that will be provided on the ~~web site~~ **website** and that is;

described in section 1.5 of this chapter.

(G) For the facility in which the abortion is to be performed, an emergency telephone number that is available and answered on a twenty-four (24) hour a day, seven (7) day a week basis.

(H) On a form developed by the state department and as described in IC 16-34-3, that the pregnant woman has a right to determine the final disposition of the remains of the aborted fetus.

(I) On a form developed by the state department, that the pregnant woman has a right, after a surgical abortion, to:

(i) dispose of the remains of the aborted fetus by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31; or

(ii) have the health care facility dispose of the remains of the aborted fetus by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31, and ask which method of disposition will be used by the health care facility.

(J) On a form developed by the state department:

(i) that a pregnant woman, after an abortion induced by an abortion inducing drug, will expel an aborted fetus; and

(ii) the disposition policy of the health care facility concerning the disposition of the aborted fetus. The disposition policy must allow the pregnant woman to return the aborted fetus to the health care facility for disposition by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31.

(K) On a form developed by the state department, information concerning any counseling that is available to a pregnant woman after having an abortion.

The state department shall develop and distribute the forms required by clauses (H) through (K).

(3) The pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that:

(A) the information required by subdivisions (1) and (2) has been provided to the pregnant woman;



(B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible and that the woman has:

(i) viewed or refused to view the offered fetal ultrasound imaging; and

(ii) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible; and

(C) the pregnant woman has been given a written copy of the printed materials described in section 1.5 of this chapter.

(4) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has provided the pregnant woman with a color copy of the informed consent brochure described in section 1.5 of this chapter by printing the informed consent brochure from the state department's ~~internet web site~~ **website** and including the following information on the back cover of the brochure:

(A) The name of the physician performing the abortion and the physician's medical license number.

(B) An emergency telephone number where the physician or the physician's designee may be contacted twenty-four (24) hours a day, seven (7) days a week.

(C) A statement that follow-up care by the physician or the physician's designee who is licensed under IC 25-22.5 is available on an appropriate and timely basis when clinically necessary.

(5) At least eighteen (18) hours before an abortion is performed and at the same time that the pregnant woman receives the information required by subdivision (1), the provider shall perform, and the pregnant woman shall view, the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible unless the pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that the pregnant woman:

(A) does not want to view the fetal ultrasound imaging; and

(B) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible.



A pregnant woman must be advised, prior to the pregnant woman's decision concerning fetal ultrasound imaging, that an ultrasound image of the fetus will be provided to the pregnant woman to keep at no charge to the pregnant woman if the fetal ultrasound is performed.

(6) At least eighteen (18) hours before the abortion, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician shall, in the private, not group, presence of the pregnant woman, verbally ask the pregnant woman if she is being coerced to have an abortion.

(b) This subsection applies to a pregnant woman whose unborn child has been diagnosed with a lethal fetal anomaly. The requirements of this subsection are in addition to the other requirements of this section. At least eighteen (18) hours before an abortion is performed on the pregnant woman, the physician who will perform the abortion shall:

- (1) orally and in person, inform the pregnant woman of the availability of perinatal hospice services; and
- (2) provide the pregnant woman copies of the perinatal hospice brochure developed by the state department under IC 16-25-4.5-4 and the list of perinatal hospice providers and programs developed under IC 16-25-4.5-5, by printing the perinatal hospice brochure and list of perinatal hospice providers from the state department's ~~Internet web site.~~ **website.**

(c) If a pregnant woman described in subsection (b) chooses to have an abortion rather than continuing the pregnancy in perinatal hospice care, the pregnant woman shall certify in writing, on a form developed by the state department under IC 16-25-4.5-6, at least eighteen (18) hours before the abortion is performed, that the pregnant woman has been provided the information described in subsection (b) in the manner required by subsection (b).

(d) For any abortion performed under this article, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician shall include, or ensure the inclusion of, a copy of a pregnant woman's ultrasound report in the pregnant woman's patient

HEA 1013



file.

(e) If the physician who is to perform the abortion, the referring physician, a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a pregnant woman is being coerced to have an abortion after making the inquiry required under subsection (a)(6), the physician, physician assistant, advanced practice registered nurse, or certified nurse midwife shall:

- (1) inform the pregnant woman that coercing a pregnant woman to have an abortion is illegal;
- (2) inform the pregnant woman that a demand by the father to have an abortion does not relieve him of financial support responsibilities; and
- (3) provide the pregnant woman with:
 - (A) information about:
 - (i) assistance;
 - (ii) counseling; and
 - (iii) protective services offered by social programs and local or state law enforcement agencies;
 - (B) access to a telephone if she needs to make a private telephone call; and
 - (C) access to an alternate exit from the health care facility.

(f) Except as provided in subsection (g), if a physician, physician assistant (as defined in IC 25-27.5-2-10), advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in IC 34-18-2-6.5) has specific and credible information that a pregnant woman is being coerced into having an abortion, then an abortion may not be provided to the pregnant woman during the twenty-four (24) hour period after the physician, physician assistant (as defined in IC 25-27.5-2-10), advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in IC 34-18-2-6.5) makes a report under IC 16-34-6-6(b).

(g) The twenty-four (24) hour period described in subsection (f) may be waived if a physician, in the physician's best medical judgment, determines that an abortion is necessary to prevent the death of the pregnant woman or to prevent substantial and irreversible injury to a major bodily function of the pregnant woman.

SECTION 154. IC 16-34-2-5, AS AMENDED BY P.L.179-2022(ss), SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Every health care provider who performs a surgical abortion or provides, prescribes,

HEA 1013



administers, or dispenses an abortion inducing drug for the purposes of inducing an abortion shall report the performance of the abortion or the provision, prescribing, administration, or dispensing of an abortion inducing drug on a form drafted by the state department, the purpose and function of which shall be the improvement of maternal health and life through the compilation of relevant maternal life and health factors and data, and a further purpose and function shall be to monitor all abortions performed in Indiana to assure the abortions are done only under the authorized provisions of the law. For each abortion performed and abortion inducing drug provided, prescribed, administered, or dispensed, the report shall include, among other things, the following:

- (1) The age of the patient.
- (2) Whether a waiver of consent under section 4 of this chapter was obtained.
- (3) Whether a waiver of notification under section 4 of this chapter was obtained.
- (4) The date and location, including the facility name and city or town, where the:
 - (A) pregnant woman:
 - (i) provided consent; and
 - (ii) received all information;

required under section 1.1 of this chapter; and
 - (B) abortion was performed or the abortion inducing drug was provided, prescribed, administered, or dispensed.
- (5) The health care provider's full name and address, including the name of the physicians performing the abortion or providing, prescribing, administering, or dispensing the abortion inducing drug.
- (6) The city and county where the pregnancy termination occurred.
- (7) The age of the father, or the approximate age of the father if the father's age is unknown.
- (8) The patient's county and state of residence.
- (9) The marital status of the patient.
- (10) The educational level of the patient.
- (11) The race of the patient.
- (12) The ethnicity of the patient.
- (13) The number of the patient's previous live births.
- (14) The number of the patient's deceased children.
- (15) The number of the patient's spontaneous pregnancy terminations.

HEA 1013



- (16) The number of the patient's previous induced terminations.
- (17) The date of the patient's last menses.
- (18) The physician's determination of the gestation of the fetus in weeks.
- (19) The reason for the abortion.
- (20) Whether the patient indicated that the patient was seeking an abortion as a result of being:
 - (A) abused;
 - (B) coerced;
 - (C) harassed; or
 - (D) trafficked.
- (21) The following information concerning the abortion or the provision, prescribing, administration, or dispensing of the abortion inducing drug:
 - (A) The postfertilization age of the fetus (in weeks).
 - (B) The manner in which the postfertilization age was determined.
 - (C) The gender of the fetus, if detectable.
 - (D) Whether the fetus has been diagnosed with or has a potential diagnosis of having Down syndrome or any other disability.
 - (E) If after the earlier of the time the fetus obtains viability or the time the postfertilization age of the fetus is at least twenty (20) weeks, the medical reason for the performance of the abortion.
- (22) For a surgical abortion, the medical procedure used for the abortion and, if the fetus had a postfertilization age of at least twenty (20) weeks:
 - (A) whether the procedure, in the reasonable judgment of the health care provider, gave the fetus the best opportunity to survive;
 - (B) the basis for the determination that the pregnant woman had a condition described in this chapter that required the abortion to avert the death of or serious impairment to the pregnant woman; and
 - (C) the name of the second doctor present, as required under IC 16-34-2-3(a)(3).
- (23) For a nonsurgical abortion, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery of the drugs to the patient.
- (24) For a nonsurgical abortion, that the manufacturer's instructions were provided to the patient and that the patient



signed the patient agreement.

(25) For an abortion performed before twenty (20) weeks of postfertilization age of the fetus, the medical indication by diagnosis code for the fetus and the mother.

(26) The mother's obstetrical history, including dates of other abortions, if any.

(27) Any preexisting medical conditions of the patient that may complicate the abortion.

(28) The results of pathological examinations if performed.

(29) For a surgical abortion, whether the fetus was delivered alive, and if so, how long the fetus lived.

(30) Records of all maternal deaths occurring at the location where the abortion was performed or the abortion inducing drug was provided, prescribed, administered, or dispensed.

(31) The date the form was transmitted to the state department and, if applicable, separately to the department of child services.

(b) The health care provider shall complete the form provided for in subsection (a) and shall transmit the completed form to the state department, in the manner specified on the form, within thirty (30) days after the date of each abortion. However, if an abortion is for a female who is less than sixteen (16) years of age, the health care provider shall transmit the form to the state department of health and separately to the department of child services within three (3) days after the abortion is performed.

(c) The dates supplied on the form may not be redacted for any reason before the form is transmitted as provided in this section.

(d) Each failure to complete or timely transmit a form, as required under this section, for each abortion performed or abortion inducing drug that was provided, prescribed, administered, or dispensed, is a Class B misdemeanor.

(e) On a quarterly basis, the state department shall compile a public report providing the following:

(1) Statistics for the previous calendar quarter from the information submitted under this section.

(2) Statistics for previous calendar years compiled by the state department under this subsection, with updated information for the calendar quarter that was submitted to the state department after the compilation of the statistics.

The state department shall ensure that no identifying information of a pregnant woman is contained in the report.

(f) The state department shall:

(1) summarize aggregate data from all data submitted under this

HEA 1013



section; and

(2) submit the data, before July 1 of each year, to the United States Centers for Disease Control and Prevention for its inclusion in the annual Vital Statistics Report.

SECTION 155. IC 16-37-1-3.1, AS AMENDED BY P.L.131-2020, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.1. (a) The state department shall establish the Indiana birth registration system (IBRS) for recording in an electronic format live births in Indiana.

(b) The state department shall establish the Indiana death registration system (IDRS) for recording in an electronic format deaths in Indiana.

(c) Submission of records on births and deaths shall be entered by:

- (1) funeral directors;
- (2) physicians;
- (3) coroners;
- (4) medical examiners;
- (5) persons in attendance at birth;
- (6) local health departments; and
- (7) for purposes of records on death:
 - (A) physician assistants; or
 - (B) advanced practice registered nurses;

using the electronic system created by the state department under this section.

(d) A person in attendance at a live birth shall report a birth to the local health officer in accordance with IC 16-37-2-2.

(e) Except as provided in subsection (f), death records shall be submitted as follows, using the Indiana death registration system:

- (1) The:
 - (A) physician last in attendance upon the deceased;
 - (B) physician assistant last in attendance upon the deceased;
 - (C) advanced practice registered nurse last in attendance upon the deceased; or
 - (D) person in charge of interment;

shall initiate the document process. If the person in charge of interment initiates the process, the person in charge of interment shall electronically submit the certificate required under IC 16-37-3-5 to the physician, the physician assistant, or the advanced practice registered nurse last in attendance upon the deceased not later than five (5) days after the death.

(2) The physician, the physician assistant, or the advanced practice registered nurse last in attendance upon the deceased

HEA 1013



shall electronically certify to the local health department the cause of death on the certificate of death not later than five (5) days after:

- (A) initiating the document process; or
 - (B) receiving under IC 16-37-3-5 the electronic notification from the person in charge of interment.
- (3) The local health officer shall submit the reports required under IC 16-37-1-5 to the state department not later than five (5) days after electronically receiving under IC 16-37-3-5 the completed certificate of death from the physician, the physician assistant, or the advanced practice registered nurse last in attendance.
- (f) If the IBRS or IDRS is unavailable for more than forty-eight (48) hours, the state registrar may issue a notice permitting the filing of a paper record of a live birth, a death, or both, subject to the following:
- (1) The notice issued by the state registrar must contain a time frame for which the notice is in effect and when the notice expires. However, the notice automatically expires if the state department notifies the local health officers that the IBRS or IDRS is available, the notice has expired, and that all future submissions must use the IBRS or IDRS.
 - (2) Paper records may not be accepted by the local health department or the state department of health on the earlier of the following:
 - (A) The expiration date listed in the notice or the expiration listed in a renewal notice described in subdivision (3).
 - (B) The state department notifies the local health officers when the IBRS or IDRS becomes available.
 - (3) The notice may be renewed by the state registrar until the IBRS or IDRS becomes available.
 - (4) Once the IBRS or IDRS becomes available, the local health officer shall enter the information contained in the paper record into the IBRS or IDRS.

SECTION 156. IC 16-38-4-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. As used in this chapter, "state department" refers to the **state Indiana** department of health.

SECTION 157. IC 16-40-4-5, AS ADDED BY P.L.95-2005, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. The state department of health is authorized to develop and implement a health care quality indicator program as provided for in this chapter and to include the following:

- (1) Criteria listed under section 4 of this chapter.

HEA 1013



(2) Health care quality indicator data collected from a health coverage provider or health care provider under this chapter must be obtainable from electronic records developed and maintained in the health coverage provider's or health care provider's ordinary course of business.

(3) Health coverage providers and health care providers are not required to establish or amend medical record systems or other systems to conform to the program.

SECTION 158. IC 16-41-7-3, AS AMENDED BY P.L.112-2020, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) A licensed physician who diagnoses, treats, or counsels a patient with a serious communicable disease shall inform the patient of the patient's duty under section 1 of this chapter.

(b) A physician described in subsection (a) may notify the following:

(1) A health officer if the physician has reasonable cause to believe that a patient:

(A) is a serious and present risk to the health of others as described in section 2(a) of this chapter;

(B) has engaged in noncompliant behavior; or

(C) is suspected of being a person at risk (as defined in section 1 of this chapter).

(2) A person at risk (as defined in section 1 of this chapter) or a person legally responsible for the patient if the physician:

(A) has medical verification that the patient is an individual with a communicable disease;

(B) knows the identity of the person at risk;

(C) has a reasonable belief of a significant risk of harm to the identified person at risk;

(D) has reason to believe the identified person at risk has not been informed and will not be informed of the risk by the patient or another person; and

(E) has made reasonable efforts to inform the individual with a communicable disease of the physician's intent to make or cause the state department of health to make a disclosure to the person at risk.

(c) A physician who notifies a person at risk under this section shall do the following:

(1) Identify the serious communicable disease.

(2) Inform the person of available health care measures such as counseling and testing.

(d) A physician who in good faith provides notification under this

HEA 1013



section is not subject to liability in a civil, an administrative, a disciplinary, or a criminal action.

(e) A patient's privilege with respect to a physician under IC 34-46-3-1 is waived regarding:

- (1) notification under subsection (b); and
- (2) information provided about a patient's noncompliant behavior in an investigation or action under this chapter, IC 16-41-2, IC 16-41-3, IC 16-41-5, IC 16-41-6, IC 16-41-8, IC 16-41-9, IC 16-41-13, IC 16-41-14, and IC 16-41-16.

(f) A physician's immunity from liability under subsection (d) applies only to the provision of information reasonably calculated to protect an identified person who is at epidemiological risk of infection.

(g) A physician who notifies a person under this section is also required to satisfy the reporting requirements under IC 16-41-2-2 through IC 16-41-2-8.

SECTION 159. IC 16-41-12-15, AS AMENDED BY P.L.133-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) A blood center shall require a blood donor to provide to the blood center the following information:

- (1) Name.
- (2) Address.
- (3) Date of birth.
- (4) The blood donor's Social Security number, if the blood donor is receiving monetary compensation for the donation.

(b) A blood center shall report the name and address of a blood donor to the state department when a confirmatory test of the blood donor's blood confirms the presence of antibodies to the human immunodeficiency virus (HIV).

(c) A blood center shall provide to a blood donor information to enable the blood donor to give informed consent to the procedures required by this chapter or IC 16-36. The information required by this subsection must be in the following form:

NOTICE

- (1) This blood center performs a screening test for the human immunodeficiency virus (HIV) on every donor's blood.
- (2) This blood center reports to the **state Indiana** Department of Health the name and address of a blood donor when a confirmatory test of the blood donor's blood confirms the presence of antibodies to the human immunodeficiency virus (HIV).
- (3) A person who recklessly, knowingly, or intentionally donates (excluding self-donations for stem cell transplantation, other autologous donations, or donations not intended by the blood

HEA 1013



center for distribution or use), sells, or transfers blood that contains antibodies for the human immunodeficiency virus (HIV) commits a criminal offense as described in IC 35-45-21-1.

SECTION 160. IC 16-41-14-13, AS AMENDED BY P.L.133-2020, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. A practitioner shall provide information to a semen donor to enable the semen donor to give informed consent to the procedures required by this chapter. The information required by this section must be in the following form:

NOTICE

- (1) This facility performs a screening test for the human immunodeficiency virus (HIV) on every donor's blood.
- (2) This facility reports to the ~~state~~ **Indiana** Department of Health the name and address of a semen donor or recipient when a confirmatory test of the semen donor's blood or the recipient's blood confirms the presence of antibodies to the human immunodeficiency virus (HIV).
- (3) A person who, for the purpose of artificial insemination, recklessly, knowingly, or intentionally donates, sells, or transfers semen that contains antibodies for the human immunodeficiency virus (HIV) commits a criminal offense as described in IC 35-45-21-1.

SECTION 161. IC 16-41-14-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. (a) A practitioner shall keep the following:

- (1) A record of the information required under this chapter.
- (2) The results of tests required under sections 5 and 7 of this chapter.
- (3) A writing required under section 5(e) of this chapter.

(b) Records kept under this section shall be made available to the state department for inspection.

(c) The state department may enter and inspect a practitioner's facility to investigate the premises, books, and records as necessary to carry out this chapter.

(d) A person may not interfere with the performance of the state department of ~~health~~ under this chapter.

SECTION 162. IC 16-41-27-32, AS AMENDED BY P.L.53-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 32. (a) As used in this section, "regulation" refers to any:

- (1) ordinance, including any:
 - (A) zoning or land use ordinance; or

HEA 1013



- (B) general or specific planning ordinance;
- (2) regulation, including any:
 - (A) zoning or land use regulation; or
 - (B) general or specific planning regulation;
- (3) requirement; or
- (4) restriction;

that is adopted or imposed by a unit (as defined in IC 36-1-2-23).

(b) A governmental body other than the state department of health may not license or regulate mobile home communities, except for the following:

- (1) Local boards may enforce the standards of health and sanitation prescribed for mobile homes, manufactured homes, industrialized residential structures, and mobile home communities by the state department.
- (2) Subject to IC 36-7-2-12 and subsections (d) and (f), county and municipal authorities within their respective jurisdictions have jurisdiction regarding zoning and building codes and ordinances pertaining to mobile home communities.
- (3) Local boards may regulate the construction and operation of groups of a combined total of not more than four (4) mobile homes, manufactured homes, and industrialized residential structures in accordance with standards that are compatible with standards set by the state department for mobile home communities.

(c) A governmental body other than the state department of health may not regulate mobile homes, manufactured homes, or industrialized residential structures regarding habitability or minimum housing conditions unless the regulation is applicable in the same manner to other forms of residential housing in the jurisdiction.

(d) Unless required under IC 36-7-2-9, a governmental body may not regulate or restrict, by regulation or otherwise, the installation, use, occupancy, movement, relocation, or replacement of a mobile home, manufactured home, or industrialized residential structure within a mobile home community based upon the age or size of the mobile home, manufactured home, or industrialized residential structure, regardless of whether:

- (1) the mobile home, manufactured home, or industrialized residential structure within a mobile home community;
- (2) the lot or site, or any part of the lot or site, within a mobile home community, on which the mobile home, manufactured home, or industrialized residential structure is located or installed, or will be located or installed; or



(3) the mobile home community, or any part of the mobile home community, in which the mobile home, manufactured home, or industrialized residential structure is located or installed, or will be located or installed;

constitutes a conforming structure or use, or a legal, nonconforming structure or use.

(e) A government body may not regulate or restrict the ability of a:

(1) mobile home community:

(A) owner; or

(B) manager; or

(2) manufactured home community:

(A) owner; or

(B) manager;

to obtain a dealer's license or to sell a mobile home, manufactured home, or industrialized residential structure located within the owner's or manager's mobile home community or manufactured housing community.

(f) Unless required under IC 36-7-2-9, after March 14, 2022:

(1) a unit may not:

(A) adopt or impose a regulation that violates, or that includes a provision that violates, subsection (d);

(B) amend a regulation so that the regulation, after its amendment, includes a provision that violates subsection (d), regardless of when the regulation was originally adopted or imposed; or

(C) enforce a provision in a regulation adopted or imposed by the unit if the provision violates subsection (d), regardless of when the regulation or provision was originally adopted or imposed; and

(2) any provision that:

(A) is included in a regulation adopted or imposed by a unit; and

(B) violates subsection (d);

is void and unenforceable regardless of when the regulation or provision was originally adopted or imposed.

SECTION 163. IC 16-42-1-1.1, AS AMENDED BY P.L.2-2008, SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.1. (a) The state veterinarian shall act in place of the state health commissioner under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

(b) The Indiana state board of animal health shall act in place of the

HEA 1013



state **Indiana** department of health under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

SECTION 164. IC 16-42-2-1.1, AS AMENDED BY P.L.2-2008, SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.1. (a) The state veterinarian shall act in place of the state health commissioner under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

(b) The Indiana state board of animal health shall act in place of the state **Indiana** department of health under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

SECTION 165. IC 16-42-3-2.5, AS AMENDED BY P.L.2-2008, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) The state veterinarian shall act in place of the state health commissioner under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

(b) The Indiana state board of animal health shall act in place of the state **Indiana** department of health under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

SECTION 166. IC 16-42-4-1.1, AS AMENDED BY P.L.2-2008, SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.1. (a) The state veterinarian shall act in place of the state health commissioner under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

(b) The Indiana state board of animal health shall act in place of the state **Indiana** department of health under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-17-5 or IC 15-18-1.

SECTION 167. IC 16-42-5-0.3, AS ADDED BY P.L.220-2011, SECTION 323, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.3. (a) The state department of health may adopt rules establishing the initial schedule of civil penalties required under section 28 of this chapter, as added by P.L.266-2001, at any time after May 11, 2001, in the manner provided for the adoption of emergency rules under IC 4-22-2-37.1. An emergency rule adopted under this section expires on the later of:

(1) the date permanent rules are adopted to replace the emergency

HEA 1013



rules; or

(2) July 1, 2003.

(b) A corporation or local health department that, before January 1, 2001, adopted monetary penalties for the violation of any state or local law or rule concerning food handling or food establishments may continue to enforce those locally prescribed monetary penalties (including the issuance of tickets or citations authorized by local law) and deposit the amounts collected as prescribed by local law until the later of:

(1) the date permanent rules are adopted establishing the schedule of civil penalties required under section 28 of this chapter, as added by P.L.266-2001; or

(2) July 1, 2003.

SECTION 168. IC 16-42-5.2-3.7, AS ADDED BY P.L.45-2020, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.7. As used in this chapter, "certificate" means a certificate, letter, or other document that verifies that the individual has passed an accreditation examination given by an accredited testing service recognized by the Conference for Food Protection or an equivalent nationally recognized certification program as determined by the state department. ~~of health.~~

SECTION 169. IC 16-42-5.3-5, AS ADDED BY P.L.49-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) A home based vendor shall include a label for packaged food or a sign for unpackaged food that contains the following information:

(1) The name and address of the producer of the food product.

(2) The common or usual name of the food product.

(3) The ingredients of the food product, in descending order by predominance by weight.

(4) The net weight or volume of the food product by standard measure or numerical count.

(5) The date on which the food product was processed.

(6) The following statement in at least 10 point type: "This product is home produced and processed and the production area has not been inspected by the ~~state~~ **Indiana** Department of Health. NOT FOR RESALE."

(b) A home based vendor shall post the label of each food product on the vendor's ~~internet web site:~~ **website.**

SECTION 170. IC 16-46-10-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) Except as provided in subsections (b) and (d), the state department shall provide

HEA 1013



funding each year from the local health maintenance fund under the following schedule to each local board of health whose application for funding is approved by the state department:

COUNTY POPULATION	AMOUNT OF GRANT
over - 499,999	\$ 60,000
100,000 - 499,999	50,000
50,000 - 99,999	30,000
under - 50,000	20,000

(b) For purposes of determining the amount of a grant to a multiple county board of health, the state department shall regard each county of the multiple county health department as a separate county. A grant to a multiple county board of health must equal the total of grants that would be made to the separate counties based on the population of each county.

(c) A local board of health that desires to receive funding from the local health maintenance fund must file an application with the state department before May 1 of each year. The application must state how the funds will be spent. The state department may extend the deadline for filing an application upon a showing of good cause by the local board of health.

(d) If a county has more than one (1) local health department, the county fiscal body shall adopt an ordinance to allocate the funds provided to the county under subsection (a). This ordinance must provide that each local board of health in the county must receive an allocation of funds granted under subsection (a). The county fiscal body shall file a copy of the ordinance with the state department before May 1 of each year.

(e) By June 1 of each year, the state department shall:

- (1) allocate money in the local health maintenance fund (for distribution the following January) to each local board of health whose application is approved in accordance with the schedule in subsection (a); and
- (2) determine how much money in the local health maintenance fund has not been applied for.

The state department may use the money that has not been applied for or otherwise allocated to fund joint plans entered into by two (2) or more local boards of health or by a multiple county board as provided in subsections (g) and (i).

(f) If two (2) or more local boards of health cooperate in providing any of the services set out in section 3 of this chapter, those boards of health shall file a joint plan that must be approved by the state department. The joint plan must specify the following:

HEA 1013



- (1) The services to be provided under the plan.
- (2) The cost of each service to be provided under the plan.
- (3) The percentage of the total cost of services to be provided under the joint plan by each local board of health.

(g) If two (2) or more local boards of health join together to provide services in accordance with a joint plan filed with the state department ~~of health~~ under subsection (f), and the state department determines that the services to be provided under the joint plan are eligible for funding from the local health maintenance fund, the state department shall grant (in addition to the funds provided to each county in which the local boards of health are located under subsection (a)) an amount not to exceed fifteen thousand dollars (\$15,000) to fund the joint plan. The state department shall grant money to fund joint plans that most effectively accomplish the following goals in accordance with standards adopted by the state department:

- (1) Benefit the greatest number of people.
- (2) Provide services in a cost effective manner.
- (3) Address the most serious health care needs of the area served.
- (4) Provide additional public health services in a medically underserved or economically distressed area.

This money shall be allocated directly to each local board of health participating in the joint plan in the same percentages specified in the joint plan under subsection (f)(3).

(h) A multiple county health board may file a plan under this section to provide any of the services set out in section 3 of this chapter. If the state department determines that the services to be provided under the plan submitted by a multiple county health board are eligible for funding from the local health maintenance fund, the state department shall grant (in addition to the funds provided under subsection (a) to each county in which the local boards of health are located) an amount not to exceed fifteen thousand dollars (\$15,000) to fund the plan.

(i) Services funded under this section must be in addition to, and not in place of, services funded at the local level.

SECTION 171. IC 16-46-11-1, AS AMENDED BY P.L.38-2010, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. The office of minority health and the state department, ~~of health~~, in partnership with the Indiana Minority Health Coalition, Inc., shall do the following:

- (1) Staff, coordinate, and assist in the implementation of the comprehensive health plan developed by the interagency state council on black and minority health established under IC 16-46-6.

HEA 1013



- (2) Expand, develop, and implement a community based state structure that is conducive to addressing the health disparities of the minority populations in Indiana.
- (3) Monitor minority health progress.
- (4) Establish policy.
- (5) Fund minority health programs, research, and other initiatives.
- (6) Provide the following through interdepartmental coordination:
 - (A) The data and technical assistance needs of the local minority health coalitions.
 - (B) Measurable minority health objectives to local minority health coalitions for the development of health intervention programs.
- (7) Provide through the state health data center established by IC 16-19-10-3 minority health research and resource information addressing the following:
 - (A) Research within minority populations.
 - (B) A resource database that can be disseminated to local organizations interested in minority health.
 - (C) Racial and ethnic specific databases including morbidity, diagnostic groups, social/economic, education, and population.
 - (D) Attitude, knowledge, and belief information.
- (8) Staff a minority health hotline that establishes linkages with other health and social service hotlines and local coalitions.
- (9) Develop and implement an aggressive recruitment and retention program to increase the number of minorities in the health and social services professions.
- (10) Develop and implement an awareness program that will increase the knowledge of health and social service providers to the special needs of minorities.
- (11) Develop and implement culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize avoiding the health risk factors for conditions affecting minorities and incorporate an accessible, affordable, and acceptable early detection and intervention component.
- (12) Provide the state support necessary to ensure the continued development of the existing minority health coalitions and to develop coalitions in other areas targeted for minority health intervention.
- (13) Coordinate each of the counties with existing local minority health coalitions to:
 - (A) provide community planning and needs assessment



- assistance to the local minority health coalitions; and
- (B) assist the local minority health coalitions in the development of local minority health intervention plans. The plans shall be developed to coincide with the state fiscal year.
- (14) Establish a liaison between the **state** department and the Indiana Minority Health Coalition, Inc., to:
- (A) coordinate the state department of ~~health~~ resources needed for the development of local coalitions;
 - (B) provide assistance to and monitor the local coordinators in the development of local intervention plans;
 - (C) serve as the barometer to the state department of ~~health~~ on the minority health concerns of local coalitions;
 - (D) assist in coordinating the minority community input on state policies and programs;
 - (E) serve as the linkage with the state department of ~~health~~ and the local minority health coordinators; and
 - (F) monitor the progress of the fulfilling of their responsibilities.
- (15) Provide funding, within the limits of appropriations, to support preventive health, education, and treatment programs in the minority communities that are developed, planned, and evaluated by approved organizations.
- (16) Provide assistance to local communities to obtain funding for the development of a health care delivery system to meet the needs, gaps, and barriers identified in the local plans.

SECTION 172. IC 16-46-16.5-7, AS ADDED BY P.L.110-2021, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The state department shall determine whether to award a grant under this chapter.

(b) Subject to subsection (c), if the state department approves a proposal:

- (1) the initial grant amount awarded shall not exceed eighty-five percent (85%); or
- (2) if the proposal approved by the state department will supplement a health initiative that currently receives partial funding from another source, including a Medicaid provider, the initial grant amount awarded shall not exceed seventy-five percent (75%);

of the total grant amount approved for the proposal. The state department shall distribute the remaining amount of the approved grant to the grantee when the state department determines that the grantee has achieved the outcome or outcomes in the grant proposal.

HEA 1013



(c) The state department of health may distribute the initial award amounts described in subsection (b)(1) and (b)(2) over the course of the project that is the subject of the proposal based on achieved objectives.

SECTION 173. IC 16-49-3-3, AS AMENDED BY P.L.29-2016, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) A local child fatality review team:

(1) shall review the death of a child whose death incident occurred in the area served by the local child fatality review team and may review the death of a child whose death occurred in the area served by the local child fatality review team if:

(A) the death of the child is:

(i) sudden;

(ii) unexpected;

(iii) unexplained; or

(iv) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or

(B) the coroner in the area where the death occurred determines that the cause of the death of the child is:

(i) undetermined; or

(ii) the result of a homicide, suicide, or accident; and

(2) may, at its discretion, review the near fatality of a child whose incident or injury occurred in the area served by the local child fatality review team.

(b) In conducting a child fatality review under subsection (a), the local child fatality review team may review all applicable records and information related to the death or near fatality of the child, including the following:

(1) Records held by the:

(A) **state department of** local ~~or state~~ health department; and

(B) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Records of the coroner.

(6) Mental health reports.

(c) Except as otherwise provided under this article, information and records acquired by the local child fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(d) Records, information, documents, and reports acquired or produced by a local child fatality review team are not:

HEA 1013



(1) subject to subpoena or discovery; or
 (2) admissible as evidence;
 in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before a local child fatality review team.

SECTION 174. IC 16-49-4-5, AS ADDED BY P.L.119-2013, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Upon request by a local child fatality review team or the department of child services ombudsman established by IC 4-13-19-3, the statewide child fatality review committee shall assist a local child fatality review team or conduct a review of the death of a child that occurred in Indiana if:

- (1) the death of the child is:
 - (A) sudden;
 - (B) unexpected;
 - (C) unexplained; or
 - (D) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or
- (2) the coroner in the area in which the child's death occurred determines that the cause of the death of the child is:
 - (A) undetermined; or
 - (B) the result of a homicide, suicide, or accident.

(b) In conducting a child fatality review under subsection (a), the statewide child fatality review committee may review all applicable records and information related to the death of the child, including the following:

- (1) Records held by the:
 - (A) **state department or** local ~~or state~~ health department; and
 - (B) department of child services.
- (2) Medical records.
- (3) Law enforcement records.
- (4) Autopsy reports.
- (5) Records of the coroner.
- (6) Mental health reports.

(c) Subject to IC 34-30-15, if the statewide child fatality review committee requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death that the statewide child fatality review committee is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the statewide child

HEA 1013



fatality review committee.

(d) A person who provides records in accordance with subsection (c) in good faith is not subject to liability in:

- (1) a civil;
- (2) an administrative;
- (3) a disciplinary; or
- (4) a criminal;

action that might otherwise be imposed as a result of such disclosure.

(e) Except as otherwise provided in this article, information and records acquired by the statewide child fatality review committee in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(f) Records, information, documents, and reports acquired or produced by the statewide child fatality review committee are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the statewide child fatality review committee.

SECTION 175. IC 16-49.5-2-6, AS ADDED BY P.L.112-2020, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The SOFR team shall review the death of each person whose death occurred in the area served by the SOFR team if one (1) or more of the following conditions are met:

(1) The person's cause of death is listed as one (1) or more of the following:

- (A) Poisoning.
- (B) Intoxication.
- (C) Toxicity.
- (D) Inhalation.
- (E) Ingestion.
- (F) Overdose.
- (G) Exposure.
- (H) Chemical use.
- (I) Neonatal abstinence syndrome (NAS) effects.

(2) The person's manner of death is classified as one (1) of the following:

- (A) Accident.
- (B) Suicide.
- (C) Undetermined.

HEA 1013



(3) The person's manner of death is classified as natural but drug intoxication or exposure is listed as a contributing factor.

(b) When conducting a SOFR fatality review under subsection (a), the SOFR team may review the following records if the records pertain to a person or incident within the scope of the SOFR team's review:

(1) Records held by the:

- (A) **state department or local or state** health department;
- (B) INSPECT program (as described under IC 25-26-24); or
- (C) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Coroner records.

(6) Mental health reports.

(7) Emergency medical services provider records.

(8) Fire department run reports.

(9) Disciplinary or health records generated by a local school system.

(10) Any other record concerning the assessment, care, fatality, diagnosis, near fatality, if applicable, or treatment of the person subject to a SOFR team review.

(c) Except as otherwise provided, information and records acquired by a SOFR team during the execution of the SOFR team's duties are confidential and exempt from disclosure.

(d) Subject to subsection (e), records, information, documents, and reports acquired or produced by a SOFR team are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any administrative or judicial proceeding.

(e) Records, information, documents, and reports that are admissible and otherwise discoverable from alternate sources do not become immune from discovery or use in any administrative or judicial proceeding because of their use by a SOFR team.

SECTION 176. IC 20-19-2-12, AS AMENDED BY P.L.233-2015, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) The state board shall, in the manner provided by IC 4-22-2, adopt rules setting forth nonbinding guidelines for the selection of school sites and the construction, alteration, and repair of school buildings, athletic facilities, and other categories of facilities related to the operation and administration of school corporations. The nonbinding guidelines must include:

- (1) preferred location and building practices for school

HEA 1013



corporations, including standards for enhancing health, student safety, accessibility, energy efficiency, operating efficiency, and instructional efficacy;

- (2) guidelines concerning minimum acreage, cost per square foot or cost per ADM (as defined in IC 20-18-2-2), technology infrastructure, building materials, per student square footage, and other general space requirements, including space for academics, administration and staff support, arts education and auditoriums, libraries, cafeterias, athletics and physical education, transportation facilities, and maintenance and repair facilities; and
- (3) additional guidelines that the state board considers necessary for efficient and cost effective construction of school facilities.

The state building commissioner, the office of management and budget, and the department of local government finance shall, upon request of the board, provide technical assistance as necessary for the development of the guidelines.

(b) The state board shall annually compile, in a document capable of easy revision, the:

- (1) guidelines described in subsection (a); and
- (2) rules of the:
 - (A) fire prevention and building safety commission; and
 - (B) **state Indiana** department of health;

that govern site selection and the construction, alteration, and repair of school buildings.

SECTION 177. IC 20-26-5-6, AS AMENDED BY P.L.43-2021, SECTION 70, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. All powers delegated to the governing body of a school corporation under section 1 or 4 of this chapter are subject to all laws subjecting the school corporation to regulation by a state agency, including the secretary of education, state board of accounts, state police department, fire prevention and building safety commission, department of local government finance, environmental rules board, state school bus committee, **state Indiana** department of health, and any local governmental agency to which the state has been delegated a specific authority in matters other than educational matters and other than finance, including plan commissions, zoning boards, and boards concerned with health and safety.

SECTION 178. IC 20-26-9-18, AS AMENDED BY P.L.233-2015, SECTION 135, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18. (a) Before July 1, 2007, each school board may establish a coordinated school health advisory council (referred to as the "advisory council" in this section). The

HEA 1013



advisory council may review the corporation's wellness policies on a yearly basis and suggest to the governing body for approval changes to the policies that comply with the requirements of federal Public Law 111-296 and IC 5-22-15-24(c) before July 1 of each year. The advisory council must hold at least one (1) hearing at which public testimony about the local wellness policy being developed is allowed.

(b) The governing body may appoint the members of the advisory council, which must include the following:

- (1) Parents.
- (2) Food service directors and staff.
- (3) Students.
- (4) Nutritionists or certified dietitians.
- (5) Health care professionals.
- (6) School board members.
- (7) A school administrator.
- (8) Representatives of interested community organizations.

(c) In adopting a school corporation policy on child nutrition and physical activity policy under federal Public Law 111-296, the governing body may take into consideration recommendations made by the advisory council.

(d) The department shall, in consultation with the ~~state~~ **Indiana** department of health, provide technical assistance to schools, including providing information on health, nutrition, and physical activity, through educational materials and professional development opportunities.

SECTION 179. IC 20-30-5-9, AS AMENDED BY P.L.43-2021, SECTION 99, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) The principles of hygiene and sanitary science must be taught in grade 5 of each public school and may be taught in other grades. This instruction must explain the ways that dangerous communicable diseases are spread and the sanitary methods for disease prevention and restriction.

(b) The state health commissioner and the secretary of education shall jointly compile a leaflet describing the principles of hygiene, sanitary science, and disease prevention and shall supply the leaflets to each superintendent, who shall:

- (1) supply the leaflets to each school; and
- (2) require the teachers to comply with this section.

(c) Each prosecuting attorney to whom the ~~state~~ **Indiana** department of health or the ~~state~~ **Indiana** department of health's agents report any violation of this section shall commence proceedings against the violator.

HEA 1013



(d) Any student who objects in writing, or any student less than eighteen (18) years of age whose parent or guardian objects in writing, to health and hygiene courses because the courses conflict with the student's religious teachings is entitled to be excused from receiving medical instruction or instruction in hygiene or sanitary science without penalties concerning grades or graduation.

SECTION 180. IC 20-30-5-12, AS AMENDED BY P.L.112-2020, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) Each school corporation shall:

- (1) include in the school corporation's curriculum instruction concerning the human immunodeficiency virus (HIV); and
- (2) integrate this effort to the extent possible with instruction on other serious communicable diseases.

(b) Literature that is distributed to school children and young adults under this section must include information required by IC 20-34-3-17.

(c) The department, in consultation with the **state Indiana** department of health, shall develop HIV educational materials. The department shall make the materials developed under this section available to school corporations.

SECTION 181. IC 20-30-5-15, AS ADDED BY P.L.1-2005, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) Each school corporation shall include in the school corporation's high school health education curriculum instruction regarding breast cancer and testicular cancer as adopted by the state board, including the significance of early detection of these diseases through:

- (1) monthly self-examinations; and
- (2) regularly scheduled mammographies in the case of breast cancer.

(b) The department shall, in consultation with the **state Indiana** department of health, develop breast cancer and testicular cancer educational materials to be made available to school corporations to assist teachers assigned to teach the material described in this section.

(c) The:

- (1) department shall develop guidelines; and
- (2) state board shall adopt rules under IC 4-22-2;

concerning the instruction required under this section to assist teachers assigned to teach the material described in this section.

SECTION 182. IC 20-30-5-16, AS ADDED BY P.L.1-2005, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. (a) Each school corporation shall include in the school corporation's high school health education curriculum

HEA 1013



instruction regarding the human organ donor program and blood donor program as adopted by the state board, including:

- (1) the purpose of the human organ donor program and blood donor program;
- (2) the statewide and nationwide need for human organ and blood donations; and
- (3) the procedure for participation in the human organ donor program and blood donor program.

(b) The department shall, in consultation with the **state Indiana** department of health or any other appropriate organization, develop human organ donor program and blood donor program educational materials to be made available to school corporations to assist teachers assigned to teach the material described in this section.

(c) The:

- (1) department shall develop guidelines; and
- (2) state board shall adopt rules under IC 4-22-2;

concerning the instruction required under this section to assist teachers assigned to teach the material described in this section.

SECTION 183. IC 20-30-5-18, AS ADDED BY P.L.76-2005, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18. (a) The chief administrative officer of each:

- (1) public school (including a charter school as defined in IC 20-24-1-4); and
- (2) nonpublic school;

shall ensure that information concerning meningococcal disease and its vaccines is provided to students and parents or guardians of students at the beginning of each school year.

(b) The information provided under subsection (a) must include information concerning the:

- (1) causes;
- (2) symptoms; and
- (3) spread;

of meningococcal disease and the places where parents and guardians of students may obtain additional information and vaccinations for their children.

(c) The chief administrative officers and the department shall, in consultation with the **state Indiana** department of health or any other appropriate entity, develop materials to be made available to schools to assist schools in providing the information described in this section.

(d) The department shall enforce this section.

SECTION 184. IC 20-34-3-1, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 1. (a) When the power to make rules for the administration of a section of this chapter or IC 20-34-4 is not specifically granted to a particular board or agency, the ~~state~~ **Indiana** department of health and the state board shall jointly adopt rules.

(b) A rule adopted under this chapter or IC 20-34-4 must comply with IC 4-22-2. However, the ~~state~~ **Indiana** department of health may prescribe forms for any reports required under this chapter or IC 20-34-4 without formal procedures.

SECTION 185. IC 20-34-3-9, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) If a student is ill, has a communicable disease, or is infested with parasites, the school principal may send the student home with a note to the student's parent. The note must describe the nature of the illness or infestation and, if appropriate, recommend that the family physician be consulted.

(b) If the parent of a student who is sent home under this section is financially unable to provide the necessary medical care, the medical care shall be provided by a public health facility. If a public health facility is not available, the township trustee or an appropriate governmental agency shall provide the necessary care.

(c) A student who is sent home under this section may be readmitted to the school:

- (1) when it is apparent to school officials that the student is no longer ill, no longer has a communicable disease, or is no longer infested with parasites;
- (2) upon certification of a physician that the student is no longer ill, no longer has a communicable disease, or is no longer infested with parasites;
- (3) upon certification of a physician that the student has a communicable disease, but the disease is not transmissible through normal school contacts; or
- (4) upon certification of a Christian Science practitioner, who is listed in The Christian Science Journal, that based on the practitioner's observation the student apparently is no longer ill, no longer has a communicable disease, or is no longer infested with parasites.

If school personnel disagree with the certifying physician or Christian Science practitioner as to whether the student should be readmitted to school, the local health officer shall determine whether the student may be readmitted to school.

(d) An individual who objects to the determination made by the local health officer under this section may appeal to the commissioner

HEA 1013



of the **state Indiana** department of health, who is the ultimate authority. IC 4-21.5 applies to appeals under this subsection.

SECTION 186. IC 20-34-3-10, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. (a) A sickle cell anemia test shall be administered to each student when the examining physician or school nurse determines that the test is necessary. The physician shall state on the examination form whether the test was given and, if it was, the result. All positive results shall be filed with the examining physician and the **state Indiana** department of health.

(b) The **state Indiana** department of health and the state board shall adopt joint rules concerning sickle cell anemia testing equipment, qualifications for sickle cell anemia testing personnel, and sickle cell anemia testing procedures.

(c) Records of all tests administered under this section shall be made and continuously maintained by the **state Indiana** department of health to provide information useful in protecting, promoting, and maintaining the health of students.

SECTION 187. IC 20-34-3-11, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) The governing body of a school corporation may require students to be tested for lead poisoning.

(b) If a student's parent states in writing that the parent is financially unable to pay for a test under this section, the student shall be referred to the free clinic or public health facility in the area that provides services for indigents.

(c) The **state Indiana** department of health and the state board shall adopt joint rules concerning lead poisoning testing under this section.

(d) Records of all tests administered under this section shall be made and continuously maintained by the **state Indiana** department of health to provide information useful in protecting, promoting, and maintaining the health of students.

SECTION 188. IC 20-34-3-12, AS AMENDED BY P.L.89-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and



(4) a binocular coordination test to determine if the eyes are working together properly.

(b) For purposes of this section, "vision screening" means the testing of visual acuity to determine an individual's ability to see at various distances using:

- (1) the Snellen chart;
- (2) Sloan letters;
- (3) HOTV; or
- (4) LEA symbol optotypes;

at a distance of either ten (10) or twenty (20) feet for distance vision, depending on the calibration of the chart being used, and a distance of fourteen (14) inches for near vision.

(c) The modified clinical technique shall be performed by an ophthalmologist licensed as a physician under IC 25-22.5 or an optometrist licensed under IC 25-24.

(d) The governing body of each school corporation shall conduct a vision test for each student enrolling in or transferring into:

- (1) either kindergarten or grade 1;
- (2) grade 3;
- (3) grade 5; and
- (4) grade 8;

and for each student suspected of having a visual defect.

(e) The vision test for students in kindergarten and grade 1 shall be conducted using the modified clinical technique unless a waiver is granted under section 13 of this chapter. If a waiver is granted for a school corporation, the governing body shall conduct a vision screening upon each student's enrollment in kindergarten or grade 1.

(f) Each student described in subsection (d)(2), (d)(3), and (d)(4), and each student suspected of having a visual defect shall be tested using a vision screening of the student's visual acuity.

(g) The following standards apply for a vision screening under subsections (e) and (f):

- (1) A student in kindergarten or grade 1 who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters, HOTV, or LEA symbol optotypes shall be recommended for further examination based upon the recommendation of the individual performing the screening.
- (2) A student:
 - (A) in grade 3, grade 5, or grade 8; or
 - (B) suspected of having a visual defect;

who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters shall be recommended

HEA 1013



for further examination based upon the recommendation of the individual performing the screening.

(h) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The **state Indiana** department of health and the state board shall adopt joint rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(i) The school corporation's governing body and the superintendent shall receive annually the following information concerning the tests conducted under this section:

- (1) The number of students tested by grade.
- (2) The number of students by grade who were tested using the modified clinical technique.
- (3) The number of students by grade who were tested using a vision screening.
- (4) The number of students by grade who passed a test.
- (5) The number of students by grade who failed a test or were referred for further testing.
- (6) The name of the individual or department that supervised the testing.

(j) Each school corporation shall annually provide to the department, for each school within the school corporation, the following information concerning the tests conducted under this section:

- (1) the number of students tested by grade;
- (2) the number of students by grade who were tested using the modified clinical technique;
- (3) the number of students by grade who were tested using a vision screening;
- (4) the number of students who passed a test by grade; and
- (5) the number of students who failed a test or who were referred for further testing.

(k) Not later than October 1 each year, the department shall report for the previous school year:

- (1) a compilation of the information received from school corporations under subsection (j);
- (2) information received under section 13 of this chapter, including:
 - (A) the number of school corporations that applied for a waiver;

HEA 1013



- (B) the number of waivers approved;
 - (C) the number of waivers denied;
 - (D) the name of each school corporation that applied for a waiver and whether the waiver was approved or denied; and
 - (E) the reason for the approval or denial;
- (3) the total number of students eligible for testing; and
 - (4) the total number of students tested;
- to the legislative council in electronic format under IC 5-14-6.

SECTION 189. IC 20-34-4-1, AS AMENDED BY P.L.208-2015, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) Each school shall keep an immunization record of the school's students according to procedures prescribed by the **state Indiana** department of health.

(b) Whenever a student transfers to another school, the school from which the student is transferring may furnish, not later than twenty (20) days after the transfer, a copy of the student's immunization record to the school to which the student is transferring.

(c) Whenever a student enrolls in a state educational institution, the school from which the student graduated may furnish a copy of the student's immunization record to the state educational institution. If the student is enrolled in a state educational institution while still attending a secondary level school, the secondary level school that the student is attending may furnish a copy of the student's immunization record to the state educational institution.

SECTION 190. IC 20-34-4-2, AS AMENDED BY P.L.208-2015, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) Every child residing in Indiana who is enrolled in an accredited elementary school or high school shall be immunized as determined by the **state Indiana** department of health against:

- (1) diphtheria;
- (2) pertussis (whooping cough);
- (3) tetanus;
- (4) measles;
- (5) rubella;
- (6) poliomyelitis;
- (7) mumps;
- (8) varicella;
- (9) hepatitis A;
- (10) hepatitis B; and
- (11) meningitis.

(b) The **state Indiana** department of health may expand or otherwise

HEA 1013



modify the list of communicable diseases that require documentation of immunity as medical information becomes available that would warrant the expansion or modification in the interest of public health.

(c) Before November 30 of each year, the **state Indiana** department of health shall publish a two (2) year calendar of immunization requirements and recommendations. The calendar must include:

- (1) the immunization requirements for the following school year; and
- (2) recommendations for immunization requirements for the year subsequent to the following school year.

(d) The publishing time frame for the calendar described in subsection (c) does not apply in the event of an emergency as determined by the state health commissioner.

(e) The **state Indiana** department of health shall adopt rules under IC 4-22-2 specifying the:

- (1) required immunizations;
- (2) child's age for administering each vaccine;
- (3) adequately immunizing doses; and
- (4) method of documentation of proof of immunity.

SECTION 191. IC 20-34-4-3, AS AMENDED BY P.L.208-2015, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) Each school shall notify each parent of a student who enrolls in the school of the requirement that the student must be immunized and that the immunization is required for the student's continued enrollment, attendance, or residence at the school unless:

- (1) the parent or student provides the appropriate documentation of immunity; or
- (2) IC 20-34-3-2 or IC 20-34-3-3 applies.

(b) A school that enrolls grade 6 students shall provide each parent of a student who is entering grade 6 with information prescribed by the **state Indiana** department of health under subsection (c) concerning the link between cancer and the human papillomavirus (HPV) infection and that an immunization against the human papillomavirus (HPV) infection is available.

(c) The **state Indiana** department of health shall provide a school described in subsection (b) with the information concerning cancer and the human papillomavirus (HPV) infection required in subsection (b). The information must include the following:

- (1) The latest scientific information on the immunization against the human papillomavirus (HPV) infection and the immunization's effectiveness against causes of cancer.

HEA 1013



(2) That a pap smear is still critical for the detection of precancerous changes in the cervix to allow for treatment before cervical cancer develops.

(3) Information concerning the means in which the human papillomavirus (HPV) infection is contracted.

(4) A statement that any questions or concerns concerning immunizing the child against human papillomavirus (HPV) could be answered by contacting a health care provider.

(d) The ~~state~~ **Indiana** department of health shall provide the department of education with material concerning immunizations and immunization preventable diseases for distribution to parents and guardians. The department of education shall provide these materials to schools to be provided to students' parents and guardians. These materials may be distributed by a school by posting the required information on the school's ~~Internet web site:~~ **website**.

SECTION 192. IC 20-34-4-5, AS AMENDED BY P.L.208-2015, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Each school shall require the parent of a student who has enrolled in the school to furnish, not later than the first day of school attendance, proof of the student's immunization status, either as a written document from the health care provider who administered the immunization or documentation provided from the state immunization data registry.

(b) The statement must show, except for a student to whom IC 20-34-3-2 or IC 20-34-3-3 applies, that the student has been immunized as required under section 2 of this chapter. The statement must include the student's date of birth and the date of each immunization.

(c) A student may not be permitted to attend school beyond the first day of school without furnishing the documentation described in subsections (a) and (b) unless:

- (1) the school gives the parent of the student a waiver; or
- (2) the local health department or a health care provider determines that the student's immunization schedule has been delayed due to extreme circumstances and that the required immunizations will not be completed before the first day of school.

The waiver referred to in subdivision (1) may not be granted for a period that exceeds twenty (20) school days. If subdivision (2) applies, the parent of the student shall furnish the written statement and a schedule, approved by a health care provider who is authorized to administer the immunizations or the local health department, for the

HEA 1013



completion of the remainder of the immunizations.

(d) The ~~state~~ **Indiana** department of health may commence an action against a school under IC 4-21.5-3-6 or IC 4-21.5-4 for the issuance of an order of compliance for failure to enforce this section.

(e) Neither a religious objection under IC 20-34-3-2 nor an exception for the student's health under IC 20-34-3-3 relieves a parent from the reporting requirements under this section.

(f) The ~~state~~ **Indiana** department of health shall adopt rules under IC 4-22-2 to implement this section.

SECTION 193. IC 20-34-4-6, AS AMENDED BY P.L.208-2015, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The ~~state~~ **Indiana** department of health shall collect immunization data on school age children using the state immunization data registry. Each school corporation shall ensure that all applicable immunization information is complete in the state immunization data registry not later than the first Friday in February each year. The ~~state~~ **Indiana** department of health shall use the data to create aggregate reports.

(b) The ~~state~~ **Indiana** department of health and the local health department shall, for good cause shown that there exists a substantial threat to the health and safety of a student or the school community, be able to validate immunization reports by onsite reviews or examinations of nonidentifying immunization record data. This section does not independently authorize the ~~state~~ **Indiana** department of health, a local department of health, or an agent of the ~~state~~ **Indiana** department of health or local department of health to have access to identifying medical or academic record data of individual students attending nonaccredited nonpublic schools.

(c) The ~~state~~ **Indiana** department of health has exclusive power to adopt rules for the administration of this section.

SECTION 194. IC 20-34-5-15, AS ADDED BY P.L.166-2007, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) The department may cooperate with the ~~state~~ **Indiana** department of health in the development of a diabetes training program for school nurses. The department, with the assistance of physicians or registered nurses who are qualified in the area of diabetes training, shall provide annual diabetes training programs to school nurses. The training must include technological advances, current standards of practice for diabetes management and training, and instruction in the following:

- (1) Developing individualized health plans for students with diabetes that follow the orders of a licensed health care



practitioner.

(2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia.

(3) Understanding the current standards of practice and the proper action to take if the blood glucose levels of a student are outside the target ranges indicated on the student's diabetes management and treatment plan.

(4) Performing tests to check glucose and ketone levels, and recording the results.

(5) Properly administering glucagon, insulin, or other emergency treatments prescribed by the licensed health care practitioner, and recording the results.

(6) Recognizing complications that require emergency medical assistance.

(7) Understanding recommended schedules and food intake for meals and snacks for a student, the effect of physical activity on blood glucose levels, and the proper action to be taken if a student's schedule referred to in this subdivision is disrupted.

(b) The department may cooperate with the **state Indiana** department of health in the development of a diabetes training program for volunteer health aides. The department, with the assistance of physicians and registered nurses who are qualified in the area of diabetes training, shall provide a diabetes training program for volunteer health aides which includes the most current standards of practice and technology for diabetes treatment. The training must include the following:

(1) Implementing the orders of a licensed health care practitioner.

(2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia consistent with the orders of the licensed health care practitioner.

(3) Performing tests to check glucose and ketone levels, and recording the results.

(4) Properly administering glucagon, insulin, or other emergency treatments as prescribed, and recording the results.

(5) Recognizing complications that require emergency medical assistance.

(6) Understanding:

(A) recommended schedules and food intake for meals and snacks;

(B) the effect of physical activity on blood glucose levels; and

(C) the proper action to be taken if a student's schedule is disrupted.

HEA 1013



(c) The school nurse shall coordinate:

- (1) the training of school employees acting as volunteer health aides, using the training program developed under subsection (b); and
- (2) the record keeping and monitoring of a volunteer health aide acting under this chapter.

(d) Training for volunteer health aides must be provided by a health care professional with expertise in the care of individuals with diabetes or by a school nurse. The training must be provided before the beginning of the school year or as soon as practicable following:

- (1) the enrollment; or
- (2) the diagnosis;

of a student with diabetes at a school that previously had no students with diabetes.

(e) The school nurse or principal shall maintain a copy of the training program and the records of training completed by school employees.

SECTION 195. IC 20-35-3-1, AS AMENDED BY P.L.43-2021, SECTION 115, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The secretary of education shall appoint a state advisory council on the education of children with disabilities. The state advisory council's duties consist of providing policy guidance concerning special education and related services for children with disabilities. The secretary of education shall appoint at least seventeen (17) members who serve for a term of four (4) years. Vacancies shall be filled in the same manner for the unexpired balance of the term.

(b) The members of the state advisory council must be:

- (1) citizens of Indiana;
- (2) representative of the state's population; and
- (3) selected on the basis of their involvement in or concern with the education of children with disabilities.

(c) A majority of the members of the state advisory council must be individuals with disabilities or the parents of children with disabilities. Members must include the following:

- (1) Parents of children with disabilities.
- (2) Individuals with disabilities.
- (3) Teachers.
- (4) Representatives of postsecondary educational institutions that prepare special education and related services personnel.
- (5) State and local education officials.
- (6) Administrators of programs for children with disabilities.

HEA 1013



- (7) Representatives of state agencies involved in the financing or delivery of related services to children with disabilities, including the following:
- (A) The commissioner of the ~~state~~ **Indiana** department of health or the commissioner's designee.
 - (B) The director of the division of disability and rehabilitative services or the director's designee.
 - (C) The director of the division of mental health and addiction or the director's designee.
 - (D) The director of the department of child services or the director's designee.
- (8) Representatives of nonpublic schools and freeway schools.
- (9) One (1) or more representatives of vocational, community, or business organizations concerned with the provision of transitional services to children with disabilities.
- (10) Representatives of the department of correction.
- (11) A representative from each of the following:
- (A) The Indiana School for the Blind and Visually Impaired board.
 - (B) The Indiana School for the Deaf board.
- (12) A representative from the Arc of Indiana.
- (d) The responsibilities of the state advisory council are as follows:
- (1) To advise the secretary of education and the state board regarding all rules pertaining to children with disabilities.
 - (2) To recommend approval or rejection of completed comprehensive plans submitted by school corporations acting individually or on a joint school services program basis with other corporations.
 - (3) To advise the department of unmet needs within Indiana in the education of children with disabilities.
 - (4) To provide public comment on rules proposed by the state board regarding the education of children with disabilities.
 - (5) To advise the department in developing evaluations and reporting data to the United States Secretary of Education under 20 U.S.C. 1418.
 - (6) To advise the department in developing corrective action plans to address findings identified in federal monitoring reports under 20 U.S.C. 1400 et seq.
 - (7) To advise the department in developing and implementing policies related to the coordination of services for children with disabilities.
- (e) The state advisory council shall do the following:

HEA 1013



- (1) Organize with a chairperson selected by the secretary of education.
- (2) Meet as often as necessary to conduct the council's business at the call of the chairperson, upon ten (10) days written notice, but not less than four (4) times a year.
- (f) Members of the state advisory council are entitled to reasonable amounts for expenses necessarily incurred in the performance of their duties.
- (g) The secretary of education shall do the following:
 - (1) Designate the director to act as executive secretary of the state advisory council.
 - (2) Furnish all professional and clerical assistance necessary for the performance of the state advisory council's powers and duties.
- (h) The affirmative votes of a majority of the members appointed to the state advisory council are required for the state advisory council to take action.

SECTION 196. IC 20-35-6-3, AS ADDED BY P.L.113-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) As used in this section, "eligible individual" means a:

- (1) former student who attended a school and who received a certificate of completion or another nondiploma certificate of recognition after December 31, 2003; or
- (2) former student who:
 - (A) had:
 - (i) an individualized education program;
 - (ii) a service plan developed under 511 IAC 7-34;
 - (iii) a choice scholarship education plan developed under 511 IAC 7-49; or
 - (iv) a plan developed under Section 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. 794; and
 - (B) withdrew from school after December 31, 2003, and who was at least sixteen (16) years of age on the date of withdrawal.
- (b) The Indiana management performance hub established by IC 4-3-26-8 shall use its data resources and technology to cross-reference with data bases maintained by:
 - (1) the department;
 - (2) all divisions, offices, and institutions under the authority of the office of the secretary of family and social services;
 - (3) the department of correction;
 - (4) the department of workforce development;
 - (5) the department of child services;

HEA 1013



(6) the bureau of motor vehicles; and
 (7) the department of natural resources;
 to identify eligible individuals.

(c) The Indiana management performance hub shall:

- (1) establish a list of eligible individuals identified under subsection (b); and
- (2) coordinate with the ~~state~~ **Indiana** department of health to determine whether eligible individuals identified under subsection (b) are deceased.

This subsection expires January 1, 2023.

(d) The ~~state~~ **Indiana** department of health shall, not later than November 1, 2021, coordinate with the Indiana management performance hub to determine whether individuals identified under subsection (b) are deceased. This subsection expires January 1, 2023.

(e) The Indiana management performance hub shall, not later than January 1, 2022, provide the information described in subsections (b) and (c) concerning eligible individuals to the department of workforce development in order for the department of workforce development to provide eligible individuals the communication and resource list as required under subsection (h). This subsection expires January 1, 2023.

(f) Beginning in the 2021 calendar year and each calendar year thereafter, the state advisory council on the education of children with disabilities appointed under IC 20-35-3-1 shall annually update the resource list developed before January 1, 2021, by the state advisory council on the education of children with disabilities in accordance with P.L.128-2020 that includes the following information:

- (1) A description of the opportunities that eligible individuals have to earn a diploma, including an alternative diploma described in IC 20-32-4-14 or an Indiana high school equivalency diploma.
- (2) A list of the following:
 - (A) Resources available to eligible individuals regarding employment services.
 - (B) Vocational training opportunities for eligible individuals.

(g) Not later than December 31, 2021, and not later than December 31 each year thereafter, the state advisory council on the education of children with disabilities established under IC 20-35-3-1 shall submit the most recently updated resource list described in subsection (f) to the:

- (1) department; and
- (2) department of workforce development.

The department and the department of workforce development shall

HEA 1013



post a copy of the most recently updated resource list on the department's and department of workforce development's ~~Internet web sites~~ **websites**.

(h) The department of workforce development shall do the following:

(1) Not later than March 1, 2022, communicate via mail or electronic mail with and provide a copy of the resource list described in subsection (f) to eligible individuals described in subsection (e).

(2) Provide at least four (4) follow-up communications via mail or electronic mail to an eligible individual described in subdivision (1) as follows:

(A) Provide the first follow-up communication not later than thirty (30) days after the date that the department of workforce development initially communicates with the eligible individual under subdivision (1).

(B) Provide the second follow-up communication not earlier than thirty (30) days and not later than sixty (60) days after the date that the department of workforce development initially communicates with the eligible individual under subdivision (1).

(C) Provide the third follow-up communication not earlier than sixty (60) days and not later than ninety (90) days after the date that the department of workforce development initially communicates with the eligible individual under subdivision (1).

(D) Provide the fourth follow-up communication not earlier than ninety (90) days and not later than one hundred twenty (120) days after the date that the department of workforce development initially communicates with the eligible individual under subdivision (1).

(3) Develop, in consultation with the department and The Arc of Indiana, the content and form of the communications described in subdivisions (1) and (2).

(4) Include in the communications described in subdivisions (1) and (2) information regarding how to contact the department of workforce development if an eligible individual is interested in additional information.

However, the department of workforce development is not required to communicate with or provide a resource list to an eligible individual if the eligible individual requests that the department of workforce development not contact the eligible individual. This subsection

HEA 1013



expires January 1, 2023.

- (i) The department, in consultation with the:
 - (1) Indiana management performance hub established by IC 4-3-26-8;
 - (2) office of the secretary of family and social services;
 - (3) department of correction;
 - (4) department of workforce development;
 - (5) department of child services;
 - (6) bureau of motor vehicles;
 - (7) department of natural resources; and
 - (8) ~~state~~ **Indiana** department of health;

shall ensure that the requirements under this section comply with the federal Family Education Rights and Privacy Act (20 U.S.C. 1232g et seq.) and any other federal or state privacy legal requirements. This subsection expires January 1, 2023.

(j) Not later than November 1, 2022, the department of workforce development, in consultation with the department, shall prepare and submit a report to the general assembly, in an electronic format under IC 5-14-6, and the state advisory council on the education of children with disabilities appointed under IC 20-35-3-1, containing the following:

- (1) The number of eligible individuals contacted by the department of workforce development under subsection (h).
- (2) The number of eligible individuals who contacted the department of workforce development under subsection (h).
- (3) The number of individuals unable to be contacted by the department of workforce development under subsection (h).
- (4) The number for each of the following:
 - (A) Eligible individuals identified under subsection (b) who are deceased.
 - (B) Eligible individuals identified under subsection (b) who are incarcerated.
 - (C) Eligible individuals identified under subsection (b) who reside outside of Indiana.
 - (D) Eligible individuals identified under subsection (b) who meet any other relevant criteria, as determined by the department of workforce development.
- (5) The number of eligible individuals that the department of workforce development referred to vocational rehabilitation services.
- (6) Any recommendations for improving the implementation of this section.

HEA 1013



This subsection expires January 1, 2023.

SECTION 197. IC 20-35-8-2, AS AMENDED BY P.L.216-2021, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The state board shall adopt rules under IC 4-22-2 to establish limits on the amount of transportation that may be provided in the student's individualized education program. Unless otherwise specially shown to be essential by the child's individualized education program, in case of residency in a public or private facility, these rules must limit the transportation required by the student's individualized education program to the following:

- (1) The student's first entrance and final departure each school year.
- (2) Round trip transportation each school holiday period.
- (3) Two (2) additional round trips each school year.

(b) If a student is a transfer student receiving special education in a public school, the state or school corporation responsible for the payment of transfer tuition under IC 20-26-11-1 through IC 20-26-11-4 shall pay the cost of transportation required by the student's individualized education program.

(c) If a student receives a special education:

- (1) in a facility operated by:
 - (A) the **state Indiana** department of health;
 - (B) the division of disability and rehabilitative services; or
 - (C) the division of mental health and addiction;
- (2) at the Indiana School for the Blind and Visually Impaired; or
- (3) at the Indiana School for the Deaf;

the school corporation in which the student has legal settlement shall pay the cost of transportation required by the student's individualized education program. However, if the student's legal settlement cannot be ascertained, the state board shall pay the cost of transportation required by the student's individualized education program.

(d) If a student is placed in a private facility under IC 20-35-6-2 in order to receive a special education because the student's school corporation cannot provide an appropriate special education program, the school corporation in which the student has legal settlement shall pay the cost of transportation required by the student's individualized education program. However, if the student's legal settlement cannot be ascertained, the state board shall pay the cost of transportation required by the student's individualized education program.

(e) A student's individualized education program may allow for the student's transportation by appropriate vehicle. The state board shall adopt rules under IC 4-22-2 governing transportation of students by

HEA 1013



appropriate vehicle.

SECTION 198. IC 20-35-11-4, AS ADDED BY P.L.109-2012, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The center shall carry out the following duties in an unbiased manner to ensure that children who are deaf and children who are hard of hearing acquire optimal language skills and academic abilities, regardless of the mode of communication used:

- (1) Monitoring and tracking the identification, early intervention, education, and successful transitions of children who are deaf and hard of hearing from birth through twenty-one (21) years of age and who are enrolled or preparing to enroll in early intervention services, preschool, elementary, or secondary school.
- (2) Developing student learning opportunities.
- (3) Providing family support.
- (4) Developing child assessment service models, consistent with federal and state early childhood intervention and special education law, for the following:
 - (A) Audiological assessments.
 - (B) Social and developmental assessments.
 - (C) Communication (including language) assessments.
 - (D) Academic achievement assessments.
- (5) Providing classroom assessments of instruction, acoustics, and other environmental aspects.
- (6) Assessing professionals who provide students with sign language interpreting, oral interpreting, cued speech transliteration, and captioning services.
- (7) Providing consultation to school corporations in providing services to students who are deaf and students who are hard of hearing.
- (8) Acting as a liaison with all state agencies that provide services to individuals who are deaf and hard of hearing, including the department of education, the ~~state~~ **Indiana** department of health, the family and social services administration, and the Indiana School for the Deaf.

SECTION 199. IC 20-47-2-8, AS ADDED BY P.L.2-2006, SECTION 170, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) A lessor corporation proposing to build a school building or buildings must submit preliminary plans, specifications, and estimates for the building or buildings to the lessee or lessees before the execution of the lease. Final plans and specifications must be submitted to the ~~state~~ **Indiana** department of health, state fire marshal, and other agencies designated

HEA 1013



by law to pass on plans and specifications for school buildings. The final plans and specifications described in this subsection must be approved by the approving agencies in writing and by the lessee or lessees before the construction of the school building or school buildings.

(b) IC 4-21.5 does not apply to the formulation, issuance, or administrative review of an approval by an agency under subsection (a). However, IC 4-21.5 does apply to the judicial review and civil enforcement of an approval by an agency under subsection (a).

SECTION 200. IC 20-47-3-6, AS ADDED BY P.L.2-2006, SECTION 170, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) A lessor corporation proposing to build a school building or buildings must submit preliminary plans, specifications, and estimates for the building or buildings to the lessee or lessees before the execution of the lease. Final plans and specifications must be submitted to the ~~state~~ **Indiana** department of health, state fire marshal, and other agencies designated by law to pass on plans and specifications for school buildings. The final plans and specifications must be approved by those agencies in writing and by the lessee or lessees before the construction of the school building or school buildings.

(b) IC 4-21.5 does not apply to the formulation, issuance, or administrative review of an approval by an agency under subsection (a). However, IC 4-21.5 does apply to the judicial review and civil enforcement of an approval by an agency under subsection (a).

SECTION 201. IC 21-40-1-4, AS ADDED BY P.L.2-2007, SECTION 281, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. "Department" refers to the ~~state~~ **Indiana** department of health.

SECTION 202. IC 21-44-5-2, AS ADDED BY P.L.2-2007, SECTION 285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The board consists of the following members:

- (1) The dean of the Indiana University School of Medicine, who serves as an ex officio member of the board. The dean of the Indiana University School of Medicine shall serve as the chairman of the board.
- (2) The commissioner of the ~~state~~ **Indiana** department of health, who serves as an ex officio member of the board.
- (3) Five (5) members appointed by the governor as follows:
 - (A) One (1) member appointed by the governor who is a director of medical education of an Indiana hospital not owned

HEA 1013



or operated by Indiana University.

(B) One (1) member who:

(i) is a hospital administrator in a hospital not owned or operated by Indiana University; and

(ii) is not the hospital administrator for the hospital that employs the member appointed under clause (A).

(C) One (1) member who:

(i) is a citizen of Indiana; and

(ii) is not a physician and not a hospital administrator.

(D) Two (2) members who are physicians holding unlimited licenses to practice medicine in Indiana. The two (2) physicians appointed under this subdivision may not be directors of medical education. One (1) of the members appointed under this subdivision must practice in the specialty of family practice.

(b) The terms of the five (5) members appointed to the board by the governor are for three (3) years beginning January 1 of the year of appointment and continuing until the member's successor is appointed and qualified. If a membership on the board becomes vacant before the expiration of the term, the governor shall appoint a replacement with the same representative status to fill the unexpired term.

SECTION 203. IC 21-44-6-2, AS AMENDED BY P.L.142-2014, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The board consists of the following ten (10) members:

(1) The dean of the Indiana University School of Medicine or the dean's designee. The dean of the Indiana University School of Medicine or the dean's designee shall serve as the chairperson of the board.

(2) The chairperson of the department of psychiatry of the Indiana University School of Medicine or the chairperson's designee.

(3) The director of the division of mental health and addiction created by IC 12-21-1-1 or the director's designee.

(4) The commissioner of the ~~state~~ **Indiana** department of health or the commissioner's designee.

(5) The dean of the department of family practice of the Marian University College of Osteopathic Medicine or the dean's designee.

(6) The administrator of a graduate program in an institution of higher education in Indiana engaged in training psychologists.

(7) The administrator of a program in an institution of higher education in Indiana engaged in training advanced practice

HEA 1013



psychiatric nurses.

(8) One (1) psychiatrist who practices psychiatry in Indiana.

(9) The administrator of a program in an institution of higher education in Indiana engaged in training addiction counselors.

(10) The director of the Indiana department of veterans' affairs or the director's designee.

The governor shall appoint the members of the board described in subdivisions (6) through (9).

SECTION 204. IC 21-44.5-2-4, AS ADDED BY P.L.45-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The **state Indiana** department of health, in consultation with the commission for higher education, shall establish guidelines for the development of a policy by a postsecondary educational institution for the emergency administration of epinephrine to a member of the campus community for anaphylaxis when a medical professional is unavailable. In the emergency administration of epinephrine, the guidelines must address the responsibilities of the following:

(1) The postsecondary educational institution.

(2) The licensed campus medical professional.

(3) The trained designee.

SECTION 205. IC 21-45-2-3, AS AMENDED BY P.L.234-2007, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The school of public health may charge and collect a tuition fee for courses provided under section 2 of this chapter. The amount of the tuition fee for a course may not exceed the actual cost of providing the course. However, if, in the discretion of the board of trustees acting in conjunction with the **state Indiana** department of health, a tuition fee at cost would discourage attendance in any course provided under section 2 of this chapter, the tuition fee may be decreased or waived entirely for all persons taking the course.

SECTION 206. IC 22-4-2-30 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 30. For all purposes of this article, the term "hospital" means:

(1) an institution defined in IC 16-18-2-179(b) and licensed by the **state Indiana** department of health; or

(2) a state institution (as defined in IC 12-7-2-184).

SECTION 207. IC 22-15-3.2-6, AS AMENDED BY P.L.187-2021, SECTION 104, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) An applicant for a design release shall submit an application meeting the requirements of IC 22-15-3 to the department.

HEA 1013



(b) This subsection applies only to an applicant for a design release for a project listed in 410 IAC 6-12-7 for which the applicant must obtain a construction permit from the **state Indiana** department of health under IC 16-19-3.5. After December 31, 2016, an applicant may submit a combined application to the department that is an application for:

- (1) a construction permit under IC 16-19-3.5; and
- (2) a design release under this chapter.

Not later than the next business day after receiving the combined application, the department shall provide a copy of the application to the **state Indiana** department of health.

SECTION 208. IC 23-14-31-44 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 44. (a) Cremated remains may be retained by the person having legal control over the remains or may be disposed of in any of the following manners:

- (1) Placing the remains in a grave, niche, or crypt.
- (2) Scattering the remains in a scattering area.
- (3) Disposing of the remains in any manner if:
 - (A) the remains are reduced to a particle size of one-eighth (1/8) inch or less; and
 - (B) the disposal is made on the property of a consenting owner, on uninhabited public land, or on a waterway.

(b) The **state Indiana** department of health shall adopt forms for recording the following information concerning the disposal of cremated human remains on the property of a consenting owner:

- (1) The date and manner of the disposal of the remains.
- (2) The legal description of the property where the remains were disposed of.

The owner of the property where the cremated remains were disposed of and the person having legal control over the remains shall attest to the accuracy of the information supplied on the forms. The owner of the property where the cremated remains were disposed of shall record the forms with the county recorder of the county in which the property is located and shall return the form and the burial transit permit described in IC 16-37-3, within ten (10) days after the remains are disposed of.

SECTION 209. IC 23-14-38-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) A crypt placed in a mausoleum, vault, or other structure shall be so constructed that all parts of it may be readily examined by the **state Indiana** department of health or any other health officer.

(b) All ventilation from a crypt constructed after March 15, 1945,

HEA 1013



may be released at a height of the lowest roof level.

SECTION 210. IC 23-14-54-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Subject to the rights of transportation and removal of dead human bodies or other disposition of dead human bodies, as provided by law, the remains of all individuals who die in Indiana or are shipped into Indiana shall be deposited:

- (1) in the earth in an established cemetery;
- (2) in a mausoleum;
- (3) in a garden crypt; or
- (4) in a columbarium;

within a reasonable time after death, except as ordered by the **state Indiana** department of health.

SECTION 211. IC 23-14-57-1, AS AMENDED BY P.L.26-2021, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) As used in this section, "removal" or "removed" refers to the disinterment, disentombment, or disinurnment of the remains of a deceased human.

(b) Except as provided in subsection (e) and sections 4 and 5 of this chapter, the remains, either cremated or uncremated, of a deceased human shall not be removed from a cemetery without:

- (1) a written order:
 - (A) that is issued by the **state Indiana** department of health; and
 - (B) that authorizes the removal of the deceased's remains;
- (2) the written consent of:
 - (A) the owner of the cemetery; or
 - (B) the owner's representative; and
- (3) the written consent of a person or persons referred to in one (1) of the following clauses, which are listed according to priority:
 - (A) The individual who was the spouse of the deceased at the time of the deceased's death.
 - (B) The surviving adult child of the deceased. If there is more than one (1) surviving adult child of the deceased, the requirement for written consent under this subdivision is satisfied if:
 - (i) any one (1) of the surviving adult children provides written consent to the removal of the deceased's remains;
 - (ii) the consent provided under item (i) confirms that all other surviving adult children of the deceased have been notified of the proposed removal of the deceased's remains; and
 - (iii) the **state Indiana** department of health does not receive

HEA 1013



a written objection to the proposed removal from any of the deceased's surviving adult children.

(C) The surviving parent of the deceased. If the deceased is survived by both parents, the requirement for written consent under this subdivision is satisfied if:

(i) either surviving parent provides written consent to the removal of the deceased's remains; and

(ii) the **state Indiana** department of health does not receive a written objection to the proposed removal from the other surviving parent.

(D) A guardian appointed by a court under IC 29-3-5-3.

(E) The individual in the next degree of kinship to the deceased under IC 29-1-2-1. If more than one (1) individual of the same degree of kinship is surviving, the requirement for written consent under this subdivision is satisfied if:

(i) any individual of that degree of kinship provides written consent to the removal of the deceased's remains; and

(ii) the **state Indiana** department of health does not receive a written objection to the proposed removal from any other surviving individual in the same degree of kinship.

(c) Before issuing a written authorization under subsection (b), the **state Indiana** department of health shall do the following:

(1) Obtain written evidence that a licensed funeral director has agreed to:

(A) be present at the removal and at the reinterment, reentombment, or reinurnment of the remains; and

(B) cause the completed order of the **state Indiana** department of health to be recorded in the office of the county recorder of the county where the removal occurs.

(2) Obtain a copy of:

(A) the written consent required under subsection (b)(3); or

(B) a court order obtained by a person under subsection (d).

(d) If the written consent of an individual authorized under subsection (b)(3) to give consent is not available, a person who has made a request under this section to the **state Indiana** department of health may petition a court to determine whether to waive the consent requirement of subsection (b)(3). In determining whether to waive the requirement, the court shall consider the viewpoint of any issue (as defined in IC 29-1-1-3) of the deceased. In a proceeding under this subsection, the court may not order the disinterment, disentombment, or disinurnment of the remains of a deceased human.

(e) This subsection applies only if the human remains are on

HEA 1013



property owned or leased by a coal company. The remains, either cremated or uncremated, of a deceased human may be removed from a cemetery by a coal company if the coal company obtains a court order authorizing the disinterment, disentombment, or disinurnment. Before issuing a court order under this subsection, a court must conduct a hearing and be satisfied as to the following:

- (1) That the property is owned or leased by the coal company.
- (2) That the coal company has obtained the written consent of an individual authorized to give consent under subsection (b)(3). If the consent of an individual authorized to give consent under subsection (b)(3) is not available, the court may waive the requirement after considering the viewpoint of any issue (as defined in IC 29-1-1-3) of the deceased.
- (3) That the department of natural resources, division of historic preservation and archeology, has received at least five (5) days written notice of the time, date, and place of any hearing under this subsection. The notice must describe the proposed place from which the remains will be removed.
- (4) That a licensed funeral director has agreed to:
 - (A) be present at the removal and at the reinterment, reentombment, or reinurnment of the remains; and
 - (B) cause the completed order of the **state Indiana** department of health to be recorded in the office of the county recorder of the county where the removal occurs.
- (5) That the coal company has caused a notice of the proposed removal to be published at least five (5) days before the hearing in a newspaper of general circulation in the county where the removal will occur.
- (6) That the coal company will notify the department of natural resources, division of historic preservation and archeology, after the hearing of the proposed time and date when the remains will be removed.

(f) A:

- (1) licensed funeral director; or
- (2) cemetery owner;

is not liable in an action brought by any person because of the removal of a deceased's remains under a written consent described in subsection (b)(3) or (e)(2) unless the licensed funeral director or the cemetery owner had actual notice before or at the time of the removal that a representation made in the consent described in subsection (b)(3) or (e)(2) was untrue.

(g) The **state Indiana** department of health may adopt rules under

HEA 1013



IC 4-22-2 to implement this section.

SECTION 212. IC 23-14-57-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) When the **state Indiana** department of health issues a written order authorizing the removal of human remains from a cemetery, it shall issue the order in duplicate.

(b) The **state Indiana** department of health shall deliver one (1) copy of the order to the cemetery from which the human remains are removed and the other copy of the order to the cemetery to which the human remains are delivered for reinterment, reentombment, or reinurnment.

(c) Each cemetery to which a copy of an order is delivered under subsection (b) shall retain the copy of the order permanently.

SECTION 213. IC 23-14-72-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This chapter does not apply to a cemetery:

- (1) in which the interment of dead bodies has been forbidden before May 31, 1917, by ordinance passed by a city in Indiana; or
- (2) that has been condemned for use for the interment of dead bodies by the action of:

- (A) the **state Indiana** department of health; or
- (B) a local board of health.

SECTION 214. IC 24-4-15-4, AS ADDED BY P.L.129-2007, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. As used in this chapter, "state department" refers to the **state Indiana** department of health.

SECTION 215. IC 24-6-3-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The board of commissioners of every county of thirty thousand (30,000) population or more shall, and the board of commissioners of any county of less than thirty thousand (30,000) population may appoint a county inspector of weights and measures. No person shall be appointed as a county inspector of weights and measures in any county unless such person shall have been approved by the division of weights and measures of the **state Indiana** department of health, and no county inspector of weights and measures in any county shall be removed by the board of commissioners without the approval and consent of the division of weights and measures. The compensation of a county inspector of weights and measures shall be determined by the board and paid out of the county treasury. It shall not be obligatory upon the board of county commissioners of such counties containing a city or cities which are already provided with an inspector of weights and

HEA 1013



measures or city sealers to make such appointments. The board shall provide the necessary apparatus and supplies for the said inspector of weights and measures and the county councils of such counties shall appropriate such sums of money as are necessary for the salary and maintenance of the office. Two (2) or more adjoining counties, by appropriate action of the boards of commissioners of such counties, may form an inspection district and provide by mutual agreement for the appointment of a district inspector of weights and measures. The compensation of such inspector shall be apportioned among the counties forming the district in proportion to the population thereof.

SECTION 216. IC 24-6-3-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The legislative body of a city having a population of at least twenty thousand (20,000) may provide for the appointment by the board of public safety of an inspector of weights and measures and provide for the inspector's compensation and for the necessary apparatus and expenses to be paid out of the city treasury. The inspector of weights and measures shall serve continuously during good behavior under the provisions of IC 36-8-3-4 governing the fire and police force. The inspector of weights and measures shall not be removed for any political reason and only for good and sufficient cause after an opportunity for hearing is given by the board of public safety. However, this subsection does not affect the power of the division of weights and measures of the **state Indiana** department of health to discharge county or city inspectors of weights and measures under section 6 of this chapter.

(b) A person may not be appointed as a city inspector of weights and measures unless the person is approved by the division of weights and measures. A city inspector of weights and measures may not be removed without the approval and consent of the division of weights and measures.

(c) The same person may be employed as a city and county inspector of weights and measures. If the same person is so employed, the compensation and expenses of the inspector shall be divided between the city and county, as agreed upon under IC 36-1-7.

(d) If a city having a population of at least twenty thousand (20,000) does not provide for the appointment of an inspector of weights and measures, the executive of the county containing the city shall require the county inspector of weights and measures to perform those duties for that city.

SECTION 217. IC 24-6-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. Only those persons shall be eligible to appointment to the position of county or city

HEA 1013



inspectors of weights and measures who on March 9, 1925, are county or city sealers or inspectors of weights and measures or who have passed an examination which shall be given by the division of weights and measures of the **state Indiana** department of health to test the ability of the person so examined to perform satisfactorily the duties of a county or city inspector of weights and measures. If it is evident to the division of weights and measures that any county or city inspector of weights and measures is not properly and faithfully performing the duties of the office, the division of weights and measures shall have power to discharge such county or city inspector of weights and measures. Such removal, however, shall not be made until five (5) days' notice of the charge or charges shall have been mailed to him by the division, naming a time and place for a hearing not less than two (2) weeks later than the time of mailing such notice to the county or city inspector of weights and measures; provided, however, that any county or city inspector of weights and measures so removed by the division of weights and measures shall have the right to appeal from the action of the division to the circuit or superior court of the county in which such county or city inspector of weights and measures resides, and during the pendency of such appeal, such county or city inspector of weights and measures may serve in the inspector's official capacity. Any county or city inspector of weights and measures discharged as provided in this section shall be ineligible to hold the position of county or city inspector of weights and measures for four (4) years, and the vacancy shall be filled by the proper authorities as provided in this chapter.

SECTION 218. IC 24-6-3-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. No person, firm, limited liability company, or corporation shall use or retain in the person's, firm's, company's, or corporation's possession any false scales, weights, or measures or measuring device or any weight or measure or weighing or measuring device in the buying or selling of any commodity or thing or in calculating or measuring service, or dispose of any condemned scales, weights, measures, or weighing or measuring device, except in accordance with such rules, specifications, and tolerances as may be adopted by the division of weights and measures of the **state Indiana** department of health as provided in section 2 of this chapter, or remove any tag, stamp, or mark placed thereon by the inspector; and no person, firm, limited liability company, or corporation shall sell or offer or expose for sale or deliver less than the quantity the person, firm, limited liability company, or corporation represents, or sell, offer for sale, or have in the person's, firm's, limited

HEA 1013



liability company's, or corporation's possession for the purpose of selling any false scales, weight, or measure, or any device or instrument to be used or calculated to falsify any weight or measure.

SECTION 219. IC 24-6-5-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. It shall be the duty of the division of weights and measures of the **state Indiana** department of health to enforce all the provisions of this chapter, and it shall prescribe such rules as it may find necessary for carrying into effect the provisions of this chapter, and shall cause such examinations and tests to be made as may be necessary in order to determine whether hampers, round stave baskets, splint baskets, climax baskets, and baskets or containers for berries or other small fruits and vegetables, or parts thereof, subject to this chapter, meet its requirements. For this purpose, the authorized officers and agents of the division of weights and measures may visit factories, stock rooms, and other places of business where such hampers, baskets, and containers, or parts thereof, are manufactured or held for sale or shipment, or offered for sale, and may enter cars, vessels, other vehicles, and places under the control of carriers engaged in the transportation of such hampers, baskets, and containers, or parts thereof, and may take samples of such hampers, baskets, and boxes, or parts thereof or, upon written request from the division of weights and measures or its authorized agents. Any manufacturers, shippers, carriers, or holders of such hampers, baskets, and containers or parts thereof shall furnish samples of such hampers, baskets, and containers, or parts thereof, as are required for the purpose of inspection as in this chapter provided.

SECTION 220. IC 24-6-5-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. For carrying out the purpose of this chapter, the division of weights and measures of the **state Indiana** department of health is authorized to cooperate with state, county, and municipal authorities, manufacturers, dealers, and shippers.

SECTION 221. IC 24-6-6-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. The **state Indiana** department of health, its division of weights and measures, food inspectors, sealers of weights and measures, and agents are hereby charged with the enforcement of the provisions of this chapter. It shall be the duty of every prosecuting attorney to whom the **state Indiana** department of health or any of its agents shall report any violation of the provisions of this chapter to cause proceedings to be commenced against the person or persons so violating the provisions of this chapter and to prosecute the same to final termination.

HEA 1013



SECTION 222. IC 25-0.5-3-28, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 28. IC 25-1-2-6(b) applies to the **state Indiana** department of health.

SECTION 223. IC 25-0.5-8-34, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 34. Regarding out-of-state mobile health care entities, an occupation for which a person is licensed, certified, or registered by the **state Indiana** department of health is a regulated occupation under IC 25-1-7.

SECTION 224. IC 25-13-1-10, AS AMENDED BY P.L.35-2020, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. (a) A licensed dental hygienist may practice dental hygiene in Indiana in the following:

- (1) A dental office, clinical setting, or health facility where the dental hygienist is practicing under the direct supervision or prescriptive supervision of a licensed dentist.
- (2) A dental school or dental hygiene school to teach and demonstrate the practice of dental hygiene if direct supervision by a licensed dentist is provided for training on providing local anesthetics by injection.
- (3) The dental clinic of any public, parochial, or private school or other institution supported by public or private funds in which the licensee is employed by the **state Indiana** department of health or any county or city board of health or board of education or school trustee or parochial authority or the governing body of any private school where the dental hygienist is practicing under the direct or prescriptive supervision of a licensed dentist.
- (4) The dental clinic of a bona fide hospital, sanitarium, or charitable institution duly established and being operated under the laws of Indiana in which the licensee is employed by the directors or governing board of such hospital, sanitarium, or institution. However, such practice must be under the direct or prescriptive supervision at all times of a licensed dentist who is a staff member of the hospital or sanitarium or a member of the governing board of the institution.
- (5) A:
 - (A) fixed charitable dental care clinic;
 - (B) public health setting;
 - (C) correctional institution; or
 - (D) location other than one described in clauses (A) through (C);



that has been approved by the board and where the dental hygienist is under the direct or prescriptive supervision of a licensed dentist.

(6) Settings, other than a private dental practice, allowed under an access practice agreement that complies with the requirements under IC 25-13-3.

(b) A licensed dental hygienist may provide without supervision the following:

(1) Dental hygiene instruction and in-service training without restriction on location.

(2) Screening and referrals for any person in a public health setting.

(3) Dental hygiene services under an access practice agreement that complies with the requirements under IC 25-13-3.

(c) A dental hygienist may use a laser, except to cut, ablate, or cauterize hard or soft tissue to provide treatment to a patient.

(d) The board may adopt rules under IC 4-22-2 concerning subsection (a)(5)(D).

(e) If a dental hygienist practices under the prescriptive supervision of a licensed dentist, the dentist's written order must be recorded, signed, and dated in the patient's records.

SECTION 225. IC 25-14-5-3, AS ADDED BY P.L.177-2009, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. As used in this chapter, "underserved area" means a county, city, town, census tract, or township designated by the **state Indiana** department of health under IC 16-46-5-7 or by the committee as underserved by general dentists, pediatric dentists, oral surgeons, or dental hygienists.

SECTION 226. IC 25-14-5-4, AS ADDED BY P.L.177-2009, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The dental recruitment committee is established.

(b) The committee consists of four (4) members as follows:

(1) One (1) member of the board, who is selected by the board.

(2) The commissioner of the **state Indiana** department of health, or the commissioner's designee.

(3) The president of the Indiana Dental Association, or the president's designee.

(4) The dean of the Indiana University School of Dentistry, or the dean's designee.

(c) The member selected under subsection (b)(1) shall serve as chairperson of the committee.

HEA 1013



SECTION 227. IC 25-14-6-1, AS ADDED BY P.L.31-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) A dentist may order and administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven (11) years of age, if the dentist complies with the following requirements:

(1) Before administering an immunization to an individual, the dentist receives the consent of one (1) of the following:

(A) If the individual to whom the immunization is to be administered is at least (11) years of age and is less than eighteen (18) years of age, the parent or legal guardian of the individual.

(B) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and has a legal guardian, the legal guardian of the individual.

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and does not have a legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization.

(2) Is certified in cardiopulmonary resuscitation.

(3) Has successfully completed a course of training in immunization that meets the requirements set forth in subsection (b).

(4) Administers the immunization in accordance with a protocol that meets the requirements set forth in section 2 of this chapter.

(b) A course of training under subsection (a)(3) must:

(1) be provided by an accredited provider;

(2) be approved by the board;

(3) meet the standards set forth by:

(A) the Centers for Disease Control and Prevention or a similar health authority; or

(B) a professional body approved by the board; and

(4) comply with guidelines issued by:

(A) the Centers for Disease Control and Prevention; and

(B) the Occupational Safety and Health Administration.

(c) A dentist who administers immunizations under this chapter shall maintain records of the dentist's completion of:

(1) training in cardiopulmonary resuscitation; and

(2) training described in subsection (b).

(d) If the ~~state~~ **Indiana** department of health or the department of



homeland security determines that an emergency exists, subject to IC 16-41-9-1.7(a)(2), a dentist may administer any immunization in accordance with any instructions in the emergency determination.

SECTION 228. IC 25-15-9-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. The **state Indiana** department of health and local health officers shall cooperate with the board to enforce the sanitation standards adopted by the board for funeral homes.

SECTION 229. IC 25-15-9-13, AS AMENDED BY P.L.112-2014, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. (a) The funeral service education fund is established for the following purposes:

- (1) To supplement the funding for a program of inspection administered by the funeral director, consumer, and **state Indiana** department of health members of the board under section 9 of this chapter.
- (2) To fund educational projects of the funeral director, consumer, and **state Indiana** department of health members of the board directed toward funeral directors and embalmers.
- (3) To carry out the duties of the board.

(b) The fund shall be administered by the funeral director, consumer, and **state Indiana** department of health members of the board.

(c) 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 funds may be invested.

(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund. If the amount of money in the fund at the close of a fiscal year exceeds forty thousand dollars (\$40,000), the treasurer of state shall transfer the excess from the fund into the state general fund.

SECTION 230. IC 25-15-9-16 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. All expenses incurred in the administration of this article shall be paid from the state general fund. However, expenses approved by the funeral director, consumer, and **state Indiana** department of health members of the board for payment from the funeral service education fund shall be paid from that fund.

SECTION 231. IC 25-15-9-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. (a) Each cemetery that:

- (1) qualifies for a certificate of authority as a seller under

HEA 1013



IC 30-2-13; or
 (2) is subject to IC 23-14-48;
 must register with the board.

(b) The cemetery, consumer, and **state Indiana** department of health members of the board shall impose a registration fee for each geographic location of a cemetery to which this section applies that is equal to the combined total of fees charged under IC 25-15 for one (1) funeral home license and one (1) individual funeral director's license.

SECTION 232. IC 25-19-1-5, AS AMENDED BY P.L.197-2011, SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The **state Indiana** department of health, pursuant to authority provided by IC 16-28, has, by rule duly promulgated, classified health facilities into comprehensive health facilities and residential health facilities. The fee for a health facility administrator's license in either classification shall be set by the board under section 8 of this chapter.

(b) The fee and application shall be submitted to the board, and the board shall transmit all the funds received to the treasurer of state to be deposited by the treasurer in the general fund of the state. All expenses incurred in the administration of this chapter shall be paid from the general fund upon appropriation being made in the manner provided by law for making appropriations.

(c) The administrator of a comprehensive care facility must have a comprehensive care facility administrator license issued by the board in accordance with rules adopted under section 8 of this chapter.

(d) The administrator of a residential care facility must have one (1) of the following licenses issued by the board under rules adopted under section 8 of this chapter:

- (1) A comprehensive care facility administrator license.
- (2) A residential care facility administrator license.

SECTION 233. IC 25-22.5-2-7, AS AMENDED BY P.L.60-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The board shall do the following:

- (1) Adopt rules and forms necessary to implement this article that concern, but are not limited to, the following areas:
 - (A) Qualification by education, residence, citizenship, training, and character for admission to an examination for licensure or by endorsement for licensure.
 - (B) The examination for licensure.
 - (C) The license or permit.
 - (D) Fees for examination, permit, licensure, and registration.
 - (E) Reinstatement of licenses and permits.

HEA 1013



- (F) Payment of costs in disciplinary proceedings conducted by the board.
 - (2) Administer oaths in matters relating to the discharge of the board's official duties.
 - (3) Enforce this article and assign to the personnel of the agency duties as may be necessary in the discharge of the board's duty.
 - (4) Maintain, through the agency, full and complete records of all applicants for licensure or permit and of all licenses and permits issued.
 - (5) Make available, upon request, the complete schedule of minimum requirements for licensure or permit.
 - (6) Issue, at the board's discretion, a temporary permit to an applicant for the interim from the date of application until the next regular meeting of the board.
 - (7) Issue an unlimited license, a limited license, or a temporary medical permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.
 - (8) Adopt rules establishing standards for the competent practice of medicine, osteopathic medicine, or any other form of practice regulated by a limited license or permit issued under this article.
 - (9) Adopt rules regarding the appropriate prescribing of Schedule III or Schedule IV controlled substances for the purpose of weight reduction or to control obesity.
 - (10) Adopt rules establishing standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia.
 - (11) Adopt rules or protocol establishing the following:
 - (A) An education program to be used to educate women with high breast density.
 - (B) Standards for providing an annual screening or diagnostic test for a woman who is at least forty (40) years of age and who has been determined to have high breast density.
- As used in this subdivision, "high breast density" means a condition in which there is a greater amount of breast and connective tissue in comparison to fat in the breast.
- (12) Adopt rules establishing standards and protocols for the prescribing of controlled substances.
 - (13) Adopt rules as set forth in IC 25-23.4 concerning the certification of certified direct entry midwives.
 - (14) In consultation with the ~~state~~ **Indiana** department of health and the office of the secretary of family and social services, adopt



rules under IC 4-22-2 or protocols concerning the following for providers that are providing office based opioid treatment:

- (A) Requirements of a treatment agreement (as described in IC 12-23-20-2) concerning the proper referral and treatment of mental health and substance use.
- (B) Parameters around the frequency and types of visits required for the periodic scheduled visits required by IC 12-23-20-2.
- (C) Conditions on when the following should be ordered or performed:
 - (i) A urine toxicology screening.
 - (ii) HIV, hepatitis B, and hepatitis C testing.
- (D) Required documentation in a patient's medical record when buprenorphine is prescribed over a specified dosage.
- (15) Adopt rules as set forth in IC 25-14.5 concerning the certification of certified dietitians.
- (16) Adopt rules and establish fees as set forth in IC 25-8.5-2-6 concerning the licensure of behavior analysts.
- (17) Administer the interstate medical licensure compact under IC 25-22.5-16, including appointing members to the interstate medical licensure compact commission and adopting any rules necessary to administer the compact.
- (b) The board may adopt rules that establish:
 - (1) certification requirements for child death pathologists;
 - (2) an annual training program for child death pathologists under IC 16-35-7-3(b)(2); and
 - (3) a process to certify a qualified child death pathologist.
- (c) The board may adopt rules under IC 4-22-2 establishing guidelines for the practice of telehealth in Indiana. Adoption of rules under this subsection may not delay the implementation and provision of telehealth services by a provider under IC 25-1-9.5.

SECTION 234. IC 25-22.5-8-6, AS AMENDED BY P.L.179-2022(ss), SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) As used in this section, "abortion" has the meaning set forth in IC 16-18-2-1.

- (b) Notwithstanding IC 25-1-9, the board:
 - (1) may revoke the license of a physician if, after appropriate notice and an opportunity for a hearing, the attorney general proves by a preponderance of the evidence that the physician failed to transmit the form to the **state Indiana** department of health as described in IC 16-34-2-5(b); and
 - (2) shall revoke the license of a physician if, after appropriate

HEA 1013



notice and an opportunity for a hearing, the attorney general proves by a preponderance of the evidence that the physician performed an abortion in violation of IC 16-34-2-7(a) through IC 16-34-2-7(c) with the intent to avoid the requirements of IC 16-34-2-1.

SECTION 235. IC 25-22.5-13-8, AS ADDED BY P.L.182-2017, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. The medical licensing board of Indiana shall, in consultation with the **state Indiana** department of health, the office of the secretary of family and social services, and representatives of prescriber stakeholders, adopt:

- (1) emergency rules under IC 4-22-2-37.1 before December 1, 2017; and
- (2) rules under IC 4-22-2;

setting forth the conditions the board considers necessary under IC 25-1-9.7-2(b)(1)(D) to be exempted from the prescribing limitations set forth in IC 25-1-9.7-2(a).

SECTION 236. IC 25-23.4-4-4, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) Before March 31 every year, a certified direct entry midwife shall provide an annual report to the board regarding each birth the previous year that the certified direct entry midwife assisted. A report must summarize the following on a form prescribed by the board:

- (1) Vital statistics.
- (2) Scope of care.
- (3) Transport information.
- (4) Physician referral.

(b) A certified direct entry midwife may not reveal the identity of the clients referred to in a report under subsection (a).

(c) The board shall compile the data from the reports collected under subsection (a) and submit the data to the **state Indiana** department of health.

SECTION 237. IC 25-23.6-1-3.9, AS AMENDED BY P.L.104-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.9. (a) "Governmental employee" means an individual employed by the office of the secretary of family and social services, the division of family resources, the division of mental health and addiction, the division of disability and rehabilitative services, the division of aging, the department of correction, the department of child services, or the **state Indiana** department of health in one (1) of the following classifications:

HEA 1013



- (1) 2AA3 Behavioral clinician 3.
- (2) 2AA4 Behavioral clinician 4.
- (3) 2AA5 Clinical associate 5.
- (4) 2FL1 Mental health administrator 1.
- (5) 2FL2 Mental health administrator 2.
- (6) 2FL3 Mental health administrator 3.
- (7) 2AN3 Substance abuse counselor 3.
- (8) 2AN4 Substance abuse counselor 4.
- (9) 2AN5 Substance abuse counselor 5.
- (10) 2AH2 Social services specialist 2.
- (11) 2AH3 Social services specialist 3.
- (12) 2AH4 Social services specialist 4.
- (13) 2AI1 Psychiatric services director 1.
- (14) 2AE2 Psychiatric social services specialist 2.
- (15) 2AE3 Psychiatric social services specialist 3.
- (16) 2AP2 Family case manager 2.
- (17) 2AP3 Family case manager trainee 3.
- (18) 7AP3 Family case manager supervisor 3.
- (19) 7AP4 Family case manager supervisor 4.

(b) The term includes any employee of the department of child services, regardless of the employee's job title or classification, who, as part of the employee's assigned job, is carrying out the duties of the department of child services, as set forth in IC 31-25-2-7 and IC 31-25-2-8.

SECTION 238. IC 25-23.7-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. An individual who applies for a license as an installer of a manufactured home must do the following:

- (1) Furnish evidence satisfactory to the board showing that the individual:
 - (A) is at least eighteen (18) years of age;
 - (B) has successfully completed the board approved installation training course;
 - (C) has successfully completed a board approved course concerning Indiana law regarding:
 - (i) the installation requirements for manufactured homes; and
 - (ii) the **state Indiana** department of health requirements that apply to manufactured homes;
 - (D) has:
 - (i) at least one (1) year of experience installing manufactured homes under the direction and supervision of a licensed installer; or

HEA 1013



(ii) three (3) references, two (2) of whom are licensed installers familiar with the individual's work experience and competency; and

(E) has not been:

(i) convicted of an act that would constitute a ground for disciplinary action under this article; or

(ii) the subject of a disciplinary action by the licensing or certification agency of another state or jurisdiction in connection with the installation of manufactured homes.

(2) Verify the information submitted on the application form.

(3) Submit proof of insurance or a surety bond:

(A) issued by an insurance or a surety company authorized to transact business in Indiana;

(B) in an amount determined by the board; and

(C) with the terms and conditions established by the board.

(4) Pay the fee established by the board.

SECTION 239. IC 25-26-13-31.2, AS AMENDED BY P.L.207-2021, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 31.2. (a) A pharmacist may administer an immunization to an individual under a drug order or prescription.

(b) Subject to subsection (c), a pharmacist may administer immunizations for the following to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician:

(1) Influenza.

(2) Shingles (herpes zoster).

(3) Pneumonia.

(4) Tetanus, diphtheria, and acellular pertussis (whooping cough).

(5) Human papillomavirus (HPV) infection.

(6) Meningitis.

(7) Measles, mumps, and rubella.

(8) Varicella.

(9) Hepatitis A.

(10) Hepatitis B.

(11) Haemophilus influenzae type b (Hib).

(12) Coronavirus disease.

(c) A pharmacist may administer an immunization under subsection (b) if the following requirements are met:

(1) The physician specifies in the drug order, prescription, or protocol the group of individuals to whom the immunization may be administered.

HEA 1013



(2) The physician who writes the drug order, prescription, or protocol is licensed and actively practicing with a medical office in Indiana and not employed by a pharmacy.

(3) The pharmacist who administers the immunization is responsible for notifying, not later than fourteen (14) days after the pharmacist administers the immunization, the physician who authorized the immunization and the individual's primary care physician that the individual received the immunization.

(4) If the physician uses a protocol, the protocol may apply only to an individual or group of individuals who:

(A) except as provided in clause (B), are at least eleven (11) years of age; or

(B) for the pneumonia immunization under subsection (b)(3), are at least fifty (50) years of age.

(5) Before administering an immunization to an individual according to a protocol approved by a physician, the pharmacist must receive the consent of one (1) of the following:

(A) If the individual to whom the immunization is to be administered is at least eleven (11) years of age but less than eighteen (18) years of age, the parent or legal guardian of the individual.

(B) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has a legal guardian, the legal guardian of the individual.

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has no legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization.

(d) If the **state Indiana** department of health or the department of homeland security determines that an emergency exists, subject to IC 16-41-9-1.7(a)(2), a pharmacist may administer any immunization in accordance with:

(1) the requirements of subsection (c)(1) through (c)(3); and

(2) any instructions in the emergency determination.

(e) A pharmacist or pharmacist's designee shall provide immunization data to the immunization data registry (IC 16-38-5) in a manner prescribed by the **state Indiana** department of health unless:

(1) the individual receiving the immunization;

(2) the parent of the individual receiving the immunization, if the individual receiving the immunization is less than eighteen (18) years of age; or

HEA 1013



(3) the legal guardian of the individual receiving the immunization, if a legal guardian has been appointed; has completed and filed with the pharmacist or pharmacist's designee a written immunization data exemption form, as provided in IC 16-38-5-2.

(f) If an immunization is administered under a protocol, then the name, license number, and contact information of the physician who wrote the protocol must be posted in the location where the immunization is administered. A copy of the protocol must be available for inspection by the individual receiving the immunization.

(g) A pharmacist may administer an immunization that is provided according to a standing order, prescription, or protocol issued under this section or IC 16-19-4-11 by the state health commissioner or the commissioner's designated public health authority who is a licensed prescriber. If a pharmacist has received a protocol to administer an immunization from a physician and that specific immunization is covered by a standing order, prescription, or protocol issued by the state health commissioner or the commissioner's designated public health authority, the pharmacist must administer the immunization according to the standing order, prescription, or protocol issued by the state health commissioner or the commissioner's designated public health authority.

SECTION 240. IC 25-26-23-6, AS ADDED BY P.L.119-2011, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. The board shall consult with the following agencies and task force in promulgating rules under this chapter:

- (1) The department of environmental management.
- (2) The **state Indiana** department of health.
- (3) The state police department.
- (4) The Indiana hazardous waste task force.

SECTION 241. IC 25-26-24-19, AS ADDED BY P.L.51-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 19. (a) Information received by the INSPECT program under section 17 of this chapter is confidential.

(b) The board shall carry out a program to protect the confidentiality of the information described in subsection (a). The board may disclose the information to another person only under subsection (c), (d), or (g).

(c) The board may disclose confidential information described in subsection (a) to any person who is authorized to engage in receiving, processing, or storing the information.

(d) Except as provided in subsections (e) and (f), the board may release confidential information described in subsection (a) to the

HEA 1013



following persons:

- (1) A member of the board or another governing body that licenses practitioners and is engaged in an investigation, an adjudication, or a prosecution of a violation under any state or federal law that involves ephedrine, pseudoephedrine, or a controlled substance.
- (2) An investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general, who is engaged in:
 - (A) an investigation;
 - (B) an adjudication; or
 - (C) a prosecution;
 of a violation under any state or federal law that involves ephedrine, pseudoephedrine, or a controlled substance.
- (3) A law enforcement officer who is an employee of:
 - (A) a local, state, or federal law enforcement agency; or
 - (B) an entity that regulates ephedrine, pseudoephedrine, or controlled substances or enforces ephedrine, pseudoephedrine, or controlled substances rules or laws in another state;
 that is certified to receive ephedrine, pseudoephedrine, or controlled substance prescription drug information from the INSPECT program.
- (4) A practitioner or practitioner's agent certified to receive information from the INSPECT program.
- (5) An ephedrine, pseudoephedrine, or controlled substance monitoring program in another state with which Indiana has established an interoperability agreement.
- (6) The state toxicologist.
- (7) A certified representative of the Medicaid retrospective and prospective drug utilization review program.
- (8) A substance abuse assistance program for a licensed health care provider who:
 - (A) has prescriptive authority under this title; and
 - (B) is participating in the assistance program.
- (9) An individual who holds a valid temporary medical permit issued under IC 25-22.5-5-4 or a noneducational commission for foreign medical graduates certified graduate permit issued under IC 25-22.5-5-4.6.
- (10) A county coroner conducting a medical investigation of the cause of death.
- (11) The management performance hub established by

HEA 1013



IC 4-3-26-8.

(12) The state epidemiologist under the ~~state~~ **Indiana** department of health.

(e) Information provided to a person under:

(1) subsection (d)(3) is limited to information:

(A) concerning an individual or proceeding involving the unlawful diversion or misuse of a schedule II, III, IV, or V controlled substance; and

(B) that will assist in an investigation or proceeding;

(2) subsection (d)(4) may be released only for the purpose of:

(A) providing medical or pharmaceutical treatment; or

(B) evaluating the need for providing medical or pharmaceutical treatment to a patient; and

(3) subsection (d)(11) must be released to the extent disclosure of the information is not prohibited by applicable federal law.

(f) Before the board releases confidential information under subsection (d), the applicant must be approved by the INSPECT program in a manner prescribed by the board.

(g) The board may release to:

(1) a member of the board or another governing body that licenses practitioners;

(2) an investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general; or

(3) a law enforcement officer who is:

(A) authorized by the state police department to receive ephedrine, pseudoephedrine, or controlled substance prescription drug information; and

(B) approved by the board to receive the type of information released;

confidential information generated from computer records that identifies practitioners who are prescribing or dispensing large quantities of a controlled substance.

(h) The information described in subsection (g) may not be released until it has been reviewed by:

(1) a member of the board who is licensed in the same profession as the prescribing or dispensing practitioner identified by the data;

or

(2) the board's designee;

and until that member or the designee has certified that further investigation is warranted. However, failure to comply with this

HEA 1013



subsection does not invalidate the use of any evidence that is otherwise admissible in a proceeding described in subsection (i).

(i) An investigator or a law enforcement officer receiving confidential information under subsection (c), (d), or (g) may disclose the information to a law enforcement officer or an attorney for the office of the attorney general for use as evidence in the following:

- (1) A proceeding under IC 16-42-20.
- (2) A proceeding under any state or federal law.
- (3) A criminal proceeding or a proceeding in juvenile court.

(j) The board may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies any practitioner, ultimate user, or other person administering ephedrine, pseudoephedrine, or a controlled substance. Statistical reports compiled under this subsection are public records.

(k) Except as provided in subsection (q), and in addition to any requirements provided in IC 25-22.5-13, the following practitioners shall obtain information about a patient from the data base either directly or through the patient's integrated health record before prescribing an opioid or benzodiazepine to the patient:

- (1) A practitioner who has had the information from the data base integrated into the patient's electronic health records.
- (2) A practitioner who provides services to the patient in:
 - (A) the emergency department of a hospital licensed under IC 16-21; or
 - (B) a pain management clinic.
- (3) Beginning January 1, 2020, a practitioner who provides services to the patient in a hospital licensed under IC 16-21.
- (4) Beginning January 1, 2021, all practitioners.

However, a practitioner is not required to obtain information about a patient who is subject to a pain management contract from the data base more than once every ninety (90) days.

(l) A practitioner who checks the INSPECT program either directly through the data base or through the patient's integrated health record for the available data on a patient is immune from civil liability for an injury, death, or loss to a person solely due to a practitioner:

- (1) seeking information from the INSPECT program; and
- (2) in good faith using the information for the treatment of the patient.

The civil immunity described in this subsection does not extend to a practitioner if the practitioner receives information directly from the INSPECT program or through the patient's integrated health record and then negligently misuses this information. This subsection does not

HEA 1013



apply to an act or omission that is a result of gross negligence or intentional misconduct.

(m) The board may review the records of the INSPECT program. If the board determines that a violation of the law may have occurred, the board shall notify the appropriate law enforcement agency or the relevant government body responsible for the licensure, regulation, or discipline of practitioners authorized by law to prescribe controlled substances.

(n) A practitioner who in good faith discloses information based on a report from the INSPECT program either directly through the data base or through the patient's integrated health record to a law enforcement agency is immune from criminal or civil liability. A practitioner that discloses information to a law enforcement agency under this subsection is presumed to have acted in good faith.

(o) A practitioner's agent may act as a delegate and check INSPECT program reports on behalf of the practitioner.

(p) A patient may access a report from the INSPECT program that has been included in the patient's medical file by a practitioner.

(q) A practitioner is not required under subsection (k) to obtain information about a patient from the data base or through the patient's integrated health record before prescribing an opioid or benzodiazepine if any of the following apply:

(1) The practitioner has obtained a waiver from the board because the practitioner does not have access to the Internet at the practitioner's place of business.

(2) The patient is:

(A) recovering; or

(B) in the process of completing a prescription that was prescribed by another practitioner;

while still being treated as an inpatient or in observation status.

(3) The data base described in section 18 of this chapter is suspended or is not operational if the practitioner documents in writing or electronically the date and time in the patient's medical record that the practitioner, dispenser, or delegate attempted to use the data base.

SECTION 242. IC 25-26-24-24, AS ADDED BY P.L.51-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 24. (a) The INSPECT oversight committee is established.

(b) The committee consists of the following members:

(1) The president of the board or the president's designee, who shall serve as the chairperson of the committee.

HEA 1013



(2) The commissioner of the ~~state~~ **Indiana** department of health or the commissioner's designee.

(3) The superintendent of the state police department or the superintendent's designee.

(4) The attorney general or the attorney general's designee.

(5) Two (2) lay members who are authorized users of the INSPECT program appointed by the president pro tempore of the senate, not more than one (1) of whom may be affiliated with the same political party.

(6) Two (2) lay members who are authorized users of the INSPECT program appointed by the speaker of the house of representatives, not more than one (1) of whom may be affiliated with the same political party.

(c) The committee shall provide recommendations to the board concerning the implementation of policies, standards, and rules that promote the effective operation of the program.

(d) The committee shall meet:

(1) at least once each calendar year; and

(2) at the call of the chairperson.

(e) The term of a member of the committee appointed under this section is four (4) years. The term of a member of the committee expires July 1, but a member may continue to serve on the committee until a successor is appointed.

SECTION 243. IC 27-1-44.6-6, AS ADDED BY P.L.195-2021, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) The advisory board consists of the following members, appointed by the governor:

(1) One (1) individual representing the Indiana Hospital Association.

(2) One (1) individual who is a physician or surgeon and is not employed by or contracted to predominantly provide health care services at a hospital licensed under IC 16-21-2 or a hospital system.

(3) One (1) individual representing a small employer that purchases a group health plan for its employees.

(4) One (1) individual representing a large employer that purchases a group health plan for its employees.

(5) One (1) individual representing a self-insured employer.

(6) One (1) individual from a firm that processes claims for health plans.

(7) One (1) individual representing a domestic insurance company that issues policies of accident and sickness insurance



(as defined in IC 27-8-5-1).

(8) One (1) individual representing pharmacists or an affiliate society.

(9) The executive director.

Individuals appointed to represent an employer under subdivisions (3), (4), and (5) may not represent an employer who is a health care facility or provider or a supplier or broker of health plans.

(b) The advisory board consists of the following nonvoting advisory members:

(1) The commissioner of the department or a designee of the commissioner.

(2) The secretary of family and social services or a designee of the secretary.

(3) The commissioner of the **state Indiana** department of health or a designee of the commissioner.

(4) Two (2) members of the senate, who may not be members of the same political party, appointed by the president pro tempore of the senate with the advice of the minority leader of the senate.

(5) Two (2) members of the house of representatives, who may not be members of the same political party, appointed by the speaker of the house of representatives with the advice of the minority leader of the house of representatives.

SECTION 244. IC 27-4-1-4, AS AMENDED BY P.L.19-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The following are hereby defined as unfair methods of competition and unfair and deceptive acts and practices in the business of insurance:

(1) Making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, or statement:

(A) misrepresenting the terms of any policy issued or to be issued or the benefits or advantages promised thereby or the dividends or share of the surplus to be received thereon;

(B) making any false or misleading statement as to the dividends or share of surplus previously paid on similar policies;

(C) making any misleading representation or any misrepresentation as to the financial condition of any insurer, or as to the legal reserve system upon which any life insurer operates;

(D) using any name or title of any policy or class of policies misrepresenting the true nature thereof; or

(E) making any misrepresentation to any policyholder insured

HEA 1013



in any company for the purpose of inducing or tending to induce such policyholder to lapse, forfeit, or surrender the policyholder's insurance.

(2) Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.

(3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.

(4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.

(5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.

(6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board

HEA 1013



contracts or other contracts of any kind promising returns and profits as an inducement to insurance.

(7) Making or permitting any of the following:

(A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract. However, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever. However, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(C) Excessive or inadequate charges for premiums, policy fees, assessments, or rates, or making or permitting any unfair discrimination between persons of the same class involving essentially the same hazards, in the amount of premiums, policy fees, assessments, or rates charged or made for:

- (i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
- (ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or
- (iii) policies or contracts of any other kind or kinds of insurance whatsoever.

However, nothing contained in clause (C) shall be construed to apply to any of the kinds of insurance referred to in clauses (A) and (B) nor to reinsurance in relation to such kinds of insurance. Nothing in clause (A), (B), or (C) shall be construed as making or permitting any excessive, inadequate, or unfairly discriminatory charge or rate or any charge or rate determined by the department or commissioner to meet the requirements of any other insurance



rate regulatory law of this state.

(8) Except as otherwise expressly provided by IC 27-1-47 or another law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation, association, limited liability company, or partnership, or any dividends, savings, or profits accrued thereon, or anything of value whatsoever not specified in the contract. Nothing in this subdivision and subdivision (7) shall be construed as including within the definition of discrimination or rebates any of the following practices:

(A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, so long as any such bonuses or abatement of premiums are fair and equitable to policyholders and for the best interests of the company and its policyholders.

(B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense.

(C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance thereunder, which may be made retroactive only for such policy year.

(D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or

HEA 1013



other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.

(9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.

(10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.

(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

(12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.

(13) Issuing, offering, or participating in a plan to issue or offer,

HEA 1013



any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:

- (A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.
 - (B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers or users of such goods.
 - (C) Title insurance.
 - (D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the event of the death or disability of the insured.
 - (E) Insurance provided by or through motorists service clubs or associations.
 - (F) Insurance that is provided to the purchaser or holder of an air transportation ticket and that:
 - (i) insures against death or nonfatal injury that occurs during the flight to which the ticket relates;
 - (ii) insures against personal injury or property damage that occurs during travel to or from the airport in a common carrier immediately before or after the flight;
 - (iii) insures against baggage loss during the flight to which the ticket relates; or
 - (iv) insures against a flight cancellation to which the ticket relates.
- (14) Refusing, because of the for-profit status of a hospital or medical facility, to make payments otherwise required to be made under a contract or policy of insurance for charges incurred by an insured in such a for-profit hospital or other for-profit medical facility licensed by the ~~state~~ **Indiana** department of health.
- (15) Refusing to insure an individual, refusing to continue to issue insurance to an individual, limiting the amount, extent, or kind of coverage available to an individual, or charging an individual a different rate for the same coverage, solely because of that individual's blindness or partial blindness, except where the refusal, limitation, or rate differential is based on sound actuarial principles or is related to actual or reasonably anticipated experience.



- (16) Committing or performing, with such frequency as to indicate a general practice, unfair claim settlement practices (as defined in section 4.5 of this chapter).
- (17) Between policy renewal dates, unilaterally canceling an individual's coverage under an individual or group health insurance policy solely because of the individual's medical or physical condition.
- (18) Using a policy form or rider that would permit a cancellation of coverage as described in subdivision (17).
- (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1 concerning motor vehicle insurance rates.
- (20) Violating IC 27-8-21-2 concerning advertisements referring to interest rate guarantees.
- (21) Violating IC 27-8-24.3 concerning insurance and health plan coverage for victims of abuse.
- (22) Violating IC 27-8-26 concerning genetic screening or testing.
- (23) Violating IC 27-1-15.6-3(b) concerning licensure of insurance producers.
- (24) Violating IC 27-1-38 concerning depository institutions.
- (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning the resolution of an appealed grievance decision.
- (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1, 2007, and repealed).
- (27) Violating IC 27-2-21 concerning use of credit information.
- (28) Violating IC 27-4-9-3 concerning recommendations to consumers.
- (29) Engaging in dishonest or predatory insurance practices in marketing or sales of insurance to members of the United States Armed Forces as:
- (A) described in the federal Military Personnel Financial Services Protection Act, P.L.109-290; or
 - (B) defined in rules adopted under subsection (b).
- (30) Violating IC 27-8-19.8-20.1 concerning stranger originated life insurance.
- (31) Violating IC 27-2-22 concerning retained asset accounts.
- (32) Violating IC 27-8-5-29 concerning health plans offered through a health benefit exchange (as defined in IC 27-19-2-8).
- (33) Violating a requirement of the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), that is enforceable by the state.



(34) After June 30, 2015, violating IC 27-2-23 concerning unclaimed life insurance, annuity, or retained asset account benefits.

(35) Willfully violating IC 27-1-12-46 concerning a life insurance policy or certificate described in IC 27-1-12-46(a).

(36) Violating IC 27-1-37-7 concerning prohibiting the disclosure of health care service claims data.

(37) Violating IC 27-4-10-10 concerning virtual claims payments.

(38) Violating IC 27-1-24.5 concerning pharmacy benefit managers.

(39) Violating IC 27-7-17-16 or IC 27-7-17-17 concerning the marketing of travel insurance policies.

(b) Except with respect to federal insurance programs under Subchapter III of Chapter 19 of Title 38 of the United States Code, the commissioner may, consistent with the federal Military Personnel Financial Services Protection Act (10 U.S.C. 992 note), adopt rules under IC 4-22-2 to:

(1) define; and

(2) while the members are on a United States military installation or elsewhere in Indiana, protect members of the United States Armed Forces from;

dishonest or predatory insurance practices.

SECTION 245. IC 27-8-5-15.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15.5. (a) As used in this section:

"Alcohol abuse" has the meaning set forth in IC 12-7-2-10.

"Community mental health center" has the meaning set forth in IC 12-7-2-38 and IC 12-7-2-39.

"Division of mental health and addiction" refers to the division created under IC 12-21-1-1.

"Drug abuse" has the meaning set forth in IC 12-7-2-72.

"Indiana department of health" refers to the department established by IC 16-19-1-1.

"Inpatient services" means services that require the beneficiary of the services to remain overnight in the facility in which the services are offered.

"Mental illness" has the meaning set forth in IC 12-7-2-130(1).

"Psychiatric hospital" has the meaning set forth in IC 12-7-2-151.

"State department of health" refers to the department established under IC 16-19-1-1.

"Substance abuse" means drug abuse or alcohol abuse.

(b) An insurance policy that provides coverage for inpatient services

HEA 1013



for the treatment of:

- (1) mental illness;
- (2) substance abuse; or
- (3) both mental illness and substance abuse;

may not exclude coverage for inpatient services for the treatment of mental illness or substance abuse that are provided by a community mental health center or by any psychiatric hospital licensed by the **state Indiana** department of health or the division of mental health and addiction to offer those services.

SECTION 246. IC 27-8-10-3.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.5. (a) The association shall:

- (1) approve and implement chronic disease management and pharmaceutical management programs based on:
 - (A) an analysis of the highest cost health care services covered under association policies;
 - (B) a review of chronic disease management and pharmaceutical management programs used in populations similar to insureds; and
 - (C) a determination of the chronic disease management and pharmaceutical management programs expected to best improve health outcomes in a cost effective manner;
- (2) consider recommendations of the drug utilization review board established by IC 12-15-35-19 concerning chronic disease management and pharmaceutical management programs;
- (3) when practicable, coordinate programs adopted under this section with comparable programs implemented by the state; and
- (4) implement a copayment structure for prescription drugs covered under an association policy.

(b) A program approved and implemented under this section may not require prior authorization for a prescription drug that is prescribed for the treatment of:

- (1) human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) and is included on the AIDS drug assistance program formulary adopted by the **state Indiana** department of health under the federal Ryan White CARE Act (42 U.S.C. 300ff et seq.); or
- (2) hemophilia according to recommendations of the:
 - (A) Advisory Committee on Blood Safety and Availability of the United States Department of Health and Human Services;
 - or
 - (B) Medical and Scientific Advisory Council of the National

HEA 1013



Hemophilia Foundation.

(c) The copayment structure implemented under subsection (a) must be based on an annual actuarial analysis.

(d) A disease management program for which federal funding is available is considered to be approved by the association under this section.

(e) An insured who has a chronic disease for which at least one (1) chronic disease management program is approved under this section shall participate in an approved chronic disease management program for the chronic disease as a condition of coverage of treatment for the chronic disease under an association policy.

SECTION 247. IC 27-8-14-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. As used in this chapter, "mammography services provider" means a person or facility that:

- (1) has been accredited by the American College of Radiology;
- (2) meets equivalent guidelines established by the **state Indiana** department of health; or
- (3) certified by the Federal Department of Health and Human Services for participation in the Medicare program (42 U.S.C. 1395 et seq.).

SECTION 248. IC 31-9-2-54, AS AMENDED BY P.L.191-2011, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 54. "Identifying information", for purposes of IC 31-19-9-6 and IC 31-19-17 through IC 31-19-25.5, means:

- (1) any name that a party to an adoption has used or is using;
- (2) any address that a party to an adoption has used or is using;
- (3) the original certificates of birth stored with the **state Indiana** department of health with evidence of adoption under IC 31-19-13-2; and
- (4) any other information, except the medical history, that may identify a person as a party to an adoption or as a birth parent, an adoptee, or an adoptive parent.

SECTION 249. IC 31-9-2-120 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 120. "State department", for purposes of IC 31-19-5, refers to the **state Indiana** department of health.

SECTION 250. IC 31-9-2-121, AS AMENDED BY P.L.191-2011, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 121. "State registrar", for purposes of IC 31-19-18 through IC 31-19-25.5, means the person who:

- (1) is in charge of the division of the **state Indiana** department of

HEA 1013



health that administers the system of vital records; and

(2) has charge of the files and records pertaining to vital records.

SECTION 251. IC 31-11-4-0.3, AS ADDED BY P.L.220-2011, SECTION 490, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.3. (a) If before March 8, 1994:

(1) an individual who solemnized a marriage failed to appropriately complete the marriage certificate or timely file the duplicate marriage certificate and marriage license with the clerk as required by IC 31-7-3-15 (before its repeal, now codified at section 16 of this chapter);

(2) a party to the marriage petitioned a circuit court with jurisdiction in the county in which the marriage occurred to affirm the marriage as of the date the marriage occurred; and

(3) the court issued an order affirming the marriage as of the date the marriage occurred;

the court order is legalized and has the same legal effect as a properly attested and filed marriage certificate.

(b) If the clerk of the court receives a court order affirming the marriage described in subsection (a), the clerk of the court shall issue a duplicate license with the date the marriage occurred to the party who sought declaratory relief.

(c) The **state Indiana** department of health shall accept the order described in subsection (a) as it accepts other marriage records received from county clerks.

SECTION 252. IC 31-11-4-4, AS AMENDED BY P.L.112-2020, SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) An application for a marriage license must be written and verified. The application must contain the following information concerning each of the applicants:

(1) Full name.

(2) Birthplace.

(3) Residence.

(4) Age.

(5) Names of dependent children.

(6) Full name, including the maiden name of a mother, last known residence, and, if known, the place of birth of:

(A) the birth parents of the applicant if the applicant is not adopted; or

(B) the adoptive parents of the applicant if the applicant is adopted.

(7) Whether either of the applicants is a lifetime sex or violent offender, and, if an applicant is a lifetime sex or violent offender,

HEA 1013



application is true.

(f) If a person objects on religious grounds to:

(1) verifying the application under subsection (a) by oath or affirmation; or

(2) signing the acknowledgment described in subsection (a)(9); the clerk of the circuit court shall indicate that fact on the application for a marriage license.

SECTION 253. IC 31-11-4-5, AS AMENDED BY P.L.112-2020, SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The clerk of the circuit court shall distribute to marriage license applicants written information or videotaped information approved by the HIV advisory council of the ~~state~~ **Indiana** department of health concerning serious communicable diseases that are sexually transmitted.

(b) Written information and videotaped information distributed by each clerk of the circuit court under subsection (a) must provide current information on human immunodeficiency virus (HIV) infection and other serious communicable diseases that are sexually transmitted. The information must include an explanation of the following:

(1) The etiology of serious communicable diseases that are sexually transmitted.

(2) The behaviors that create a high risk of transmission of such diseases.

(3) Precautionary measures that reduce the risk of contracting such diseases.

(4) The necessity for consulting medical specialists if infection is suspected.

(c) At the time of application for a marriage license, each clerk of the circuit court shall:

(1) provide the marriage license applicants with written information furnished under subsection (a) concerning dangerous communicable diseases that are sexually transmitted; or

(2) show the marriage license applicants videotaped information furnished under subsection (a) concerning dangerous communicable diseases that are sexually transmitted.

(d) In addition to the information provided to marriage license applicants under subsection (c), each clerk of the circuit court shall inform each marriage license applicant that the applicant may be tested on a voluntary basis for human immunodeficiency virus (HIV) infection by the applicant's private physician or at another testing site. The clerk shall provide the marriage applicants with a list of testing sites in the community.

HEA 1013



(e) An applicant who objects to the written information or videotaped information on religious grounds is not required to receive the information.

(f) If materials required by this section are not prepared by other sources, the **state Indiana** department of health shall prepare the materials.

(g) The provider of the materials is responsible for all costs involved in the development, preparation, and distribution of the information required by this section. Except for the materials developed by the state, the state and county are not liable for the costs of materials used to implement this section and section 4 of this chapter.

SECTION 254. IC 31-11-4-6, AS AMENDED BY P.L.111-2021, SECTION 97, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. Each individual who applies for a marriage license must submit to the clerk of the circuit court documentary proof of the individual's age, in the form of:

(1) a:

(A) certified copy of the individual's birth certificate;

(B) copy of a birth record; or

(C) certification of birth issued by the **state Indiana** department of health, a local registrar of vital statistics, or another public office charged with similar duties under the law of another state, territory, or country;

(2) a certified copy of a judicial decree issued under IC 34-28-1 (or IC 34-4-3 before its repeal) that establishes the date of the individual's birth;

(3) a passport;

(4) a valid driver's license or other identification that is issued by a state or another governmental entity and that contains the individual's date of birth and current address;

(5) an immigration or naturalization record showing the individual's date of birth;

(6) a United States selective service card or armed forces record showing the individual's date of birth; or

(7) a:

(A) court record; or

(B) document or record issued by a governmental entity; showing the individual's date of birth.

SECTION 255. IC 31-11-4-15 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. Each marriage license must have two (2) certificates attached to the license. The **state Indiana** department of health shall prescribe a uniform form for these

HEA 1013



certificates. One (1) certificate must be marked "Original" and one (1) certificate must be marked "Duplicate". Each certificate must contain the following:

MARRIAGE CERTIFICATE

I _____ (name) certify that on _____ (date) at _____ in _____ County, Indiana, _____ of _____ County, _____ (state) and _____ of _____ County, _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _____ County, Indiana, dated _____.

Signed

(OFFICIAL DESIGNATION)

SECTION 256. IC 31-11-4-16 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. (a) The individual who solemnizes a marriage shall do the following:

- (1) Complete the original and duplicate certificates described in section 15 of this chapter.
- (2) Give the original certificate to the individuals who married each other.
- (3) Not later than thirty (30) days after the date of the marriage, file the duplicate certificate and the license to marry with the clerk of the circuit court who issued the marriage license.

(b) The clerk of the circuit court shall record the duplicate certificate and license to marry as prescribed by the **state Indiana** department of health under section 15 of this chapter.

(c) If a duplicate certificate and marriage license are filed with a clerk of the circuit court who did not issue the marriage license, the clerk shall return the certificate and license to the clerk of the circuit court who issued the license.

SECTION 257. IC 31-11-4-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. (a) If the individual who solemnizes a marriage fails to:

- (1) appropriately complete the certificate of marriage; or
- (2) timely file the duplicate marriage certificate and marriage license with the clerk of the circuit court;

as required by section 16 of this chapter, either party to the marriage may file for a declaratory judgment in the circuit court with jurisdiction in the county in which the marriage occurred.

(b) Upon proof by oral testimony or affidavits, the court may issue a declaratory order that:

- (1) the marriage of the individuals listed was solemnized before the date the original marriage license expired;

HEA 1013



(2) any error by the party who solemnized the marriage does not affect the validity of the marriage; and

(3) the clerk of the circuit court shall:

(A) accept the order for filing; and

(B) issue a duplicate marriage license with the date the marriage occurred to the party who sought declaratory relief.

(c) A court order issued under this section has the same legal effect as a properly attested and filed marriage certificate.

(d) The clerk of the circuit court shall record the duplicate license and court order and forward a copy of the marriage records to the **state Indiana** department of health on at least a monthly basis.

SECTION 258. IC 31-11-4-18, AS AMENDED BY P.L.161-2018, SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18. (a) The clerk of the circuit court shall forward records of marriage to the **state Indiana** department of health on at least a monthly basis. A clerk:

(1) may forward a record of marriage to the **state Indiana** department of health in:

(A) a paper form; or

(B) an electronic form by using:

(i) an automated system developed by the office of judicial administration; or

(ii) another automated system approved by the **state Indiana** department of health; and

(2) who forwards a record of marriage to the **state Indiana** department of health in an electronic form is not required to forward the record of marriage to the **state Indiana** department of health in a paper form.

(b) The **state Indiana** department of health shall:

(1) prescribe a form for recording marriages;

(2) accept a court order under section 17 of this chapter (or IC 31-7-3-15.5 before its repeal) in place of a marriage certificate;

(3) prepare an annual index of all marriages solemnized in Indiana and furnish at least one (1) index to the Indiana state library; and

(4) furnish reports on records of marriage published by the **state Indiana** department of health to the Indiana state library.

SECTION 259. IC 31-14-9-0.5, AS ADDED BY P.L.58-2009, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.5. Upon the filing of a petition to establish paternity, the clerk of the court shall prepare a notice of the filing on a form prescribed and furnished by the **state Indiana** department of

HEA 1013



health. The notice must include the following:

- (1) The name of the child.
- (2) The name of the mother of the child.
- (3) The name and address of the man alleged or alleging to be the father of the child.
- (4) The name of the petitioner.
- (5) The date the petition was filed.
- (6) The name of the court and cause number.

SECTION 260. IC 31-14-9-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Upon a finding that a man is a child's biological father, the clerk of the court shall prepare a record of the paternity determination on a form prescribed and furnished by the **state Indiana** department of health. The record must include the following:

- (1) Facts necessary to locate and identify the birth certificate of the child whose paternity has been established.
- (2) A notice from the court indicating that the child's paternity has been established in a court proceeding under this article (or IC 31-6-6.1 before its repeal), including identification of the court action and proceedings.
- (3) The name and address of the child's father.

SECTION 261. IC 31-14-9-2, AS AMENDED BY P.L.58-2009, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) Not later than the tenth day of each month, the clerk of the court shall forward to the **state Indiana** department of health the following:

- (1) Each record of a paternity determination entered during the preceding month.
- (2) Each order entered during the preceding month indicating that a court has set aside a paternity determination.
- (3) Any other related reports that the **state Indiana** department of health requires.

(b) Not later than five (5) days after a petition to establish paternity has been filed, the clerk of the court shall forward to the **state Indiana** department of health a notice required by section 0.5 of this chapter related to the petition to establish paternity.

SECTION 262. IC 31-14-21-9.1, AS AMENDED BY P.L.58-2009, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9.1. (a) Except as provided under section 13 of this chapter and subject to IC 31-19-2-14, at the initial hearing held under section 9 of this chapter, the court shall order all the parties to the paternity action to undergo blood or genetic testing.

HEA 1013



(b) If the alleged father is unable to pay for the initial costs of the testing, the court shall order that the tests be paid by the ~~state~~ **Indiana** department of health from putative father registry fees collected under IC 31-19-2-8(2). The ~~state~~ **Indiana** department of health may recover costs from an individual found to be the biological father of the child in the action.

SECTION 263. IC 31-18.5-2-1, AS ADDED BY P.L.206-2015, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) In a proceeding to establish or enforce a support order or to determine parentage of a child, an Indiana tribunal may exercise personal jurisdiction over a nonresident individual or the individual's guardian or custodian if:

- (1) the individual is personally served with a summons, notice, or subpoena within this state;
- (2) the individual submits to the jurisdiction of Indiana by consent in a record, by entering a general appearance, or by filing a responsive document having the effect of waiving any contest to personal jurisdiction;
- (3) the individual resided with the child in Indiana;
- (4) the individual resided in Indiana and provided prenatal expenses or support for the child;
- (5) the child resides in Indiana as a result of the acts or directives of the individual;
- (6) the individual engaged in sexual intercourse in Indiana and the child may have been conceived by that act of intercourse;
- (7) the individual asserted parentage of a child in the putative father registry administered in Indiana by the ~~state~~ **Indiana** department of health; or
- (8) there is any other basis consistent with the constitutions of Indiana and the United States for the exercise of personal jurisdiction.

(b) The bases of personal jurisdiction set forth in subsection (a) or in any other Indiana law may not be used to acquire personal jurisdiction for an Indiana tribunal to modify a child support order of another state unless the requirements of IC 31-18.5-6-11 are met, or, in the case of a foreign support order, unless the requirements of IC 31-18.5-6-15 are met.

SECTION 264. IC 31-19-2-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. Unless the petitioner for adoption seeks under section 1 of this chapter to adopt a person who is at least eighteen (18) years of age, the petitioner for adoption must attach to the petition for adoption:

HEA 1013



- (1) an adoption history fee of twenty dollars (\$20) payable to the ~~state~~ **Indiana** department of health; and
- (2) a putative father registry fee of fifty dollars (\$50) payable to the ~~state~~ **Indiana** department of health for:
 - (A) administering the putative father registry established by IC 31-19-5; and
 - (B) paying for blood or genetic testing in a paternity action in which an adoption is pending in accordance with IC 31-14-21-9.1.

SECTION 265. IC 31-19-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The putative father registry is established within the ~~state~~ **Indiana** department of health. The state department shall adopt rules under IC 4-22-2 to administer the registry.

SECTION 266. IC 31-19-5-7, AS AMENDED BY P.L.203-2021, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The state department ~~of health~~ shall maintain the following information in the registry:

- (1) The putative father's:
 - (A) name;
 - (B) address at which the putative father may be served with notice of an adoption under IC 31-19-2.5-6;
 - (C) Social Security number; and
 - (D) date of birth.
- (2) The mother's:
 - (A) name, including all other names known to the putative father that the mother uses, if known;
 - (B) address, if known;
 - (C) Social Security number, if known; and
 - (D) date of birth, if known.
- (3) The child's:
 - (A) name, if known; and
 - (B) place of birth, if known.
- (4) The date that the state department ~~of health~~ receives a putative father's registration.
- (5) The:
 - (A) name of an attorney or agency that requests the state department to search the registry under section 15 of this chapter to determine whether a putative father is registered in relation to a mother whose child is or may be the subject of an adoption; and
 - (B) date that the attorney or agency submits a request as

HEA 1013



provided under this subdivision.

(6) Any notice of a filing of a petition to establish paternity as described in IC 31-14-9-0.5.

(7) Any other information that the state department determines is necessary to access the information in the registry.

(b) If a putative father does not have an address where the putative father is able to be served with notice of an adoption, the putative father may designate another person as an agent for the purpose of being served with notice of adoption. The putative father must provide the **state** department with the agent's name and the address at which the agent may be served. Service of notice upon the agent under IC 31-19-2.5-6 constitutes service of notice upon the putative father. If notice of an adoption may not be served on the agent under IC 31-19-2.5-6 as provided by this subsection, further notice of the adoption to the agent or to the putative father is not necessary.

SECTION 267. IC 31-19-5-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. The state department of ~~health~~ shall store the registry's data to make the data accessible under the following:

- (1) The putative father's name.
- (2) The mother's name.
- (3) The child's name, if known.

SECTION 268. IC 31-19-5-9, AS AMENDED BY P.L.58-2009, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) A putative father who registers under this chapter shall provide to the state department of ~~health~~ the following:

- (1) The putative father's:
 - (A) name;
 - (B) address at which the putative father may be served with notice of an adoption under Rule 4.1 of the Indiana Rules of Trial Procedure;
 - (C) Social Security number; and
 - (D) date of birth.
- (2) The mother's name, including all other names known to the putative father that the mother uses.
- (3) Any other information described under section 7 of this chapter that is known to the putative father.

(b) A clerk of the court shall provide to the state department of ~~health~~ the notice required to be prepared under IC 31-14-9-0.5.

SECTION 269. IC 31-19-5-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. A putative father shall register under this chapter on a registration form prescribed by the



state department. ~~of health~~. The registration form must be signed by the putative father and notarized.

SECTION 270. IC 31-19-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. A putative father who registers under this chapter is responsible for:

- (1) verifying with the state department ~~of health~~ the accuracy of the registration; and
- (2) submitting to the state department ~~of health~~ an amended registration each time the information supplied by the putative father changes;

during the period specified by section 12 of this chapter.

SECTION 271. IC 31-19-5-12, AS AMENDED BY P.L.146-2007, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) To be entitled to notice of an adoption under IC 31-19-3 or IC 31-19-4, a putative father must register with the state department ~~of health~~ under section 5 of this chapter not later than:

- (1) thirty (30) days after the child's birth; or
- (2) the earlier of the date of the filing of a petition for the:
 - (A) child's adoption; or
 - (B) termination of the parent-child relationship between the child and the child's mother;

whichever occurs later.

(b) A putative father may register under subsection (a) before the child's birth.

SECTION 272. IC 31-19-5-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. The state department ~~of health~~ shall:

- (1) prescribe a registration form for the information that a putative father submits under section 9 of this chapter; and
- (2) make the registration forms available through:
 - (A) the state department;
 - (B) each clerk of a circuit court; and
 - (C) each local health department.

SECTION 273. IC 31-19-5-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. (a) Each:

- (1) clerk of a circuit court;
- (2) branch office of the bureau of motor vehicles;
- (3) hospital; and
- (4) local health department;

shall post in a conspicuous place a notice that informs the public about the purpose and operation of the registry.

(b) The notice under subsection (a) must include information

HEA 1013



regarding the following:

- (1) Where to obtain a registration form.
- (2) Where to register.
- (3) The circumstances under which a putative father is required to register.
- (4) When under section 12 of this chapter a putative father is required to register to entitle the putative father to notice of an adoption.
- (5) The consequences of not submitting a timely registration.

(c) Failure to post a proper notice under this section does not relieve a putative father of the obligation to register with the state department of health in accordance with this chapter to entitle the putative father to notice of the adoption of a child who may have been conceived by the putative father.

SECTION 274. IC 31-19-5-15, AS AMENDED BY P.L.1-2010, SECTION 122, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) An attorney or agency that arranges an adoption or may arrange an adoption may at any time request that the state department of health search the registry to determine whether a putative father:

- (1) is registered in relation to a mother whose child is or may be the subject of an adoption; or
- (2) has filed a petition to establish paternity.

(b) Whenever a petition for adoption is filed, the attorney or agency that arranges the adoption shall:

- (1) request that the state department of health search the registry under this section at least one (1) day after the expiration of the period specified by section 12 of this chapter; and
- (2) file an affidavit prepared by the state department of health under section 16 of this chapter in response to a request under subdivision (1) with the court presiding over the adoption under this article.

SECTION 275. IC 31-19-5-16, AS AMENDED BY P.L.1-2010, SECTION 123, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. (a) Not later than five (5) days after receiving a request under section 15 of this chapter, the state department of health shall submit an affidavit to the attorney or agency verifying whether a putative father:

- (1) is registered within the period specified by section 12 of this chapter in relation to a mother whose child is the subject of the adoption that the attorney or agency is arranging; or
- (2) has filed a petition to establish paternity.

HEA 1013



(b) Whenever the state department of health finds that one (1) or more putative fathers are registered, the state department shall:

- (1) submit a copy of each registration form with the state department's affidavit; and
- (2) include in the affidavit the date that the attorney or agency submits the request for a search that relates to the affidavit.

(c) Whenever the state department of health finds that one (1) or more putative fathers have filed a petition to establish paternity, the state department of health shall:

- (1) submit a copy of each notice prepared by the clerk of the court under IC 31-14-9-0.5 with the state department of health's department's affidavit; and
- (2) include in the affidavit the date the attorney or agency submitted the request for the search that relates to the affidavit.

(d) A court may not grant an adoption unless the state department's affidavit under this section is filed with the court as provided under IC 31-19-11-1(a)(4).

SECTION 276. IC 31-19-5-17, AS AMENDED BY P.L.58-2009, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. Whenever the state department of health receives a request under section 15 of this chapter, the state department shall:

- (1) search the state department's records of paternity determinations and notices of filings of petitions to establish paternity filed under IC 31-14-9-2; and
- (2) notify the attorney or agency, in compliance with IC 31-19-6, as to whether a record of a paternity determination or a notice of a filing of a petition to establish paternity has been filed concerning a child who is or may be the subject of an adoption that the attorney or agency is arranging.

SECTION 277. IC 31-19-5-21, AS AMENDED BY P.L.58-2009, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 21. (a) Subject to subsection (b), upon written request by:

- (1) a putative father;
- (2) a mother;
- (3) a child;
- (4) any party or attorney of record in a pending adoption;
- (5) an attorney who represents:
 - (A) prospective adoptive parents;
 - (B) petitioners in an adoption;
 - (C) a mother;

HEA 1013



- (D) a putative father; or
- (E) a licensed child placing agency;
- (6) a licensed child placing agency that represents:
 - (A) prospective adoptive parents;
 - (B) petitioners in an adoption;
 - (C) a mother; or
 - (D) a putative father; or
- (7) a court that presides over a pending adoption;

the state department of ~~health~~ shall furnish a certified copy of a putative father's registration form and a copy of any notice of a filing of a petition to establish paternity prepared under IC 31-14-9-0.5.

(b) The state department may release the certified copy of the registration form to a person under subsection (a)(1) through (a)(3) only if the information contained in the registration form names the requesting person.

(c) A person listed under subsection (a), who requests information about a registration from the state department, must do the following:

- (1) Submit the request in writing.
- (2) Under the penalties of perjury, state that the requesting person is entitled to receive the information under this chapter.
- (3) Submit the request in a manner described by section 20(1) or 20(2) of this chapter.

SECTION 278. IC 31-19-5-22 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 22. (a) Except as provided in section 16 of this chapter, the state department of ~~health~~ shall immediately respond to requests regarding registrations under this chapter:

- (1) in writing; and
- (2) in a manner described by section 20 of this chapter.

(b) The state department may charge a fee for responding to a request under this section, unless the state department mails the **state** department's response.

SECTION 279. IC 31-19-6-1, AS AMENDED BY P.L.58-2009, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. An attorney or agency that arranges an adoption or may arrange an adoption may at any time request that the **state Indiana** department of health search the **state department's Indiana department of health's** records of:

- (1) paternity determinations to determine whether a man's paternity of a child has been established in relation to a child who is or may be the subject of an adoption; and
- (2) notices of filings of petitions to establish paternity.

HEA 1013



SECTION 280. IC 31-19-6-2, AS AMENDED BY P.L.58-2009, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. Not later than five (5) days after receiving a request under section 1 of this chapter, the **state Indiana** department of health shall:

- (1) submit an affidavit to the attorney or agency verifying whether a record of a paternity determination has been filed under IC 31-14-9-2 concerning the child; and
- (2) search the putative father registry established by IC 31-19-5 and notify the attorney or agency, in compliance with IC 31-19-5-16 as to whether a putative father has:
 - (A) registered concerning the child; or
 - (B) filed a petition to establish paternity in relation to the child.

SECTION 281. IC 31-19-6-3, AS AMENDED BY P.L.58-2009, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) If a record of a paternity determination has been filed concerning a child who is the subject of a request under section 1 of this chapter, the **state Indiana** department of health shall release a copy of the record of the paternity determination to the requesting attorney or agency.

(b) If a notice of a filing of a petition to establish paternity has been filed concerning a child who is the subject of a request under section 1 of this chapter, the **state Indiana** department of health shall release a copy of the notice of the filing of the petition to the requesting attorney or agency.

SECTION 282. IC 31-19-11-1, AS AMENDED BY P.L.146-2021, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) Whenever the court has heard the evidence and finds that:

- (1) the adoption requested is in the best interest of the child;
- (2) the petitioner or petitioners for adoption are of sufficient ability to rear the child and furnish suitable support and education;
- (3) the report of the investigation and recommendation under IC 31-19-8-5 has been filed;
- (4) the attorney or agency arranging an adoption has filed with the court an affidavit prepared by the **state Indiana** department of health under IC 31-19-5-16 indicating whether a man is entitled to notice of the adoption because the man has registered with the putative father registry in accordance with IC 31-19-5;
- (5) proper notice arising under subdivision (4), if notice is

HEA 1013



necessary, of the adoption has been given;

(6) the attorney or agency has filed with the court an affidavit prepared by the **state Indiana** department of health under:

(A) IC 31-19-6 indicating whether a record of a paternity determination; or

(B) IC 16-37-2-2(g) indicating whether a paternity affidavit executed under IC 16-37-2-2.1;

has been filed in relation to the child;

(7) proper consent, if consent is necessary, to the adoption has been given;

(8) the petitioner for adoption is not prohibited from adopting the child as the result of an inappropriate criminal history described in subsection (c) or (d); and

(9) the person, licensed child placing agency, or local office that has placed the child for adoption has provided the documents and other information required under IC 31-19-17 to the prospective adoptive parents;

the court shall grant the petition for adoption and enter an adoption decree.

(b) A court may not grant an adoption unless the **state Indiana** department of health's affidavit under IC 31-19-5-16 is filed with the court as provided under subsection (a)(4).

(c) A juvenile adjudication for an act listed in IC 31-9-2-84.8 that would be a felony if committed by an adult, a conviction of a misdemeanor related to the health and safety of a child, or a conviction of a felony not listed in IC 31-9-2-84.8 by a petitioner for adoption or household member is a permissible basis for the court to deny the petition for adoption. In addition, the court may not grant an adoption if a petitioner for adoption has been convicted of a nonwaivable offense under IC 31-9-2-84.8. However, the court is not prohibited from granting an adoption based upon a felony conviction for:

(1) a felony under IC 9-30-5;

(2) battery (IC 35-42-2-1);

(3) criminal recklessness (IC 35-42-2-2) as a felony;

(4) criminal confinement (IC 35-42-3-3);

(5) arson (IC 35-43-1-1);

(6) nonsupport of a dependent child (IC 35-46-1-5);

(7) operating a motorboat while intoxicated (IC 35-46-9-6) as a felony;

(8) a felony involving a weapon under IC 35-47; or

(9) a felony relating to controlled substances under IC 35-48-4;

if the date of the conviction did not occur within the immediately

HEA 1013



preceding five (5) year period.

(d) A court may not grant an adoption if the petitioner is a sex or violent offender (as defined in IC 11-8-8-5) or a sexually violent predator (as defined in IC 35-38-1-7.5).

(e) In addition to this section, section 1.1 of this chapter applies when one (1) or more petitioners is a person with a disability.

SECTION 283. IC 31-19-12-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. For each adoption and for each annulment or revocation of adoption decreed by an Indiana court, the clerk of the court shall prepare a record on a form prescribed and furnished by the **state Indiana** department of health. The record must include the following:

- (1) All facts necessary to:
 - (A) locate and identify the certificate of birth of the individual adopted; and
 - (B) establish a new certificate of birth for the individual adopted.
- (2) Official notice from the court of the fact of adoption, including identification of the court action and proceedings.

SECTION 284. IC 31-19-12-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. Not later than the tenth day of each calendar month, the clerk of the court shall forward to the **state Indiana** department of health records of decrees of:

- (1) adoption; or
 - (2) annulment, revocation, or amendment of adoption;
- entered in the preceding month, together with related reports required by the **state Indiana** department of health.

SECTION 285. IC 31-19-12-3.5, AS ADDED BY P.L.113-2017, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3.5. The **state Indiana** department of health may not process a birth certificate with respect to a record for adoption that the **state Indiana** department of health receives under this chapter unless the following has occurred regarding the adoption:

- (1) The adoption history fee and the putative father registry fee have been paid to the **state Indiana** department of health as required under IC 31-19-2-8.
- (2) The report required to be prepared under IC 31-19-17-2 has been submitted to the **state Indiana** department of health.

SECTION 286. IC 31-19-12-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) When the **state Indiana** department of health receives from a court a record of:

- (1) adoption; or

HEA 1013



(2) annulment, revocation, or amendment of adoption; for an individual born outside of Indiana, the ~~state~~ **Indiana** department of health shall forward the record to the appropriate registration authority.

(b) If the registration authority fails to supply a certificate of birth in the adoptive status after the expiration of ninety (90) days after the receipt of the record of adoption, the ~~state~~ **Indiana** department of health shall create a delayed registration record of birth in the adoptive status when requested.

SECTION 287. IC 31-19-13-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) Except as provided in subsection (b), the ~~state~~ **Indiana** department of health shall establish a new certificate of birth for an individual born in Indiana upon a receipt of an official report that the individual has been adopted.

(b) The ~~state~~ **Indiana** department of health shall not establish a new certificate of birth following an adoption if:

- (1) the court decreeing the adoption;
- (2) the adoptive parents; or
- (3) the adopted individual;

so requests.

(c) A new certificate of birth established under this section must show the actual place and date of birth.

SECTION 288. IC 31-19-13-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. When the ~~state~~ **Indiana** department of health establishes a new certificate of birth following an adoption, each local health department in Indiana having custody of the replaced certificate of birth shall:

- (1) seal the replaced certificate from inspection; or
- (2) surrender the replaced certificate to the ~~state~~ **Indiana** department of health;

as the ~~state~~ **Indiana** department of health directs.

SECTION 289. IC 31-19-20-3, AS AMENDED BY P.L.190-2017, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The ~~state~~ **Indiana** department of health may charge a reasonable fee for the state registrar's search for:

- (1) further medical history information under section 2(a) of this chapter; or
- (2) death certificates in the Indiana death registration system, including files sent through the STEVE system.

(b) Fees collected under this section shall be deposited in the adoption history fund established by IC 31-19-18-6 and must be used for the automation of adoption history information and death

HEA 1013



certificates and for improved service delivery.

SECTION 290. IC 31-19-25-2.5, AS AMENDED BY P.L.128-2012, SECTION 76, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) Except as provided in subsection (b), if an individual requests the release of identifying information under section 2 of this chapter regarding an adoptee who is less than twenty-one (21) years of age, the state registrar, the department, a local office, a licensed child placing agency, a professional health care provider, an attorney, and a court may not release identifying information under this chapter unless the adoptee's adoptive parent has submitted a written consent for the release of identifying information.

(b) The state registrar, the department, a local office, a licensed child placing agency, a professional health care provider, an attorney, and a court may not release identifying information under this chapter if the request for the release of identifying information involves an adoptee to whom both of the following apply:

- (1) The adoptee is less than twenty-one (21) years of age.
- (2) The adoptee's name is on the list provided to the **state Indiana** department of health under IC 31-25-2-22.

(c) A licensed child placing agency, a professional health care provider, an attorney, and a court:

- (1) may request that the **state Indiana** department of health search the list provided under IC 31-25-2-22 to determine whether an adoptee's name is on the list; and
- (2) shall, at the time of the request, provide:
 - (A) the name of the adoptee at the time parental rights were terminated; and
 - (B) an affidavit under penalty of perjury affirming that the licensed child placing agency, professional health care provider, attorney, or court is seeking information regarding the adoptee for the purpose of providing identifying information under this chapter.

(d) Not later than five (5) days after the **state Indiana** department of health receives a request and affidavit under subsection (c), the **state Indiana** department of health shall submit an affidavit to the child placing agency, professional health care provider, attorney, or court verifying whether the adoptee's name is on the list provided under IC 31-25-2-22.

SECTION 291. IC 31-19-25-13, AS AMENDED BY P.L.3-2016, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. (a) The following persons may charge a reasonable fee for actual expenses incurred in complying with this

HEA 1013



chapter:

- (1) A licensed child placing agency.
- (2) The court.
- (3) The department.
- (4) A local office.
- (5) A professional health care provider.
- (6) The ~~state~~ **Indiana** department of health, except as provided in subsection (b).

(b) The ~~state~~ **Indiana** department of health may not charge a fee for filing a contact preference form under this chapter.

SECTION 292. IC 31-19-25-15, AS AMENDED BY P.L.190-2017, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. Except as provided in section 21 of this chapter, the consent of an adoptee is not required for the release of identifying information under this chapter if the individual requesting the release of identifying information under section 2 of this chapter submits:

- (1) a death certificate;
- (2) an obituary;
- (3) records from the STEVE system; or
- (4) any other form of evidence approved by the ~~state~~ **Indiana** department of health;

indicating that the adoptee is deceased, to the person releasing the identifying information.

SECTION 293. IC 31-19-25-18.5, AS AMENDED BY P.L.128-2012, SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 18.5. An attorney, a licensed child placing agency, and a local office may not contact an adoptee, a birth parent, or an adoptive parent or disclose identifying information upon a request under section 18 of this chapter if the request involves an adoptee to whom both of the following apply:

- (1) The adoptee is less than twenty-one (21) years of age.
- (2) The adoptee's name is on the list provided to the ~~state~~ **Indiana** department of health under IC 31-25-2-22.

SECTION 294. IC 31-19-25-20, AS AMENDED BY P.L.128-2012, SECTION 83, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 20. (a) A local office, a licensed child placing agency, or an attorney may charge a reasonable fee for services performed or actual expenses incurred under section 19 of this chapter.

(b) The following persons may charge a reasonable fee for actual expenses incurred in complying with this chapter:

- (1) A licensed child placing agency.

HEA 1013



- (2) The court.
- (3) The department.
- (4) A local office.
- (5) A professional health care provider.
- (6) An attorney.
- (7) The ~~state~~ **Indiana** department of health.

SECTION 295. IC 31-19-25.5-5, AS AMENDED BY P.L.190-2017, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) Except as provided under subsections (c) and (e), the state registrar shall release the name and address of a pre-adoptive sibling to an adoptee who submits a written request under section 2 of this chapter if:

- (1) the pre-adoptive sibling of the adoptee has submitted a written request under section 2 of this chapter; and
- (2) a birth parent has not filed a:
 - (A) written nonrelease form (before July 1, 2018); or
 - (B) contact preference form (after June 30, 2018) with the state registrar under IC 31-19-25 that evidences the birth parent's lack of consent to the release of identifying information.

(b) Except as provided under subsections (c) and (e), the state registrar shall release the name and address of an adoptee to a pre-adoptive sibling of the adoptee who submits a written request under section 2 of this chapter if:

- (1) the adoptee has submitted a written request under section 2 of this chapter; and
- (2) a birth parent has not filed a:
 - (A) written nonrelease form (before July 1, 2018); or
 - (B) contact preference form (after June 30, 2018) with the state registrar under IC 31-19-25 that evidences the birth parent's lack of consent to the release of identifying information.

(c) Except as provided under subsection (f), the state registrar shall release information under this section if:

- (1) both the adoptee and pre-adoptive sibling of the adoptee have submitted requests under section 2 of this chapter; and
- (2) the adoptee or pre-adoptive sibling who requested information under section 2 of this chapter submits:
 - (A) a death certificate;
 - (B) an obituary; or
 - (C) any other form of evidence approved by the ~~state~~ **Indiana** department of health;

HEA 1013



indicating that a birth parent is deceased to the state registrar for each birth parent who is named on the adoptee's original birth certificate.

(d) The state registrar shall search the death certificates and the STEVE system in the state registrar's possession regarding a birth parent if:

- (1) an adoptee and a pre-adoptive sibling of the adoptee have submitted written requests to be in contact; and
- (2) a birth parent has filed a contact preference form under IC 31-19-25 that evidences the birth parent's lack of consent to the release of identifying information.

(e) Except as provided under subsection (f), if, upon searching the death certificates and the STEVE system under subsection (d), the state registrar finds that a birth parent is deceased, the state registrar shall:

- (1) inform the adoptee and pre-adoptive sibling of the death; and
- (2) release the information if additional consent is not required by this chapter.

(f) The state registrar may not release information under this section to an adoptee or pre-adoptive sibling if:

- (1) additional consent is required under this chapter; or
- (2) a:
 - (A) nonrelease form (before July 1, 2018); or
 - (B) contact preference form (after June 30, 2018) that evidences the birth parent's lack of consent to the release of identifying information;

submitted by a birth parent specifically states that the nonrelease form or contact preference form shall remain in effect after the birth parent's death.

(g) If the state registrar is prohibited from releasing the name and address of the pre-adoptive sibling under this section, the state registrar shall provide information on requesting the release of adoption information under IC 31-19-24 to the adoptee or pre-adoptive sibling.

SECTION 296. IC 31-19-25.5-11, AS ADDED BY P.L.191-2011, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. The **state Indiana** department of health may charge a reasonable fee for actual expenses incurred in complying with this chapter.

SECTION 297. IC 31-25-2-22, AS ADDED BY P.L.191-2011, SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 22. (a) The department shall, at least one (1) time each month, provide to the **state Indiana** department of health a list containing the names and dates of birth of children identified in the

HEA 1013



records of the department to whom all of the following apply:

- (1) The parent-child relationship between the child and a birth parent was terminated under IC 31-35 or IC 31-6-5-1 (before its repeal).
- (2) The child is less than twenty-one (21) years of age.
- (3) The name of the child has not been included previously in a list provided to the **Indiana** department of health under this section.

(b) The department shall provide the list described under subsection (a) through electronic means agreed to by the department and the **state Indiana** department of health.

SECTION 298. IC 31-26-4-6, AS ADDED BY P.L.145-2006, SECTION 272, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. The board consists of the following ten (10) members:

- (1) Two (2) individuals who are not members of the general assembly, appointed by the president pro tempore of the senate with advice from the minority leader of the senate.
- (2) Two (2) individuals who are not members of the general assembly, appointed by the speaker of the house of representatives with advice from the minority leader of the house of representatives.
- (3) The director of the department or the director's designee.
- (4) Four (4) individuals appointed by the governor as follows:
 - (A) One (1) individual who represents the general public.
 - (B) Two (2) individuals who represent child advocacy organizations.
 - (C) One (1) individual who represents the medical community.
- (5) The commissioner of the **state Indiana** department of health or the commissioner's designee. An individual designated by the commissioner under this subdivision must have knowledge of or experience in issues relating to:
 - (A) the prevention of child abuse and neglect; and
 - (B) the reduction of infant mortality.

SECTION 299. IC 31-27-1-1, AS ADDED BY P.L.145-2006, SECTION 273, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This article does not apply to the following:

- (1) A child caring institution, foster family home, group home, or child placing agency licensed or operated by any of the following:
 - (A) Programs for children in kindergarten through grade 12 that are operated under the authority of the department of

HEA 1013



education or that are operated with the assistance of the department of education.

(B) The division of mental health and addiction.

(C) The **state Indiana** department of health.

(D) The department of correction.

(2) A person who has received a child for adoption.

(3) A county jail or detention center.

SECTION 300. IC 31-27-2-2, AS AMENDED BY P.L.128-2012, SECTION 94, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The department may do the following:

(1) Prescribe forms for reports, statements, notices, and other documents required by this article or by the rules adopted under this article.

(2) Increase public awareness of this article and the rules adopted under this article by preparing and publishing manuals and guides explaining this article and the rules adopted under this article.

(3) Facilitate compliance with and enforcement of this article through the publication of materials under subdivision (2).

(4) Prepare reports and studies to advance the purpose of this article.

(5) Seek the advice and recommendations of state agencies whose information and knowledge would be of assistance in writing, revising, or monitoring rules developed under this article. These agencies, including the office of the attorney general, **state Indiana** department of health, division of mental health and addiction, division of family resources, the state police department, and fire prevention and building safety commission, shall upon request supply necessary information to the department.

(6) Make the directory of licensees available to the public for a charge not to exceed the cost of reproducing the directory.

(7) Charge a reasonable processing fee for each license application and renewal as follows:

(A) For a child caring institution or group home license, a fee not to exceed three dollars (\$3) for each licensed bed based on total licensed bed capacity not to exceed a maximum fee of one hundred fifty dollars (\$150).

(B) For a child placing agency license, a fee not to exceed fifty dollars (\$50).

(8) Exercise any other regulatory and administrative powers necessary to carry out the functions of the department.

SECTION 301. IC 31-27-2-4, AS AMENDED BY P.L.128-2012,

HEA 1013



SECTION 95, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) The department shall adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, concerning the licensing and inspection of:

(1) child caring institutions, foster family homes, group homes, and child placing agencies after consultation with the following:

(A) **State Indiana** department of health.

(B) Fire prevention and building safety commission; and

(2) child caring institutions and group homes that are licensed for infants and toddlers after consultation with the division of family resources.

(b) The rules adopted under subsection (a) shall be applied by the department and state fire marshal in the licensing and inspection of applicants for a license and licensees under this article.

(c) The rules adopted under IC 4-22-2 must establish minimum standards for the care and treatment of children in a secure private facility.

(d) The rules described in subsection (c) must include standards governing the following:

(1) Admission criteria.

(2) General physical and environmental conditions.

(3) Services and programs to be provided to confined children.

(4) Procedures for ongoing monitoring and discharge planning.

(5) Procedures for the care and control of confined persons that are necessary to ensure the health, safety, and treatment of confined children.

(e) The department shall license a facility as a secure private facility if the facility:

(1) meets the minimum standards required under subsection (c);

(2) provides a continuum of care and services; and

(3) is licensed under IC 31-27-3.

(f) A waiver of the rules may not be granted for treatment and reporting requirements.

SECTION 302. IC 31-27-3-14, AS ADDED BY P.L.146-2006, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. (a) The department may place a licensee on probationary status if the licensee is temporarily unable to comply with a rule and if:

(1) the noncompliance does not present an immediate threat to the health and well-being of the children;

(2) the licensee files a plan with the department, ~~state~~ **Indiana** department of health, or the state fire marshal to correct the areas

HEA 1013



of noncompliance within the probationary period; and

(3) the department, ~~state Indiana~~ department of health, or state fire marshal approves the plan.

(b) A probationary status period is for not more than six (6) months. However, the department may extend a probationary status period for one (1) additional period of six (6) months.

(c) At the expiration of a probationary status period, the department shall:

(1) reactivate the license to the end of the original term of the license;

(2) extend the probationary status period as permitted under subsection (b); or

(3) revoke the license.

SECTION 303. IC 31-27-5-15, AS ADDED BY P.L.146-2006, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) The department may place a licensee on probationary status if the licensee is temporarily unable to comply with a rule and if:

(1) the noncompliance does not present an immediate threat to the health and well-being of the children in the care of the licensee;

(2) the licensee files a plan with the department, the ~~state Indiana~~ department of health, or the state fire marshal to correct the areas of noncompliance within the probationary period; and

(3) the department, the ~~state Indiana~~ department of health, or the state fire marshal approves the plan.

(b) A probationary status period is for not more than six (6) months. However, the department may extend a probationary status period for one (1) additional period of six (6) months.

(c) At the expiration of a probationary status period, the department shall:

(1) reactivate the license to the end of the original term of the license;

(2) extend the probationary status period as permitted in subsection (b); or

(3) revoke the license.

SECTION 304. IC 31-31-9-3, AS AMENDED BY P.L.145-2006, SECTION 277, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The juvenile detention center shall be operated in accordance with rules adopted by the department of correction.

(b) The department of child services shall make an annual inspection of the center and report to the advisory board whether the

HEA 1013



center meets the requirements established by the **state Indiana** department of health for temporary detention centers. Any noncompliance with those requirements must be stated in writing to the advisory board.

SECTION 305. IC 31-33-18-2, AS AMENDED BY P.L.137-2021, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The reports and other material described in section 1(a) of this chapter and the unredacted reports and other material described in section 1(b) of this chapter shall be made available only to the following:

- (1) Persons authorized by this article.
- (2) A legally mandated public or private child protective agency investigating a report of child abuse or neglect or treating a child or family that is the subject of a report or record.
- (3) Any of the following who are investigating a report of a child who may be a victim of child abuse or neglect:
 - (A) A police officer or other law enforcement agency.
 - (B) A prosecuting attorney.
 - (C) A coroner, in the case of the death of a child.
- (4) A physician who has before the physician a child whom the physician reasonably suspects may be a victim of child abuse or neglect.
- (5) An individual legally authorized to place a child in protective custody if:
 - (A) the individual has before the individual a child whom the individual reasonably suspects may be a victim of abuse or neglect; and
 - (B) the individual requires the information in the report or record to determine whether to place the child in protective custody.
- (6) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record or a parent, guardian, custodian, or other person who is responsible for the child's welfare.
- (7) An individual named in the report or record who is alleged to be abused or neglected or, if the individual named in the report is a child or is otherwise incompetent, the individual's guardian ad litem or the individual's court appointed special advocate, or both.
- (8) Each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report or record and an attorney of the person described under this subdivision, with protection for the identity of reporters and other appropriate

HEA 1013



individuals.

(9) A court, for redaction of the record in accordance with section 1.5 of this chapter, or upon the court's finding that access to the records may be necessary for determination of an issue before the court. However, except for disclosure of a redacted record in accordance with section 1.5 of this chapter, access is limited to in camera inspection unless the court determines that public disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.

(10) A grand jury upon the grand jury's determination that access to the records is necessary in the conduct of the grand jury's official business.

(11) An appropriate state or local official responsible for child protection services or legislation carrying out the official's official functions.

(12) The community child protection team appointed under IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to enable the team to carry out the team's purpose under IC 31-33-3.

(13) A person about whom a report has been made, with protection for the identity of:

(A) any person reporting known or suspected child abuse or neglect; and

(B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

(14) An employee of the department, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 31-26-5, IC 31-34, or IC 31-37 to determine the appropriateness of an out-of-home placement for a:

(A) child at imminent risk of placement;

(B) child in need of services; or

(C) delinquent child.

The results of a criminal history check conducted under this subdivision must be disclosed to a court determining the placement of a child described in clauses (A) through (C).

(15) A local child fatality review team established under IC 16-49-2.

(16) The statewide child fatality review committee established by IC 16-49-4.

(17) The department.

(18) The division of family resources, if the investigation report:

(A) is classified as substantiated; and

HEA 1013



- (B) concerns:
- (i) an applicant for a license to operate;
 - (ii) a person licensed to operate;
 - (iii) an employee of; or
 - (iv) a volunteer providing services at;
- a child care center licensed under IC 12-17.2-4 or a child care home licensed under IC 12-17.2-5.
- (19) A citizen review panel established under IC 31-25-2-20.4.
- (20) The department of child services ombudsman established by IC 4-13-19-3.
- (21) The secretary of education with protection for the identity of:
- (A) any person reporting known or suspected child abuse or neglect; and
 - (B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.
- (22) The state child fatality review coordinator employed by the **state Indiana** department of health under IC 16-49-5-1.
- (23) A person who operates a child caring institution, group home, or secure private facility if all the following apply:
- (A) The child caring institution, group home, or secure private facility is licensed under IC 31-27.
 - (B) The report or other materials concern:
 - (i) an employee of;
 - (ii) a volunteer providing services at; or
 - (iii) a child placed at;
 the child caring institution, group home, or secure private facility.
 - (C) The allegation in the report occurred at the child caring institution, group home, or secure private facility.
- (24) A person who operates a child placing agency if all the following apply:
- (A) The child placing agency is licensed under IC 31-27.
 - (B) The report or other materials concern:
 - (i) a child placed in a foster home licensed by the child placing agency;
 - (ii) a person licensed by the child placing agency to operate a foster family home;
 - (iii) an employee of the child placing agency or a foster family home licensed by the child placing agency; or
 - (iv) a volunteer providing services at the child placing agency or a foster family home licensed by the child placing



agency.

(C) The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

(25) The National Center for Missing and Exploited Children.

(26) A local domestic violence fatality review team established under IC 12-18-8, as determined by the department to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing.

(27) The statewide domestic violence fatality review committee established under IC 12-18-9-3, as determined by the department to be relevant to the death or near fatality that the statewide domestic violence fatality review committee is reviewing.

(28) The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by the department to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing.

(29) A local fetal-infant mortality review team established under IC 16-49-6, as determined by the department to be relevant to the case of fetal or infant fatality that the local fetal-infant mortality review team is reviewing.

(30) A suicide and overdose fatality review team established under IC 16-49.5-2, as determined by the department to be relevant to the case of a suicide or overdose fatality that the suicide and overdose fatality review team is reviewing.

(31) The office of administrative law proceedings for a matter that is the subject of an administrative proceeding before the office of administrative law proceedings.

SECTION 306. IC 31-37-19-12, AS AMENDED BY P.L.114-2012, SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) This section applies if a child is a delinquent child under IC 31-37-1 due to the commission of a delinquent act that, if committed by an adult, would be:

(1) an offense relating to a criminal sexual act (as defined in IC 35-31.5-2-216) and the offense created an epidemiologically demonstrated risk of transmission of the human immunodeficiency virus (HIV); or

(2) an offense relating to controlled substances (as defined in IC 35-31.5-2-217) if the offense involved:

(A) the delivery by a person to another person; or

(B) the use by a person on another person;

HEA 1013



of a contaminated sharp (as defined in IC 16-41-16-2) or other paraphernalia that creates an epidemiologically demonstrated risk of transmission of HIV by involving percutaneous contact.

(b) The juvenile court shall, in addition to any other order or decree the court makes under this chapter, order the child to undergo a screening test for the human immunodeficiency virus (HIV).

(c) If the screening test indicates the presence of antibodies to HIV, the court shall order the child to undergo a confirmatory test.

(d) If the confirmatory test confirms the presence of the HIV antibodies, the court shall report the results to the **state Indiana** department of health.

(e) The **state Indiana** department of health shall do the following:

(1) Notify potentially affected victims of the offense relating to a criminal sexual act (as defined in IC 35-31.5-2-216) or offense relating to controlled substances (as defined in IC 35-31.5-2-217) of the HIV screening results.

(2) Provide counseling regarding HIV and a referral for appropriate health care to the victims.

SECTION 307. IC 34-6-2-55, AS AMENDED BY P.L.166-2021, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 55. (a) "Health care services":

(1) except as provided in subdivision (2), for purposes of IC 34-30-13, has the meaning set forth in IC 27-13-1-18(a); and
(2) for purposes of IC 34-30-13-1.2, means only noninvasive examinations, treatments, and procedures and the following invasive procedures:

(A) Routine dental services.

(B) Injections.

(C) Suturing of minor lacerations.

(D) Incisions of boils or superficial abscesses.

The term does not include performance of an abortion, including abortion by surgical means, by use of an abortion inducing drug, or by prescribing a controlled substance or scheduled drug under IC 35-48.

(b) "Health care services", for purposes of IC 34-30-13.5, means:

(1) any services provided by an individual licensed under:

(A) IC 25-2.5;

(B) IC 25-10;

(C) IC 25-13;

(D) IC 25-14;

(E) IC 25-19;

(F) IC 25-22.5;



- (G) IC 25-23;
 - (H) IC 25-23.5;
 - (I) IC 25-23.6;
 - (J) IC 25-24;
 - (K) IC 25-26;
 - (L) IC 25-27;
 - (M) IC 25-27.5;
 - (N) IC 25-29;
 - (O) IC 25-33;
 - (P) IC 25-34.5; or
 - (Q) IC 25-35.6;
- (2) services provided as the result of hospitalization, to an individual admitted to a health facility licensed under IC 16-28, or to a person residing in a housing with services establishment (as defined by IC 12-10-15-3);
- (3) services incidental to the furnishing of services described in subdivisions (1) or (2);
- (4) any services by individuals:
- (A) licensed as paramedics;
 - (B) certified as advanced emergency medical technicians; or
 - (C) certified as emergency medical technicians under IC 16-31;
- (5) any services provided by individuals certified as emergency medical responders under IC 16-31;
- (6) any services provided by certified health care professionals who are registered with the Indiana state department of health, including:
- (A) certified nurse aides certified under IC 16-28-1-11;
 - (B) qualified medication aides certified under IC 16-28-1-11;
- and
- (C) home health aides registered under rules adopted under IC 16-27-1-7;
- (7) any services provided by unlicensed health care professionals who have successfully completed any applicable training required by the Indiana state department of health;
- (8) any services provided by health care volunteers who are permitted to practice during an event that is declared a disaster emergency under IC 10-14-3-12 to respond to COVID-19;
- (9) any services provided by individuals with provisional or temporary licenses who are permitted to practice during an event that is declared a disaster emergency under IC 10-14-3-12 to respond to COVID-19; or

HEA 1013



(10) any other services or goods furnished for the purpose of preventing, alleviating, curing, or healing human illness, physical disability, or injury.

SECTION 308. IC 34-18-4-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. For the purposes of section 1 of this chapter, the bed size of a hospital shall be considered to be the bed size published annually by the **state Indiana** department of health.

SECTION 309. IC 34-28-1-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) The clerk of the court shall:

- (1) make and keep an index record to be known as the birth certificate record; and
- (2) enter the judgment and decree into the proper index of the record.

(b) The clerk shall also send a certified copy of the judgment and decree to the division of vital records, **state Indiana** department of health, Indianapolis, Indiana. The judgment and decree shall be considered to be a delayed certificate of birth under IC 16-37-2.

SECTION 310. IC 34-28-2-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) A copy of the decree of the court changing the name of any natural person, certified under the seal of the court by the clerk of the court, is sufficient evidence of the name of the person, and of a change having been made, in any court of Indiana.

(b) In the case of a petition described in section 2(b) of this chapter, the court shall send a copy of the final decree to the **state Indiana** department of health and to the local health department of the county.

(c) In the case of a petition filed by a person at least seventeen (17) years of age, the court shall send a copy of the final decree to the clerk of the circuit court or board of registration of the county where the person resides.

SECTION 311. IC 34-30-2.1-196, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 196. IC 16-19-4-5 (Concerning the state for medical care provided to a patient by the state health commissioner or a physician employed by the **state Indiana** department of health in an individual capacity).

SECTION 312. IC 34-30-2.1-206, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 206. IC 16-27-2-9 (Concerning persons for denying or terminating employment of an individual with a criminal

HEA 1013



history, or reporting to or participating in the proceedings of the **state Indiana** department of health or the registry of nurse aides).

SECTION 313. IC 34-30-2.1-209, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 209. IC 16-28-13-9 (Concerning persons for denying or terminating employment of an individual with a criminal history, or reporting to or participating in proceedings of the **state Indiana** department of health or the nurse aide registry).

SECTION 314. IC 34-30-2.1-226, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 226. IC 16-36-6-9(d) (Concerning use or misuse of the POST form placed on the ~~Internet web site~~ **website** of the **state Indiana** department of health).

SECTION 315. IC 34-30-12.5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. This chapter applies if the federal government authorizes the **state Indiana** department of health to implement a program providing for the administration of inoculations or other medical countermeasures against an actual or a potential bioterrorist incident or another actual or potential public health emergency under:

- (1) 42 U.S.C. 233(p)(2)(A); or
- (2) any other federal authority.

SECTION 316. IC 34-30-13-1.2, AS AMENDED BY P.L.129-2018, SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.2. (a) Except as provided in section 2 of this chapter, a person who meets each of the following criteria is immune from civil liability resulting from any act or omission related to the provision of a health care service:

- (1) Is licensed as any of the following:
 - (A) A physician under IC 25-22.5.
 - (B) A physician assistant under IC 25-27.5.
 - (C) A dentist under IC 25-14.
 - (D) A nurse under IC 25-23.
 - (E) An advanced practice registered nurse (as defined in IC 25-23-1-1(b)) who is licensed under IC 25-23.
 - (F) An optometrist under IC 25-24.
 - (G) A podiatrist under IC 25-29.
- (2) Provides the health care service:
 - (A) voluntarily;
 - (B) to another individual;
 - (C) without compensation;
 - (D) within the scope of the person's license described in



- subdivision (1); and
 (E) at a location that is determined to be appropriate and listed on the health care volunteer registry under IC 25-22.5-15.
- (3) Notifies, before providing the health care service:
 (A) the individual receiving the health care service; or
 (B) the person who is legally responsible for the care of the individual receiving the health care service;
 that the person providing the health care service is immune from civil liability in relation to the provision of the health care service.
- (4) Obtains the signature of:
 (A) the individual receiving the health care service; or
 (B) the person who is legally responsible for the care of the individual receiving the health care service;
 on a waiver that states the person providing the health care service is immune from civil liability in relation to the provision of the health care service.
- (5) Is listed on the health care volunteer registry under IC 25-22.5-15.
- (b) The immunity provided under this chapter applies to:
 (1) dental services provided in a dental office; and
 (2) health care services that are provided in a setting other than:
 (A) a physician's office;
 (B) an entity licensed or certified by the **state Indiana** department of health;
 (C) a health care facility, including a facility that receives federal funding; or
 (D) any other permanent facility in which the primary purpose is to provide health care services.
- (c) A sponsoring organization, owner, operator, lessor, or lessee:
 (1) of a location described in subsection (a)(2)(E); and
 (2) that:
 (A) permits a person described in subsection (a) to provide a health care service at the location as described in this section; and
 (B) receives no compensation for permitting the provision of the health care service as described in clause (A);
 is immune from civil liability resulting from an act or omission related to the provision of the health care service.
- (d) A person who provides a health care service as described in this section may recommend laboratory and imaging based screenings and tests, and provide written documentation of the recommendation, to:
 (1) the individual receiving the health care service; or

HEA 1013



(2) the person who is legally responsible for the care of the individual receiving the health care service.

SECTION 317. IC 34-30-15-1, AS AMENDED BY P.L.42-2011, SECTION 71, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) All proceedings of a peer review committee are confidential.

(b) All communications to a peer review committee shall be privileged communications.

(c) Neither the personnel of a peer review committee nor any participant in a committee proceeding shall reveal any content of:

- (1) communications to;
- (2) the records of; or
- (3) the determination of;

a peer review committee outside of the peer review committee.

(d) However, the governing board of:

- (1) a hospital;
- (2) a professional health care organization;
- (3) a preferred provider organization (including a preferred provider arrangement or reimbursement agreement under IC 27-8-11); or
- (4) a health maintenance organization (as defined in IC 27-13-1-19) or a limited service health maintenance organization (as defined in IC 27-13-34-4);

may disclose the final action taken with regard to a professional health care provider without violating the provisions of this section.

(e) Upon approval by the health care facility's governing body, the peer review committee of a health care facility (as defined in IC 16-40-5-2, expired) may submit or disclose to the agency (as defined in IC 16-40-5-1, expired) the following for purposes of patient safety or quality of health care matters under IC 16-40-5 (expired):

- (1) Communications to the peer review committee.
- (2) Peer review committee proceedings.
- (3) Peer review committee records.
- (4) Determinations by the peer review committee.

Information and materials submitted or disclosed to the agency under this subsection are confidential and privileged from use as evidence in an administrative or judicial proceeding, and notwithstanding IC 16-40-5 (expired) the agency may not release the information or material outside the agency. However, the agency may issue a report that is based upon information or materials submitted or disclosed to the agency by a peer review committee if the report or any other information issued does not disclose the identity of the health care

HEA 1013



facility, health care provider, or patient. Information and materials may be submitted or disclosed to the agency under this subsection without violating this section or waiving the confidentiality and privilege attached to the communications, proceedings, records, determinations, or deliberations of the peer review committee.

(f) Upon its determination, the governing body of a hospital may report, as part of the hospital's quality assessment and improvement program, a determination of a peer review committee of the hospital regarding an adverse event concerning patient care to the **state Indiana** department of health or another state agency without:

- (1) violating this section; or
- (2) waiving the confidentiality and privilege attached to the communications, proceedings, records, determinations, or deliberations of the peer review committee.

SECTION 318. IC 35-38-1-9.5, AS AMENDED BY P.L.190-2021, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9.5. A probation officer shall obtain confidential information from the **state Indiana** department of health under IC 16-41-8-1 to determine whether a convicted person was an individual with the human immunodeficiency virus (HIV) when the crime was committed if the person is:

- (1) convicted of an offense relating to a criminal sexual act and the offense created an epidemiologically demonstrated risk of transmission of the human immunodeficiency virus (HIV); or
- (2) convicted of an offense relating to controlled substances and the offense involved:
 - (A) the delivery by any person to another person; or
 - (B) the use by any person on another person; of a contaminated sharp (as defined in IC 16-41-16-2) or other paraphernalia that creates an epidemiologically demonstrated risk of transmission of HIV by involving percutaneous contact.

SECTION 319. IC 35-38-1-10.5, AS AMENDED BY P.L.190-2021, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10.5. (a) The court:

- (1) shall order that a person undergo a screening test for the human immunodeficiency virus (HIV) if the person is:
 - (A) convicted of an offense relating to a criminal sexual act and the offense created an epidemiologically demonstrated risk of transmission of the human immunodeficiency virus (HIV); or
 - (B) convicted of an offense relating to controlled substances and the offense involved:

HEA 1013



- (i) the delivery by any person to another person; or
 - (ii) the use by any person on another person;
- of a contaminated sharp (as defined in IC 16-41-16-2) or other paraphernalia that creates an epidemiologically demonstrated risk of transmission of HIV by involving percutaneous contact; and

(2) may order that a person undergo a screening test for a serious disease (as defined in IC 16-41-8-5) in accordance with IC 16-41-8-5.

(b) If the screening test required by this section indicates the presence of antibodies to HIV, the court shall order the person to undergo a confirmatory test.

(c) If the confirmatory test confirms the presence of the HIV antibodies, the court shall report the results to the **state Indiana** department of health and require a probation officer to conduct a presentence investigation to:

- (1) obtain the medical record of the convicted person from the **state Indiana** department of health under IC 16-41-8-1(b)(3); and
- (2) determine whether the convicted person had received risk counseling that included information on the behavior that facilitates the transmission of HIV.

(d) A person who, in good faith:

- (1) makes a report required to be made under this section; or
- (2) testifies in a judicial proceeding on matters arising from the report;

is immune from both civil and criminal liability due to the offering of that report or testimony.

(e) The privileged communication between a husband and wife or between a health care provider and the health care provider's patient is not a ground for excluding information required under this section.

(f) A mental health service provider (as defined in IC 34-6-2-80) who discloses information that must be disclosed to comply with this section is immune from civil and criminal liability under Indiana statutes that protect patient privacy and confidentiality.

SECTION 320. IC 35-38-1-10.6, AS AMENDED BY P.L. 125-2009, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10.6. (a) The **state Indiana** department of health shall notify victims of an offense relating to a criminal sexual act or an offense relating to controlled substances if tests conducted under section 10.5 of this chapter or IC 16-41-8-5 confirm that the person tested had antibodies for the human immunodeficiency virus (HIV).

(b) The **state Indiana** department of health shall provide counseling

HEA 1013



to persons notified under this section.

SECTION 321. IC 35-38-2-2.3, AS AMENDED BY P.L.161-2018, SECTION 123, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.3. (a) As a condition of probation, the court may require a person to do a combination of the following:

- (1) Work faithfully at suitable employment or faithfully pursue a course of study or career and technical education that will equip the person for suitable employment.
- (2) Undergo available medical or psychiatric treatment and remain in a specified institution if required for that purpose.
- (3) Attend or reside in a facility established for the instruction, recreation, or residence of persons on probation.
- (4) Participate in a treatment program, educational class, or rehabilitative service provided by a probation department or by referral to an agency.
- (5) Support the person's dependents and meet other family responsibilities.
- (6) Make restitution or reparation to the victim of the crime for damage or injury that was sustained by the victim. When restitution or reparation is a condition of probation, the court shall fix the amount, which may not exceed an amount the person can or will be able to pay, and shall fix the manner of performance.
- (7) Execute a repayment agreement with the appropriate governmental entity to repay the full amount of public relief or assistance wrongfully received, and make repayments according to a repayment schedule set out in the agreement.
- (8) Pay a fine authorized by IC 35-50.
- (9) Refrain from possessing a firearm or other deadly weapon unless granted written permission by the court or the person's probation officer.
- (10) Report to a probation officer at reasonable times as directed by the court or the probation officer.
- (11) Permit the person's probation officer to visit the person at reasonable times at the person's home or elsewhere.
- (12) Remain within the jurisdiction of the court, unless granted permission to leave by the court or by the person's probation officer.
- (13) Answer all reasonable inquiries by the court or the person's probation officer and promptly notify the court or probation officer of any change in address or employment.
- (14) Perform uncompensated work that benefits the community.
- (15) Satisfy other conditions reasonably related to the person's

HEA 1013



rehabilitation.

(16) Undergo home detention under IC 35-38-2.5.

(17) Undergo a laboratory test or series of tests approved by the **state Indiana** department of health to detect and confirm the presence of the human immunodeficiency virus (HIV) antigen or antibodies to the human immunodeficiency virus (HIV), if:

(A) the person had been convicted of an offense relating to a criminal sexual act and the offense created an epidemiologically demonstrated risk of transmission of the human immunodeficiency virus (HIV); or

(B) the person had been convicted of an offense relating to a controlled substance and the offense involved:

(i) the delivery by any person to another person; or

(ii) the use by any person on another person;

of a contaminated sharp (as defined in IC 16-41-16-2) or other paraphernalia that creates an epidemiologically demonstrated risk of transmission of HIV by involving percutaneous contact.

(18) Refrain from any direct or indirect contact with an individual and, if convicted of an offense under IC 35-46-3, any animal belonging to the individual.

(19) Execute a repayment agreement with the appropriate governmental entity or with a person for reasonable costs incurred because of the taking, detention, or return of a missing child (as defined in IC 10-13-5-4).

(20) Periodically undergo a laboratory chemical test (as defined in IC 9-13-2-22) or series of chemical tests as specified by the court to detect and confirm the presence of a controlled substance (as defined in IC 35-48-1-9). The person on probation is responsible for any charges resulting from a test and shall have the results of any test under this subdivision reported to the person's probation officer by the laboratory.

(21) If the person was confined in a penal facility, execute a reimbursement plan as directed by the court and make repayments under the plan to the authority that operates the penal facility for all or part of the costs of the person's confinement in the penal facility. The court shall fix an amount that:

(A) may not exceed an amount the person can or will be able to pay;

(B) does not harm the person's ability to reasonably be self supporting or to reasonably support any dependent of the person; and

(C) takes into consideration and gives priority to any other

HEA 1013



restitution, reparation, repayment, or fine the person is required to pay under this section.

(22) Refrain from owning, harboring, or training an animal.

(23) Participate in a reentry court program.

(24) Receive:

(A) addiction counseling;

(B) mental health counseling;

(C) inpatient detoxification; and

(D) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(b) When a person is placed on probation, the person shall be given a written statement specifying:

(1) the conditions of probation; and

(2) that if the person violates a condition of probation during the probationary period, a petition to revoke probation may be filed before the earlier of the following:

(A) One (1) year after the termination of probation.

(B) Forty-five (45) days after the state receives notice of the violation.

(c) As a condition of probation, the court may require that the person serve a term of imprisonment in an appropriate facility at the time or intervals (consecutive or intermittent) within the period of probation the court determines.

(d) Intermittent service may be required only for a term of not more than sixty (60) days and must be served in the county or local penal facility. The intermittent term is computed on the basis of the actual days spent in confinement and shall be completed within one (1) year. A person does not earn good time credit while serving an intermittent term of imprisonment under this subsection. When the court orders intermittent service, the court shall state:

(1) the term of imprisonment;

(2) the days or parts of days during which a person is to be confined; and

(3) the conditions.

(e) Supervision of a person may be transferred from the court that placed the person on probation to a court of another jurisdiction, with the concurrence of both courts. Retransfers of supervision may occur in the same manner. This subsection does not apply to transfers made under IC 11-13-4 or IC 11-13-5.

(f) When a court imposes a condition of probation described in subsection (a)(18):

HEA 1013



- (1) the clerk of the court shall comply with IC 5-2-9; and
- (2) the prosecuting attorney shall file a confidential form prescribed or approved by the office of judicial administration with the clerk.

(g) As a condition of probation, a court shall require a person:

- (1) who is described in IC 10-13-6-10(a);
- (2) who has not previously provided a DNA sample in accordance with IC 10-13-6; and
- (3) whose sentence does not involve a commitment to the department of correction;

to provide a DNA sample as a condition of probation.

(h) If a court imposes a condition of probation described in subsection (a)(4), the person on probation is responsible for any costs resulting from the participation in a program, class, or service. Any costs collected for services provided by the probation department shall be deposited in the county or local supplemental adult services fund.

SECTION 322. IC 35-38-6-1, AS AMENDED BY P.L.86-2018, SECTION 334, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The punishment of death shall be inflicted by intravenous injection of a lethal substance or substances into the convicted person:

- (1) in a quantity sufficient to cause the death of the convicted person; and
- (2) until the convicted person is dead.

(b) The death penalty shall be inflicted before the hour of sunrise on a date fixed by the sentencing court. However, the execution must not occur until at least one hundred (100) days after the conviction.

(c) The warden of the state prison, or persons designated by the warden, shall designate the person who is to serve as the executioner.

(d) The department of correction may adopt rules under IC 4-22-2 necessary to implement subsection (a).

(e) The department of correction may make and enter into a contract with an outsourcing facility, a wholesale drug distributor (as defined in IC 25-26-14-12), a pharmacy (as defined in IC 25-26-13-2), or a pharmacist (as defined in IC 25-26-13-2) for the issuance or compounding of a lethal substance necessary to carry out an execution by lethal injection. A lethal substance provided to the department of correction under this subsection may be used only for the purpose of carrying out an execution by lethal injection. The issuance or compounding of a lethal substance under this subsection:

- (1) does not constitute the practice of pharmacy (as defined in IC 25-26-13-2);

HEA 1013



(2) is not subject to the jurisdiction of the Indiana board of pharmacy, the medical licensing board of Indiana, the Indiana ~~state~~ department of health, or the Indiana professional licensing agency; and

(3) is exempt from the provisions of IC 25.

A pharmacist, a pharmacy, a wholesale drug distributor, or an outsourcing facility that provides a lethal substance to the department of correction under this subsection shall label the lethal substance with the name of the lethal substance, its dosage, a projected expiration date, and a statement that the lethal substance shall be used only by the department of correction for the purpose of carrying out an execution by lethal injection.

(f) The following are confidential, are not subject to discovery, and may not be introduced as evidence in any civil or criminal proceeding:

(1) The identity of a person described in subsection (e) that enters into a contract with the department of correction under subsection (e) for the issuance or compounding of lethal substances necessary to carry out an execution by lethal injection.

(2) The identity of an officer, an employee, or a contractor of a person described in subdivision (1).

(3) The identity of a person contracted by a person described in subdivision (1) to obtain equipment or a substance to facilitate the compounding of a lethal substance described in subsection (e).

(4) Information reasonably calculated to lead to the identity of a person described in this subsection, including a:

(A) name;

(B) residential or business address;

(C) residential or office telephone number; and

(D) Social Security number or tax identification number.

This subsection applies retroactively to any request for information, discovery request, or proceeding, no matter when made or initiated.

SECTION 323. IC 35-46-1-11, AS AMENDED BY P.L.49-2020, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) A tobacco or electronic cigarette vending machine that is located in a public place must bear the following conspicuous notices:

(1) A notice:

(A) that reads as follows, with the capitalization indicated: "If you are under 21 years of age, YOU ARE FORBIDDEN by Indiana law to buy tobacco or electronic cigarettes from this machine."; or

(B) that:

HEA 1013



- (i) conveys a message substantially similar to the message described in clause (A); and
 - (ii) is formatted with words and in a form authorized under the rules adopted by the alcohol and tobacco commission.
- (2) A notice that reads as follows, "Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight."
- (3) A notice printed in letters and numbers at least one-half (1/2) inch high that displays a toll free phone number for assistance to callers in quitting smoking, as determined by the **state Indiana** department of health.
- (b) A person who owns or has control over a tobacco or electronic cigarette vending machine in a public place and who:
- (1) fails to post a notice required by subsection (a) on the vending machine; or
 - (2) fails to replace a notice within one (1) month after it is removed or defaced;
- commits a Class C infraction.
- (c) An establishment selling tobacco or electronic cigarettes at retail shall post and maintain in a conspicuous place, at the point of sale, the following:
- (1) Signs printed in letters at least one-half (1/2) inch high, reading as follows:
 - (A) "The sale of tobacco or electronic cigarettes to persons under 21 years of age is forbidden by Indiana law."
 - (B) "Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight."
 - (2) A sign printed in letters and numbers at least one-half (1/2) inch high that displays a toll free phone number for assistance to callers in quitting smoking, as determined by the **state Indiana** department of health.
- (d) A person who:
- (1) owns or has control over an establishment selling tobacco or electronic cigarettes at retail; and
 - (2) fails to post and maintain the sign required by subsection (c);
- commits a Class C infraction.

SECTION 324. IC 35-46-1-11.7, AS AMENDED BY P.L.49-2020, SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11.7. (a) A retail establishment in which tobacco products, electronic cigarettes, and e-liquids account for at least eighty-five percent (85%) of the retail establishment's gross sales may not allow an individual who is less than twenty-one (21) years of age

HEA 1013



to enter the retail establishment.

(b) An individual who is less than twenty-one (21) years of age may not enter a retail establishment described in subsection (a).

(c) A retail establishment described in subsection (a) must conspicuously post on all entrances to the retail establishment the following:

(1) A sign in boldface type that states "NOTICE: It is unlawful for a person less than 21 years old to enter this store."

(2) A sign printed in letters and numbers at least one-half (1/2) inch high that displays a toll free phone number for assistance to callers in quitting smoking, as determined by the ~~state~~ **Indiana** department of health.

(d) A person who violates this section commits a Class C infraction. Notwithstanding IC 34-28-5-4(c), a civil judgment for an infraction committed under this section must be imposed as follows:

(1) If the person has not been cited for a violation of this section in the previous one (1) year, a civil penalty of up to four hundred dollars (\$400).

(2) If the person has had one (1) violation in the previous one (1) year, a civil penalty of up to eight hundred dollars (\$800).

(3) If the person has had two (2) violations in the previous one (1) year, a civil penalty of up to one thousand four hundred dollars (\$1,400).

(4) If the person has had three (3) or more violations in the previous one (1) year, a civil penalty of up to two thousand dollars (\$2,000).

A person may not be cited more than once every twenty-four (24) hours.

(e) Notwithstanding IC 34-28-5-5(c), civil penalties collected under this section must be deposited in the Richard D. Doyle youth tobacco education and enforcement fund established under IC 7.1-6-2-6.

(f) A person who violates subsection (a) at least six (6) times in any one (1) year period commits habitual illegal entrance by a minor, a Class B infraction.

SECTION 325. IC 35-47-7-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The:

(1) physician who treats a person for a dog bite or an apparent dog bite; or

(2) administrator or the administrator's designee of the hospital or outpatient surgical center if a person is treated in a hospital or an outpatient surgical center for a dog bite or an apparent dog bite;

shall report the case to the Indiana ~~state~~ department of health not more

HEA 1013



than seventy-two (72) hours after the time the person is treated. The report may be made orally or in writing.

SECTION 326. IC 35-52-16-1, AS ADDED BY P.L.169-2014, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. IC 16-19-12-1 defines a crime concerning the **state Indiana** department of health.

SECTION 327. IC 36-1-12-10, AS AMENDED BY P.L.187-2021, SECTION 137, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. All plans and specifications for public buildings must be approved by the **state Indiana** department of health, the department of homeland security, and other state agencies designated by statute.

SECTION 328. IC 36-1-12.5-8, AS AMENDED BY P.L.187-2021, SECTION 139, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. Conservation measures installed under a utility efficiency program or a guaranteed savings contract must be approved by the following:

- (1) The **state Indiana** department of health, department of homeland security, and any other state agency designated by statute.
- (2) An architect or engineer licensed under IC 25-4 or IC 25-31 if the conservation measures have a cost of more than fifty thousand dollars (\$50,000).

SECTION 329. IC 36-1-20-4.1, AS ADDED BY P.L.193-2014, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.1. (a) This section does not apply to a political subdivision with a rental registration or inspection program created before July 1, 1984. This section does not apply to a manufactured housing community or mobile home community that is licensed, permitted, and inspected by the **state Indiana** department of health.

(b) Except as provided in subsection (c), this chapter does not prohibit a political subdivision from establishing and enforcing a program for inspecting rental units.

(c) Except as provided in subsection (d), after June 30, 2014, a political subdivision may not inspect a rental unit or impose a fee pertaining to the inspection of a rental unit, if the rental unit satisfies all of the following:

- (1) The rental unit is:
 - (A) managed by; or
 - (B) part of a rental unit community that is managed by; a professional real estate manager.
- (2) During the previous twelve (12) months, the rental unit has

HEA 1013



been inspected or is part of a rental unit community that has been inspected by either of the following:

(A) By or for:

- (i) the United States Department of Housing and Urban Development, the Indiana housing and community development authority, or another federal or state agency; or
- (ii) a financial institution or insurance company authorized to do business in Indiana.

(B) By an inspector who:

- (i) is a registered architect;
- (ii) is a professional engineer; or
- (iii) satisfies qualifications for an inspector of rental units prescribed by the political subdivision.

The inspector may not be an employee of the owner or landlord.

(3) A written inspection report of the inspection under subdivision (2) has been issued to the owner or landlord of the rental unit or rental unit community (as applicable) that verifies that the rental unit or rental unit community is safe and habitable with respect to:

- (A) electrical supply and electrical systems;
- (B) plumbing and plumbing systems;
- (C) water supply, including hot water;
- (D) heating, ventilation, and air conditioning equipment and systems;
- (E) bathroom and toilet facilities;
- (F) doors, windows, stairways, and hallways;
- (G) functioning smoke detectors; and
- (H) the structure in which a rental unit is located.

A political subdivision may not add to the requirements of this subdivision.

(4) The inspection report issued under subdivision (3) is delivered to the political subdivision on or before the due date set by the political subdivision.

(d) This subsection applies to all rental units, including a rental unit that meets the requirements for an exemption under subsection (c). A political subdivision may inspect a rental unit, if the political subdivision:

- (1) has reason to believe; or
- (2) receives a complaint;

that the rental unit does not comply with applicable code requirements. However, in the case of a rental unit that meets the requirements for an

HEA 1013



exemption under subsection (c), the political subdivision may not impose a fee pertaining to the inspection of the rental unit. If an inspection of a rental unit reveals a violation of applicable code requirements, the owner of the rental unit may be subject to a penalty as provided in section 6 of this chapter.

(e) This subsection applies only to a rental unit that meets the requirements for an exemption under subsection (c). If the inspection report for the rental unit or rental unit community is prepared by or for the United States Department of Housing and Urban Development, the inspection report is valid for purposes of maintaining the exemption under subsection (c) until:

- (1) the date specified in the inspection report; or
- (2) thirty-six (36) months after the date of the inspection report; whichever is earlier.

SECTION 330. IC 36-2-14-6, AS AMENDED BY P.L.211-2019, SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) Whenever the coroner is notified that a person in the county:

- (1) has died from violence;
- (2) has died by casualty;
- (3) has died when apparently in good health;
- (4) has died in an apparently suspicious, unusual, or unnatural manner; or
- (5) has been found dead;

the coroner shall, before the scene of the death is disturbed, notify a law enforcement agency having jurisdiction in that area. The agency shall assist the coroner in determining the cause, manner, and mechanism of death. The coroner shall hold the human remains until the investigation of how the person died and the medical investigation of the cause of death are concluded.

(b) If the coroner reasonably suspects the cause of the person's death to be accidental or intentional overdose of a controlled substance (as defined by IC 35-48-1-9), the coroner shall do the following:

- (1) Obtain any relevant information about the decedent maintained by the INSPECT program established by IC 25-1-13-4.
- (2) Extract one (1) or more of the following bodily fluids from the decedent:
 - (A) Blood.
 - (B) Vitreous.
 - (C) Urine.
- (3) Test a bodily fluid extracted under subdivision (2) to

HEA 1013



determine whether the bodily fluid contained any amount, including a trace amount, of a controlled substance at the time of the decedent's death.

(4) Report the results of the test conducted under this subsection to the **state Indiana** department of health after completing the medical investigation of the cause of the decedent's death.

(5) Provide the **state Indiana** department of health notice of the decedent's death, including any information related to the controlled substances involved, if any.

(c) The coroner:

(1) shall file a certificate of death with the county health department, or, if applicable, a multiple county health department, of the county in which the individual died, within seventy-two (72) hours after the completion of the death investigation;

(2) shall complete the certificate of death utilizing all verifiable information establishing the time and date of death; and

(3) may file a pending investigation certificate of death before completing the certificate of death, if necessary.

(d) If this section applies, the body and the scene of death may not be disturbed until:

(1) the coroner has photographed them in the manner that most fully discloses how the person died; and

(2) law enforcement and the coroner have finished their initial assessment of the scene of death.

However, a coroner or law enforcement officer may order a body to be moved before photographs are taken if the position or location of the body unduly interferes with activities carried on where the body is found, but the body may not be moved from the immediate area and must be moved without substantially destroying or altering the evidence present.

(e) When acting under this section, if the coroner considers it necessary to have an autopsy performed, is required to perform an autopsy under subsection (g), or is requested by the prosecuting attorney of the county to perform an autopsy, the coroner shall arrange for the autopsy to be performed by a:

(1) physician who:

(A) is certified by the American Board of Pathology; or

(B) holds a subspecialty board certification in forensic pathology from the American Osteopathic Board of Pathology and the American Osteopathic Association; or

(2) pathology resident acting under the direct supervision of a physician described in subdivision (1).

HEA 1013



A physician employed under subdivision (1) to perform the autopsy shall be paid a fee of at least fifty dollars (\$50) from the county treasury.

(f) If:

(1) at the request of:

(A) the decedent's spouse;

(B) a child of the decedent, if the decedent does not have a spouse;

(C) a parent of the decedent, if the decedent does not have a spouse or children;

(D) a brother or sister of the decedent, if the decedent does not have a spouse, children, or parents; or

(E) a grandparent of the decedent, if the decedent does not have a spouse, children, parents, brothers, or sisters;

(2) in any death, two (2) or more witnesses who corroborate the circumstances surrounding death are present; and

(3) two (2) physicians who are licensed to practice medicine in the state and who have made separate examinations of the decedent certify the same cause of death in an affidavit within twenty-four (24) hours after death;

an autopsy need not be performed. The affidavits shall be filed with the circuit court clerk.

(g) A county coroner may not certify the cause of death in the case of the sudden and unexpected death of a child who is less than three (3) years old unless an autopsy is performed at county expense. However, a coroner may certify the cause of death of a child described in this subsection without the performance of an autopsy if subsection (f) applies to the death of the child.

(h) After consultation with the law enforcement agency investigating the death of a decedent, the coroner shall do the following:

(1) Inform a crematory authority if a person is barred under IC 23-14-31-26(c) from serving as the authorizing agent with respect to the cremation of the decedent's body because the coroner made the determination under IC 23-14-31-26(c)(2) in connection with the death of the decedent.

(2) Inform a cemetery owner if a person is barred under IC 23-14-55-2(c) from authorizing the disposition of the body or cremated remains of the decedent because the coroner made the determination under IC 23-14-55-2(c)(2) in connection with the death of the decedent.

(3) Inform a seller of prepaid services or merchandise if a person's

HEA 1013



contract is unenforceable under IC 30-2-13-23(b) because the coroner made the determination under IC 30-2-13-23(b)(4) in connection with the death of the decedent.

SECTION 331. IC 36-2-14-22.6, AS ADDED BY P.L.147-2007, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 22.6. (a) Upon request of a procurement organization, a coroner shall release to the procurement organization the name, contact information, and available medical and social history of a decedent whose body is under the jurisdiction of the coroner. If the decedent's body or part is medically suitable for transplantation, therapy, research, or education, the coroner shall release postmortem examination results to the procurement organization. The procurement organization may make a subsequent disclosure of the postmortem examination results or other information received from the coroner only if relevant to transplantation or therapy.

(b) The coroner may conduct a medicolegal examination by reviewing all medical records, laboratory test results, x-rays, other diagnostic results, and other information that any person possesses about a donor or prospective donor whose body is under the jurisdiction of the coroner which the coroner determines may be relevant to the investigation.

(c) A person that has any information requested by a coroner under subsection (b) shall provide that information as expeditiously as possible to allow the coroner to conduct the medicolegal investigation within a period compatible with the preservation of parts for the purpose of transplantation, therapy, research, or education.

(d) If an anatomical gift has been or might be made of a part of a decedent whose body is under the jurisdiction of the coroner and a postmortem examination is not required, or the coroner determines that a postmortem examination is required but that the recovery of the part that is the subject of an anatomical gift will not interfere with the examination, the coroner and procurement organization shall cooperate in the timely removal of the part from the decedent for the purpose of transplantation, therapy, research, or education.

(e) If an anatomical gift of a part from the decedent under the jurisdiction of the coroner has been or might be made, but the coroner, in consultation with a pathologist, initially believes that the recovery of the part could interfere with the postmortem investigation into the decedent's cause or manner of death or interfere with the preservation or collection of evidence, the coroner and pathologist shall consult with the procurement organization or physician or technician designated by the procurement organization about the proposed recovery. After

HEA 1013



consultation, the coroner may allow the recovery, delay the recovery, or deny the recovery.

(f) Before the removal procedure, the coroner or designee may allow recovery by the procurement organization to proceed, or, if the coroner or designee reasonably believes that the part may be involved in determining the decedent's cause or manner of death or, in tissue procurement cases, if the coroner or designee determines that, for evidentiary purposes, the body must remain undisturbed prior to autopsy, deny recovery by the procurement organization. The coroner or designee must be present at the scene before denying the recovery of a part. When practicable, the coroner and pathologist shall work with the procurement organization to facilitate removal of a part following any postmortem examination of the decedent.

(g) If the coroner or designee denies recovery under subsection (e) or (f), the coroner or designee shall:

- (1) explain in a record the specific reasons for not allowing recovery of the part;
- (2) include the specific reasons in the records of the coroner and forensic pathologist; and
- (3) provide a record with the specific reasons to the procurement organization and the **state Indiana** department of health.

(h) If the coroner or designee allows recovery of a part under subsection (d), (e), or (f), the procurement organization shall do the following:

- (1) At the request of the coroner or designee and when practicable, perform diagnostic studies that would aid in documenting the presence or absence of injuries.
- (2) Cause the physician or technician who removes the part to explain in a signed record the condition of the part, including the presence or absence of any injuries to the part or any surrounding tissue or organs.
- (3) Provide a copy of the record described in subdivision (2) to the coroner and the investigating law enforcement agency.
- (4) Cause the physician or technician who removes the part to photograph, collect, preserve, and maintain the appropriate chain of custody of any evidence that is found during procurement.
- (5) Cause the physician or technician who removes the part to collect blood and other bodily fluid samples as directed by the coroner or designee.
- (6) Cause the physician or technician who removes the part to, upon the request of the coroner or designee, photograph, biopsy, or provide any other information and observations concerning the

HEA 1013



part or body that would assist in the postmortem examination.

(i) If a coroner or designee must:

- (1) be present at a removal procedure under subsection (f); or
- (2) perform duties at times other than those that are usual and customary for the coroner or designee to maximize tissue or eye recovery under IC 29-2-16.1-21(b);

at the request of the coroner or designee, the procurement organization that requested the recovery of the part shall reimburse the coroner or designee for the additional costs incurred by the coroner or designee to comply with subsection (f) or IC 29-2-16.1-21(b).

SECTION 332. IC 36-2-14-26, AS ADDED BY P.L.193-2018, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 26. The **state Indiana** department of health may adopt rules under IC 4-22-2 in carrying out the department's duties under this chapter.

SECTION 333. IC 36-7-18-38, AS AMENDED BY P.L.187-2021, SECTION 140, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 38. (a) A housing authority shall file with the **state Indiana** department of health a description of each proposed project, including plans and layout. The **state Indiana** department **of health** shall, within thirty (30) days, transmit its approval or disapproval to the authority.

(b) A housing authority shall file all plans for new construction with the department of homeland security in the manner prescribed by IC 22-15-3.

SECTION 334. IC 36-9-13-26 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 26. (a) A building authority proposing to build or purchase and remodel a government building for lease to an eligible entity must submit the plans, specifications, and estimates for the building or remodeling to the lessee or lessees before the execution of the lease. The plans and specifications must also be submitted to the **state Indiana** department of health, state fire marshal, and any other state agencies designated by law to pass on plans and specifications for public buildings.

(b) A building authority proposing to acquire a system may enter into a lease without submitting plans, designs, or specifications to any eligible entity, government body, or agency. However, before the execution of the lease, the building authority must submit to the lessee or lessees an estimate of the cost and a detailed description of the system.

SECTION 335. IC 36-9-22.5-1, AS ADDED BY P.L.150-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HEA 1013



JULY 1, 2023]: Sec. 1. As used in this chapter, "qualified inspector", with respect to an onsite sewage system, means any of the following:

- (1) An employee of a local health department who is designated by the local health department as having knowledge of onsite sewage systems sufficient to determine whether an onsite sewage system is failing.
- (2) An individual who is certified by the Indiana Onsite Wastewater Professionals Association as an onsite sewage system installer or inspector.
- (3) An individual listed by:
 - (A) the ~~state~~ **Indiana** department of health; or
 - (B) the local health department with jurisdiction over the service area of the property inspected;
 as having sufficient knowledge of onsite sewage systems to determine whether an onsite sewage system is failing.

SECTION 336. IC 36-9-23-30.1, AS ADDED BY P.L.107-2016, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 30.1. (a) As used in this section, "constructed wetland septic system" means a residential sewage disposal system that includes:

- (1) a septic tank or other type of primary wastewater treatment system; and
- (2) a constructed wetland cell in which:
 - (A) effluent flows on top of soil or through a porous medium such as pea gravel;
 - (B) wetland plants are growing, and their roots and stems form a dense mat;
 - (C) suspended solids and trace metals in the effluent settle and are filtered; and
 - (D) organisms living in the water, on the soil or gravel, and on the stems and roots of the wetland plants feed on the organic materials and nutrients in the effluent.

(b) For purposes of this section, a sewage disposal system is "failing" if one (1) or more of the following apply:

- (1) The system refuses to accept sewage at the rate of design application and interferes with the normal use of plumbing fixtures.
- (2) Effluent discharge exceeds the absorptive capacity of the soil into which the system discharges, resulting in ponding, seepage, or other discharge of the effluent to the ground surface or to surface waters.
- (3) Effluent discharged from the system contaminates a potable

HEA 1013



water supply, ground water, or surface waters.

(c) As used in this section, "qualified inspector" means any of the following:

(1) An employee of a local health department who is designated by the local health department as having knowledge of onsite sewage systems sufficient to determine whether an onsite sewage system is failing.

(2) An individual who is certified by the Indiana Onsite Wastewater Professionals Association as an onsite sewage system installer or inspector.

(3) An individual listed by:

(A) the ~~state~~ **Indiana** department of health; or

(B) the local health department with jurisdiction over the service area of the property inspected;

as having sufficient knowledge of onsite sewage systems to determine whether an onsite sewage system is failing.

(d) Subject to subsections (e) through (k), a property owner is exempt from the requirement to connect to a municipality's sewer system and to discontinue use of the property owner's sewage disposal system if all of the following conditions are met:

(1) The property of the property owner is located outside the boundaries of the municipality.

(2) The property owner's sewage disposal system on the property is a septic tank soil absorption system or constructed wetland septic system that:

(A) was new at the time of installation; and

(B) was approved in writing by the local health department.

(3) Within sixty (60) days after the property owner is notified under section 30 of this chapter that the municipality is requiring connection to its sewer system and discontinuance of use of the property owner's sewage disposal system, the property owner notifies the municipality in writing that the property owner is claiming the exemption provided by this section.

(4) The property owner, at the property owner's expense, obtains a written determination from:

(A) the local health department;

(B) the local health department's designee;

(C) if subsection (f) applies, a qualified inspector; or

(D) if subsection (g) applies, the board of the local health department;

that the septic tank soil absorption system or constructed wetland septic system is not failing.

HEA 1013



(5) The property owner provides to the municipality a copy of the written determination described in subdivision (4) within one hundred twenty (120) days after the property owner is notified under section 30 of this chapter that the municipality is requiring connection to its sewer system and discontinuance of use of the property owner's sewage disposal system.

(e) If a property owner, within the time allowed under subsection (d)(3), notifies the municipality in writing that the property owner is claiming the exemption provided by this section, the municipality shall suspend the requirement that the property owner discontinue use of the property owner's sewage disposal system and connect to the municipality's sewer system until the property owner's eligibility for the exemption under this section is determined.

(f) The local health department or the designee of the local health department shall provide the property owner with a written determination under subsection (d)(4) within sixty (60) days after receiving the property owner's request for the determination. If the local health department or its designee fails to provide a written determination in response to a property owner's request under subsection (d)(4) within sixty (60) days after receiving the request, the property owner, at the property owner's expense, may obtain a written determination from a qualified inspector.

(g) If the local health department or the department's designee, in response to a property owner's request under subsection (d)(4), determines that a septic tank soil absorption system or constructed wetland septic system is failing, the property owner may appeal the determination to the board of the local health department. The decision of the board as to whether the septic tank soil absorption system or constructed wetland septic system is failing is final and binding for purposes of this section.

(h) If a property qualifies under subsections (d) through (g) for the exemption provided by this section:

(1) the property owner is exempt from the requirement to connect to the municipality's sewer system for a period of ten (10) years beginning on the date on which the property owner's septic tank soil absorption system or constructed wetland septic system described in subsection (d)(2) was installed; and

(2) the property owner may renew the initial ten (10) year exemption described in subdivision (1) by seeking to obtain not more than two (2) additional five (5) year exemptions after the initial exemption expires by meeting the conditions set forth in subsection (i) for each five (5) year exemption. Each additional



exemption under this subdivision begins on the date the previous exemption would otherwise expire.

The total period during which a property owner may be exempt from the requirement to connect to a municipality's sewer system under this subsection may not exceed twenty (20) years.

(i) A property owner qualifies for an exemption renewal as described in subsection (h)(2) if all of the following conditions are met:

(1) The property continues to meet the conditions set forth in subsection (d)(1) through (d)(2).

(2) Not less than one hundred twenty (120) days before the expiration of:

(A) the property owner's initial exemption described in subsection (h)(1); or

(B) the property owner's previous renewal of an exemption described in subsection (h)(2);

the property owner notifies the municipality in writing that the property owner is seeking the renewal of an exemption under this section.

(3) The property owner, at the property owner's expense, obtains another written determination from:

(A) the local health department;

(B) the local health department's designee;

(C) a qualified inspector; or

(D) the board of the local health department;

as applicable, that the septic tank soil absorption system or constructed wetland septic system is not failing.

(4) The property owner provides to the municipality a copy of the written determination described in subdivision (3) not less than thirty (30) days before the expiration of the property owner's:

(A) initial exemption described in subsection (h)(1); or

(B) previous exemption renewal period described in subsection (h)(2).

The local health department or the designee of the local health department shall provide the property owner with a written determination under subdivision (3)(A) or (3)(B) within sixty (60) days after receiving the property owner's request for the determination. If the local health department or its designee fails to provide a written determination under subdivision (3)(A) or (3)(B) within sixty (60) days after receiving a property owner's request, the property owner, at the property owner's expense, may obtain a written determination from a qualified inspector under subdivision (3)(C). If the local health department or the department's designee determines that a septic tank

HEA 1013



soil absorption system or constructed wetland septic system is failing, the property owner may appeal the determination to the board of the local health department under subdivision (3)(D), but the decision of the board as to whether the septic tank soil absorption system or constructed wetland septic system is failing is final and binding for purposes of this section.

(j) If a property qualifies for the exemption provided by this section and ownership of the property is transferred during a valid exemption period, including an exemption renewal period described in subsection (h)(2):

- (1) the exemption continues to apply to the property for the remainder of the exemption period during which the transfer occurs; and
- (2) the transferee may apply for any exemption renewals under subsection (h)(2) that the previous property owner would have been entitled to apply for under this section.

(k) If a property owner whose property qualifies for an exemption under this section, including a transferee described in subsection (j), discontinues use of the property owner's septic tank soil absorption system or constructed wetland septic system and consents to the connection of the property to the municipality's sewer system, the property owner may not be required to pay more than the following to connect to the municipality's sewer system:

- (1) The connection fee the property owner would have paid if the property owner had connected to the municipality's sewer system on the first date on which the property owner could have connected to the sewer system.
- (2) Any additional costs:
 - (A) considered necessary by; and
 - (B) supported by documentary evidence provided by; the municipality.

SECTION 337. IC 36-9-23-35, AS AMENDED BY P.L.113-2014, SECTION 125, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 35. No proceedings other than those prescribed by this chapter are required for:

- (1) the construction or acquisition of sewage works;
- (2) the issuance or sale of bonds; or
- (3) the establishment of fees;

under this chapter. However, the functions, powers, and duties of the department of environmental management, the environmental rules board, and the ~~state~~ **Indiana** department of health are not affected by this chapter.

HEA 1013



SECTION 338. IC 36-9-25-15, AS AMENDED BY P.L.167-2022, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. (a) The board, on its own initiative, whenever any territory, by its contour and watershed, or because of the extension of sewers by the municipality, is capable of draining sewage into or connecting with the sanitary system, may incorporate any territory, whether platted or unplatted, into the district by adopting a resolution to that effect describing the reason it is to be included. A certified copy of the resolution is conclusive evidence in any proceeding that the territory described was properly incorporated and constitutes a part of the district, subject to this chapter.

(b) Immediately after the passage of a resolution under subsection (a), a notice stating the time and place for a public hearing on the resolution shall be published in accordance with IC 5-3-1. By the date and time of the hearing any affected person may file in the office of the board a written remonstrance to having the person's lands included. The board shall either confirm, modify, or rescind the resolution after the hearing. An appeal may be taken from the decision by one (1) or more persons considering themselves aggrieved or injuriously affected, as long as those appealing have filed written remonstrances, as provided in this subsection, by filing their complaint within thirty (30) days after the final decision of the board. The appeal shall be governed by IC 34-13-6.

(c) If the court is satisfied upon hearing an appeal under subsection (b):

- (1) that less than seventy-five percent (75%) of the persons owning property in the territory sought to be incorporated in the district have remonstrated; and
- (2) that the incorporation of the territory into the district will be for its interest and will cause no manifest injury to the persons owning property in the territory;

the court shall so find and the incorporation shall be ordered. If the court is satisfied that seventy-five percent (75%) or more of the persons owning property in the territory sought to be incorporated have remonstrated, then the incorporation may not be ordered unless the court further finds from the evidence that unless it is incorporated, the health and welfare of residents of the territory or of the adjoining lands will be materially affected and that the safety and welfare of the inhabitants and property of other persons and property will be endangered.

(d) Pending an appeal under subsection (b) and during the time within which the appeal may be taken, the territory sought to be

HEA 1013



incorporated is not a part of the district. Upon the determination of the appeal, the judgment must particularly describe the resolution upon which the appeal is based. The clerk of the court shall deliver a certified copy of the judgment to the secretary of the board, who shall record it in the minute book of the board and make a cross-reference to the page upon the margin where the original resolution was recorded. If a decision is adverse to an incorporation, further proceedings may not be taken by the board to incorporate that territory within the district for a period of one (1) year after the rendition of the judgment.

(e) Except as provided in subsection (n) and subject to subsections (f) through (m), a property owner whose property is incorporated into a district under this section or section 14(b) of this chapter, regardless of whether the property owner has filed a written remonstrance or an appeal with respect to the incorporation, is exempt from a requirement to connect to the district's sewer system and to discontinue use of a sewage disposal system on the property owner's property if all of the following conditions are met:

(1) The property owner's sewage disposal system is a septic tank soil absorption system (as defined in IC 13-11-2-199.5) or constructed wetland septic system (as defined in IC 36-9-23-30.1(a)) that:

(A) was new at the time of installation; and

(B) was approved in writing by the local health department, the department's designee, or a qualified inspector.

(2) The property owner, at the property owner's own expense, obtains a written determination from the local health department or the department's designee that the property owner's sewage disposal system is not failing. The local health department or the department's designee shall provide the owner with a written determination not later than sixty (60) days after receipt of the owner's request. If the local health department or the department's designee fails to provide a written determination within the time set forth in this subdivision, the owner, at the owner's expense, may obtain a written determination from a qualified inspector. If the local health department or the department's designee determines that the sewage disposal system is failing, the property owner may appeal the determination to the board of the local health department. The decision of the board of the local health department is final and binding.

(3) The property owner provides the board with:

(A) a written notification of potential qualification for the exemption, as described in subsection (h); and



(B) the written determination described in subdivision (2);
within the time limits set forth in subsection (h).

(f) If the property owner, within the time allowed under subsection (h), notifies the board in writing of the property owner's potential qualification for the exemption, the board shall, until the property owner's eligibility for the exemption is determined, suspend the requirement that the property owner discontinue use of the property owner's sewage disposal system and connect to the district's sewer system.

(g) A property owner who qualifies for the exemption provided under this section may not be required to connect to the district's sewer system for a period of ten (10) years beginning on the date of the written determination of the local health department, the department's designee, or a qualified inspector under subsection (e)(2) that the property owner's sewage disposal system is not failing. A property owner may apply for two (2) five (5) year extensions of the exemption provided under this section by following the procedures set forth in this section. If ownership of an exempt property is transferred during a valid exemption period, including during an extension of an initial exemption:

- (1) the exemption applies to the subsequent owner of the property for the remainder of the exemption period during which the transfer occurred; and
- (2) the subsequent owner may apply for any remaining extensions.

However, the total period during which a property may be exempt from the requirement to connect to a district's sewer system under this section may not exceed twenty (20) years, regardless of ownership of the property.

(h) To qualify for an exemption under this section, a property owner must:

- (1) not later than sixty (60) days after being notified of the requirement to connect to the district's sewer system, notify the board in writing that the property owner qualifies for an exemption under this section; and
- (2) not later than one hundred twenty (120) days after the board receives the written notice provided under subdivision (1), provide the board with the written determination required under subsection (e)(2).

(i) When a property owner who qualifies for an exemption under this section subsequently discontinues use of the property owner's sewage disposal system and connects to the district's sewer system, the

HEA 1013



property owner may be required to pay only the following to connect to the sewer system:

- (1) The connection fee the property owner would have paid if the property owner connected to the sewer system on the first date the property owner could have connected to the sewer system.
- (2) Any additional costs:
 - (A) considered necessary by; and
 - (B) supported by documentary evidence provided by; the board.

(j) A property owner who connects to a district's sewer system may provide, at the owner's expense, labor, equipment, materials, or any combination of labor, equipment, and materials from any source to accomplish the connection to the sewer system, subject to inspection and approval by the board or a designee of the board.

(k) This section does not affect the authority of the **state Indiana** department of health, a local health department, or a county health officer with respect to a sewage disposal system.

(l) For purposes of this section, a sewage disposal system is "failing" if one (1) or more of the following apply:

- (1) The system refuses to accept sewage at the rate of design application and interferes with the normal use of plumbing fixtures.
- (2) Effluent discharge exceeds the absorptive capacity of the soil into which the system discharges, resulting in ponding, seepage, or other discharge of the effluent to the ground surface or to surface waters.
- (3) Effluent discharged from the system contaminates a potable water supply, ground water, or surface waters.

(m) As used in this section, "qualified inspector" means any of the following:

- (1) An employee of a local health department who is designated by the local health department as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.
- (2) An individual who is certified by the Indiana Onsite Wastewater Professionals Association as an onsite sewage system installer or inspector.
- (3) An individual listed by the **state Indiana** department of health or a local health department with jurisdiction over the service area of the property inspected as having sufficient knowledge of onsite sewage systems to determine if an onsite sewage system is failing.

(n) Subsections (e) through (i) do not apply to a property owner

HEA 1013



whose property is incorporated into a district under this section or section 14(b) of this chapter if:

(1) the district has received approval from the Indiana finance authority before January 1, 2022, of a preliminary engineering report:

(A) for a project to construct the sewer line to which the property owner's property is being required to connect; and

(B) in connection with funding from the wastewater or drinking water revolving loan program under IC 5-1.2-10; and

(2) the timing and requirements for connection to the district's sewer system are the same for all property owners being required to connect to the district's sewer system under the terms of the project.

SECTION 339. IC 36-9-30-29 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 29. (a) A lessor corporation proposing to build solid waste disposal facilities, including the necessary equipment and appurtenances, shall, after the execution of the lease, submit to the unit plans, specifications, and estimates for the facilities. The plans and specifications shall be submitted to the **state Indiana** department of health and must be approved in writing by the state department and by the unit before the execution of the lease.

(b) This section does not prohibit the unit from contracting for the preliminary engineering design work necessary to initiate the planning and engineering of the solid waste disposal facilities, and making provisions for payment for these services.

SECTION 340. IC 36-10-10-17, AS AMENDED BY P.L.1-2006, SECTION 586, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. Before the execution of a lease, the authority proposing to build a convention center for lease to a city shall submit to and receive approval by the city executive and city legislative body of the plans, specifications, and estimates of cost for the convention center. The plans and specifications shall be submitted to and approved by the **state Indiana** department of health, the department of homeland security, and other state agencies that are designated by statute to pass on plans and specifications for public buildings.

SECTION 341. IC 36-11-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. A district may be established under this article to perform one (1) or more of the following functions related to onsite waste management:

(1) Inventory of systems.

(2) Inspection of systems.

HEA 1013



- (3) Monitoring the:
 - (A) performance; and
 - (B) maintenance;
 of systems.
- (4) Establishing:
 - (A) standards for installation and inspection of systems that are no less stringent than standards established by the **state Indiana** department of health; and
 - (B) procedures for enforcement of the standards.
- (5) Seeking grants for:
 - (A) system maintenance; and
 - (B) any other activities described in this article.
- (6) Establishing rates and charges for the operation of the district.
- (7) Establishing policies and procedures for the use of grants and other revenue of the district for installation, maintenance, and other activities of the district relating to systems in the district.
- (8) Seeking solutions for disposal of septage from systems.
- (9) Education and training of system service providers and system owners.
- (10) Coordination of activities of the district with activities of:
 - (A) local health departments;
 - (B) the department of environmental management;
 - (C) the department of natural resources; and
 - (D) the **state Indiana** department of health.
- (11) Other functions as determined by the governing body of the district.

Enforcement of standards by a district under subdivision (4) does not affect the authority of the department of environmental management, the **state Indiana** department of health, or a local health department.

SECTION 342. IC 36-11-3-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The establishment of a district may be initiated only by the governing body.

(b) The dissolution of a district may be initiated only by the governing body.

(c) A notice of intent to establish or dissolve a district must be filed in:

- (1) the office of the executive of each governmental entity having territory within the proposed district or the district proposed for dissolution;
- (2) the department of environmental management; and
- (3) the **state Indiana** department of health.

SECTION 343. IC 36-11-3-7 IS AMENDED TO READ AS

HEA 1013



FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. (a) The hearing officer shall fix a date, time, and place inside or within ten (10) miles of the proposed district for the hearing on any matter for which a hearing is authorized under this chapter.

(b) The hearing officer shall provide notice of the hearing:

- (1) under IC 5-3-1; and
- (2) by certified mail, return receipt requested, mailed at least two (2) weeks before the hearing to:
 - (A) the department of environmental management; and
 - (B) the **state Indiana** department of health.

SECTION 344. IC 36-11-3-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. The district shall provide notice of the adoption of an ordinance under section 10 of this chapter to:

- (1) local health departments;
- (2) the department of environmental management;
- (3) the department of natural resources; and
- (4) the **state Indiana** department of health.

SECTION 345. IC 36-12-10-5, AS ADDED BY P.L.1-2005, SECTION 49, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) The lessor corporation proposing to provide a library building or buildings, including necessary equipment and appurtenances, shall submit to the lessee or lessees, before the execution of a lease, preliminary plans, specifications, and estimates for the building or buildings.

(b) The final plans and specifications shall be submitted to the **state Indiana** department of health, state fire marshal, and any other agencies that are designated by law to pass on plans and specifications for library buildings. The final plans and specifications must be approved by these agencies and the lessee or lessees in writing before the construction of the building or buildings.

SECTION 346. [EFFECTIVE UPON PASSAGE] **(a) This SECTION applies to publication of the following:**

- (1) A provision of the Indiana Code that is:**
 - (A) added or amended by this act; and**
 - (B) repealed by another act without recognizing the existence of the amendment made by this act by an appropriate reference in the lead-in line of the SECTION of the other act repealing the same provision of the Indiana Code.**
- (2) A provision of the Indiana Code that is:**
 - (A) amended by this act; and**

HEA 1013



(B) amended by another act without recognizing the existence of the amendment made by this act by an appropriate reference in the lead-in line of the SECTION of the other act amending the same provision of the Indiana Code.

(b) As used in this SECTION, "other act" refers to an act enacted in the 2023 session of the general assembly other than this act. "Another act" has a corresponding meaning.

(c) Except as provided in subsections (d) and (e), a provision repealed by another act shall be considered repealed, regardless of whether there is a difference in the effective date of the provision added or amended by this act and the provision repealed by the other act. Except as provided in subsection (d), the lawful compilers of the Indiana Code, in publishing the affected Indiana Code provision, shall publish only the version of the Indiana Code provision that is repealed by the other act. The history line for an Indiana Code provision that is repealed by the other act must reference that act.

(d) This subsection applies if a provision described in subsection (a) that is added or amended by this act takes effect before the corresponding provision repeal in the other act. The lawful compilers of the Indiana Code, in publishing the provision added or amended in this act, shall publish that version of the provision and note that the provision is effective until the effective date of the corresponding provision repeal in the other act. On and after the effective date of the corresponding provision repeal in the other act, the provision repealed by the other act shall be considered repealed, regardless of whether there is a difference in the effective date of the provision added or amended by this act and the provision repealed by the other act. The lawful compilers of the Indiana Code, in publishing the affected Indiana Code provision, shall publish the version of the Indiana Code provision that is repealed by the other act, and shall note that this version of the provision is effective on the effective date of the repealed provision of the other act.

(e) If, during the same year, two (2) or more other acts repeal the same Indiana Code provision as the Indiana Code provision added or amended by this act, the lawful compilers of the Indiana Code, in publishing the Indiana Code provision, shall follow the principles set forth in this SECTION.

(f) Except as provided in subsections (g) and (h), a provision amended by another act that includes all amendments made to the



provision by this act shall be published in the Indiana Code only in the version of the provision amended by the other act. The history line for an Indiana Code provision that is amended by the other act must reference that act.

(g) This subsection applies if a provision in this act described in subsection (f) takes effect before the corresponding provision in the other act. The lawful compilers of the Indiana Code, in publishing the provision amended in this act, shall publish this version of the provision and note that the provision is effective until the effective date of the corresponding provision in the other act. The lawful compilers of the Indiana Code, in publishing the corresponding provision in the other act, shall publish that version of the provision and note that the provision is effective on and after the effective date of the provision in the other act.

(h) If, during the same year, two (2) or more other acts amend the same Indiana Code provision as the Indiana Code provision amended by this act, the lawful compilers of the Indiana Code, in publishing the Indiana Code provision, shall follow the principles set forth in this SECTION.

(i) This SECTION expires December 31, 2023.

SECTION 347. An emergency is declared for this act.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

HEA 1013

