

HOUSE BILL No. 1164

DIGEST OF INTRODUCED BILL

Citations Affected: IC 4-13-19-5; IC 12-17.2-3.5-8.5; IC 16-34-2-1.1; IC 25-1-9-4; IC 31-33.

Synopsis: Reporting of child abuse or neglect. Provides that staff members of a medical institution, a medical facility, or any other health care facility have a duty to report child abuse within two hours to both the department of child services and the local law enforcement agency. Provides that an individual's duty to report is nondelegable. Requires that if a report alleges that a youth coach is the abuser, the department shall investigate to determine whether the school or athletic facility reasonably should have known that the alleged abuse was happening. Allows the department to consider certain facts when determining whether the school or athletic facility reasonably should have known about the alleged abuse. Raises the penalty for failure to report to a Class A misdemeanor. (Under current law, it is a Class B misdemeanor.) Makes conforming changes.

Effective: July 1, 2024.

Cash, Schaibley

January 8, 2024, read first time and referred to Committee on Family, Children and Human Affairs.



Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

HOUSE BILL No. 1164

A BILL FOR AN ACT to amend the Indiana Code concerning family law and juvenile law.

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

1 SECTION 1. IC 4-13-19-5, AS AMENDED BY P.L.128-2012,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2024]: Sec. 5. (a) The office of the department of child
4 services ombudsman may receive, investigate, and attempt to resolve
5 a complaint alleging that the department of child services, by an action
6 or omission occurring on or after January 11, 2005, failed to protect the
7 physical or mental health or safety of any child or failed to follow
8 specific laws, rules, or written policies.
9 (b) The office of the department of child services ombudsman may
10 also do the following:
11 (1) Take action, including the establishing of a program of public
12 education, to secure and ensure the legal rights of children.
13 (2) Periodically review relevant policies and procedures with a
14 view toward the safety and welfare of children.
15 (3) When appropriate, refer a person making a report of child
16 abuse or neglect to the department of child services and if
17 ~~appropriate~~, to an appropriate **local** law enforcement agency **in**



- 1 **Indiana.**
- 2 (4) Recommend changes in procedures for investigating reports
- 3 of abuse and neglect and overseeing the welfare of children who
- 4 are under the jurisdiction of a juvenile court.
- 5 (5) Make the public aware of the services of the ombudsman, the
- 6 purpose of the office, and information concerning contacting the
- 7 office.
- 8 (6) Examine policies and procedures and evaluate the
- 9 effectiveness of the child protection system, specifically the
- 10 respective roles of the department of child services, the court, the
- 11 medical community, service providers, guardians ad litem, court
- 12 appointed special advocates, and law enforcement agencies.
- 13 (7) Review and make recommendations concerning investigative
- 14 procedures and emergency responses contained in the report
- 15 prepared under section 10 of this chapter.
- 16 (c) Upon request of the office of the department of child services
- 17 ombudsman, the local child protection team shall assist the office of the
- 18 department of child services ombudsman by investigating and making
- 19 recommendations on a matter. If a local child protection team was
- 20 involved in an initial investigation, a different local child protection
- 21 team may assist in the investigation under this subsection.
- 22 (d) At the end of an investigation of a complaint, the office of the
- 23 department of child services ombudsman shall provide an appropriate
- 24 report as follows:
- 25 (1) If the complainant is a parent, guardian, custodian, court
- 26 appointed special advocate, guardian ad litem, or court, the
- 27 ombudsman may provide the same report to the complainant and
- 28 the department of child services.
- 29 (2) If the complainant is not a person described in subdivision (1),
- 30 the ombudsman shall provide a redacted version of its findings to
- 31 the complainant stating in general terms that the actions of the
- 32 department of child services were or were not appropriate.
- 33 (e) The department of child services ombudsman shall provide a
- 34 copy of the report and recommendations to the department of child
- 35 services. The office of the department of child services ombudsman
- 36 may not disclose to:
- 37 (1) a complainant;
- 38 (2) another person who is not a parent, guardian, or custodian of
- 39 the child who was the subject of the department of child services'
- 40 action or omission; or
- 41 (3) the court, court appointed special advocate, or guardian ad
- 42 litem of the child in a case that was filed as a child in need of



1 services or a termination of parental rights action;
2 any information that the department of child services could not, by law,
3 reveal to the complainant, parent, guardian, custodian, person, court,
4 court appointed special advocate, or guardian ad litem.

5 (f) If, after reviewing a complaint or conducting an investigation and
6 considering the response of an agency, facility, or program and any
7 other pertinent material, the office of the department of child services
8 ombudsman determines that the complaint has merit or the
9 investigation reveals a problem, the ombudsman may recommend that
10 the agency, facility, or program:

- 11 (1) consider the matter further;
- 12 (2) modify or cancel its actions;
- 13 (3) alter a rule, order, or internal policy; or
- 14 (4) explain more fully the action in question.

15 (g) At the office of the department of child services ombudsman's
16 request, the agency, facility, or program shall, within a reasonable time,
17 inform the office of the department of child services ombudsman about
18 the action taken on the recommendation or the reasons for not
19 complying with it.

20 (h) The office of the department of child services ombudsman may
21 not investigate the following:

- 22 (1) A complaint from an employee of the department of child
23 services that relates to the employee's employment relationship
24 with the department of child services.
- 25 (2) A complaint challenging a department of child services
26 substantiation of abuse or neglect that is currently the subject of
27 a pending administrative review procedure before the exhaustion
28 of administrative remedies provided by law, rule, or written
29 policy. Investigation of any such complaint received shall be
30 stayed until the administrative remedy has been exhausted.
31 However, if the administrative process is not completed or
32 terminated within six (6) months after initiation of the
33 administrative process, the office of child services ombudsman
34 may proceed with its investigation.

35 (i) If the office of the department of child services ombudsman does
36 not investigate a complaint, the office of the department of child
37 services ombudsman shall notify the complainant of the decision not
38 to investigate and the reasons for the decision.

39 SECTION 2. IC 12-17.2-3.5-8.5, AS AMENDED BY P.L.183-2017,
40 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2024]: Sec. 8.5. (a) A provider shall provide to all employees
42 and volunteers of the provider the written material prepared and made



1 available by the division under subsection (c).

2 (b) An employee or a volunteer of a provider who has reason to
3 believe that a child in the provider's care is a victim of child abuse or
4 neglect shall make a report as required under IC 31-33-5.

5 (c) The division shall do the following:

6 (1) Prepare written material specifying the following:

7 (A) The duty to report known or suspected child abuse or
8 neglect under IC 31-33-5.

9 (B) That knowing failure to make a report required by:

10 (i) IC 31-33-5-1; **or**

11 (ii) IC 31-33-5-2; **or**

12 ~~(iii) IC 31-33-5-2.5;~~

13 is a Class ~~B~~ **A** misdemeanor under IC 31-33-22-1.

14 (2) Make the written material under subdivision (1) available to
15 providers.

16 SECTION 3. IC 16-34-2-1.1, AS AMENDED BY P.L.56-2023,
17 SECTION 153, IS AMENDED TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2024]: Sec. 1.1. (a) An abortion shall not be
19 performed except with the voluntary and informed consent of the
20 pregnant woman upon whom the abortion is to be performed. Except
21 in the case of a medical emergency, consent to an abortion is voluntary
22 and informed only if the following conditions are met:

23 (1) At least eighteen (18) hours before the abortion and in the
24 private, not group, presence of the pregnant woman, the physician
25 who is to perform the abortion, the referring physician or a
26 physician assistant (as defined in IC 25-27.5-2-10), an advanced
27 practice registered nurse (as defined in IC 25-23-1-1(b)), or a
28 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
29 the responsibility has been delegated by the physician who is to
30 perform the abortion or the referring physician has informed the
31 pregnant woman orally and in writing of the following:

32 (A) The name of the physician performing the abortion, the
33 physician's medical license number, and an emergency
34 telephone number where the physician or the physician's
35 designee may be contacted on a twenty-four (24) hour a day,
36 seven (7) day a week basis.

37 (B) That follow-up care by the physician or the physician's
38 designee (if the designee is licensed under IC 25-22.5) is
39 available on an appropriate and timely basis when clinically
40 necessary.

41 (C) The nature of the proposed procedure or information
42 concerning the abortion inducing drug that includes the



1 following statement: "Some evidence suggests that effects of
 2 Mifepristone may be avoided, ceased, or reversed if the
 3 second pill, Misoprostol, has not been taken. Immediately
 4 contact the following for more information at (insert
 5 applicable abortion inducing drug reversal website and
 6 corresponding hotline number)."

7 (D) Objective scientific information of the risks of and
 8 alternatives to the procedure or the use of an abortion inducing
 9 drug, including:

- 10 (i) the risk of infection and hemorrhage;
- 11 (ii) the potential danger to a subsequent pregnancy; and
- 12 (iii) the potential danger of infertility.

13 (E) That human physical life begins when a human ovum is
 14 fertilized by a human sperm.

15 (F) The probable gestational age of the fetus at the time the
 16 abortion is to be performed, including:

- 17 (i) a picture of a fetus;
- 18 (ii) the dimensions of a fetus; and
- 19 (iii) relevant information on the potential survival of an
 20 unborn fetus;

21 at this stage of development.

22 (G) That objective scientific information shows that a fetus
 23 can feel pain at or before twenty (20) weeks of postfertilization
 24 age.

25 (H) The medical risks associated with carrying the fetus to
 26 term.

27 (I) The availability of fetal ultrasound imaging and
 28 auscultation of fetal heart tone services to enable the pregnant
 29 woman to view the image and hear the heartbeat of the fetus
 30 and how to obtain access to these services.

31 (J) That the pregnancy of a child less than fifteen (15) years of
 32 age may constitute child abuse under Indiana law if the act
 33 included an adult and must be reported to the department of
 34 child services ~~or~~ **and** the local law enforcement agency **in**
 35 **Indiana** under IC 31-33-5.

36 (K) That Indiana does not allow a fetus to be aborted solely
 37 because of the fetus's race, color, national origin, ancestry, sex,
 38 or diagnosis or potential diagnosis of the fetus having Down
 39 syndrome or any other disability.

40 (L) That no one has the right to coerce the pregnant woman to
 41 have an abortion.

42 (2) At least eighteen (18) hours before the abortion, the pregnant



- 1 woman will be informed orally and in writing of the following:
- 2 (A) That medical assistance benefits may be available for
- 3 prenatal care, childbirth, and neonatal care from the county
- 4 office of the division of family resources.
- 5 (B) That the father of the unborn fetus is legally required to
- 6 assist in the support of the child. In the case of rape, the
- 7 information required under this clause may be omitted.
- 8 (C) That adoption alternatives are available and that adoptive
- 9 parents may legally pay the costs of prenatal care, childbirth,
- 10 and neonatal care.
- 11 (D) That there are physical risks to the pregnant woman in
- 12 having an abortion, both during the abortion procedure and
- 13 after.
- 14 (E) That Indiana has enacted the safe haven law under
- 15 IC 31-34-2.5.
- 16 (F) The:
- 17 (i) website address of the state department's website; and
- 18 (ii) description of the information that will be provided on
- 19 the website and that is;
- 20 described in section 1.5 of this chapter.
- 21 (G) For the facility in which the abortion is to be performed,
- 22 an emergency telephone number that is available and
- 23 answered on a twenty-four (24) hour a day, seven (7) day a
- 24 week basis.
- 25 (H) On a form developed by the state department and as
- 26 described in IC 16-34-3, that the pregnant woman has a right
- 27 to determine the final disposition of the remains of the aborted
- 28 fetus.
- 29 (I) On a form developed by the state department, that the
- 30 pregnant woman has a right, after a surgical abortion, to:
- 31 (i) dispose of the remains of the aborted fetus by interment
- 32 in compliance with IC 23-14-54, or cremation through a
- 33 licensee (as defined in IC 25-15-2-19) and in compliance
- 34 with IC 23-14-31; or
- 35 (ii) have the health care facility dispose of the remains of the
- 36 aborted fetus by interment in compliance with IC 23-14-54,
- 37 or cremation through a licensee (as defined in
- 38 IC 25-15-2-19) and in compliance with IC 23-14-31, and ask
- 39 which method of disposition will be used by the health care
- 40 facility.
- 41 (J) On a form developed by the state department:
- 42 (i) that a pregnant woman, after an abortion induced by an



1 abortion inducing drug, will expel an aborted fetus; and
 2 (ii) the disposition policy of the health care facility
 3 concerning the disposition of the aborted fetus. The
 4 disposition policy must allow the pregnant woman to return
 5 the aborted fetus to the health care facility for disposition by
 6 interment in compliance with IC 23-14-54, or cremation
 7 through a licensee (as defined in IC 25-15-2-19) and in
 8 compliance with IC 23-14-31.

9 (K) On a form developed by the state department, information
 10 concerning any counseling that is available to a pregnant
 11 woman after having an abortion.

12 The state department shall develop and distribute the forms
 13 required by clauses (H) through (K).

14 (3) The pregnant woman certifies in writing, on a form developed
 15 by the state department, before the abortion is performed, that:

16 (A) the information required by subdivisions (1) and (2) has
 17 been provided to the pregnant woman;

18 (B) the pregnant woman has been offered by the provider the
 19 opportunity to view the fetal ultrasound imaging and hear the
 20 auscultation of the fetal heart tone if the fetal heart tone is
 21 audible and that the woman has:

22 (i) viewed or refused to view the offered fetal ultrasound
 23 imaging; and

24 (ii) listened to or refused to listen to the offered auscultation
 25 of the fetal heart tone if the fetal heart tone is audible; and

26 (C) the pregnant woman has been given a written copy of the
 27 printed materials described in section 1.5 of this chapter.

28 (4) At least eighteen (18) hours before the abortion and in the
 29 presence of the pregnant woman, the physician who is to perform
 30 the abortion, the referring physician or a physician assistant (as
 31 defined in IC 25-27.5-2-10), an advanced practice registered
 32 nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife
 33 (as defined in IC 34-18-2-6.5) to whom the responsibility has
 34 been delegated by the physician who is to perform the abortion or
 35 the referring physician has provided the pregnant woman with a
 36 color copy of the informed consent brochure described in section
 37 1.5 of this chapter by printing the informed consent brochure from
 38 the state department's website and including the following
 39 information on the back cover of the brochure:

40 (A) The name of the physician performing the abortion and the
 41 physician's medical license number.

42 (B) An emergency telephone number where the physician or



- 1 the physician's designee may be contacted twenty-four (24)
 2 hours a day, seven (7) days a week.
- 3 (C) A statement that follow-up care by the physician or the
 4 physician's designee who is licensed under IC 25-22.5 is
 5 available on an appropriate and timely basis when clinically
 6 necessary.
- 7 (5) At least eighteen (18) hours before an abortion is performed
 8 and at the same time that the pregnant woman receives the
 9 information required by subdivision (1), the provider shall
 10 perform, and the pregnant woman shall view, the fetal ultrasound
 11 imaging and hear the auscultation of the fetal heart tone if the
 12 fetal heart tone is audible unless the pregnant woman certifies in
 13 writing, on a form developed by the state department, before the
 14 abortion is performed, that the pregnant woman:
- 15 (A) does not want to view the fetal ultrasound imaging; and
 16 (B) does not want to listen to the auscultation of the fetal heart
 17 tone if the fetal heart tone is audible.
- 18 A pregnant woman must be advised, prior to the pregnant
 19 woman's decision concerning fetal ultrasound imaging, that an
 20 ultrasound image of the fetus will be provided to the pregnant
 21 woman to keep at no charge to the pregnant woman if the fetal
 22 ultrasound is performed.
- 23 (6) At least eighteen (18) hours before the abortion, the physician
 24 who is to perform the abortion, the referring physician or a
 25 physician assistant (as defined in IC 25-27.5-2-10), an advanced
 26 practice registered nurse (as defined in IC 25-23-1-1(b)), or a
 27 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
 28 the responsibility has been delegated by the physician who is to
 29 perform the abortion or the referring physician shall, in the
 30 private, not group, presence of the pregnant woman, verbally ask
 31 the pregnant woman if she is being coerced to have an abortion.
- 32 (b) This subsection applies to a pregnant woman whose unborn
 33 child has been diagnosed with a lethal fetal anomaly. The requirements
 34 of this subsection are in addition to the other requirements of this
 35 section. At least eighteen (18) hours before an abortion is performed on
 36 the pregnant woman, the physician who will perform the abortion shall:
- 37 (1) orally and in person, inform the pregnant woman of the
 38 availability of perinatal hospice services; and
 39 (2) provide the pregnant woman copies of the perinatal hospice
 40 brochure developed by the state department under IC 16-25-4.5-4
 41 and the list of perinatal hospice providers and programs
 42 developed under IC 16-25-4.5-5, by printing the perinatal hospice



1 brochure and list of perinatal hospice providers from the state
2 department's website.

3 (c) If a pregnant woman described in subsection (b) chooses to have
4 an abortion rather than continuing the pregnancy in perinatal hospice
5 care, the pregnant woman shall certify in writing, on a form developed
6 by the state department under IC 16-25-4.5-6, at least eighteen (18)
7 hours before the abortion is performed, that the pregnant woman has
8 been provided the information described in subsection (b) in the
9 manner required by subsection (b).

10 (d) For any abortion performed under this article, the physician who
11 is to perform the abortion, the referring physician or a physician
12 assistant (as defined in IC 25-27.5-2-10), an advanced practice
13 registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse
14 midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has
15 been delegated by the physician who is to perform the abortion or the
16 referring physician shall include, or ensure the inclusion of, a copy of
17 a pregnant woman's ultrasound report in the pregnant woman's patient
18 file.

19 (e) If the physician who is to perform the abortion, the referring
20 physician, a physician assistant (as defined in IC 25-27.5-2-10), an
21 advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or
22 a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a
23 pregnant woman is being coerced to have an abortion after making the
24 inquiry required under subsection (a)(6), the physician, physician
25 assistant, advanced practice registered nurse, or certified nurse midwife
26 shall:

- 27 (1) inform the pregnant woman that coercing a pregnant woman
28 to have an abortion is illegal;
- 29 (2) inform the pregnant woman that a demand by the father to
30 have an abortion does not relieve him of financial support
31 responsibilities; and
- 32 (3) provide the pregnant woman with:
- 33 (A) information about:
- 34 (i) assistance;
- 35 (ii) counseling; and
- 36 (iii) protective services offered by social programs and local
37 or state law enforcement agencies;
- 38 (B) access to a telephone if she needs to make a private
39 telephone call; and
- 40 (C) access to an alternate exit from the health care facility.

41 (f) Except as provided in subsection (g), if a physician, physician
42 assistant (as defined in IC 25-27.5-2-10), advanced practice registered



1 nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as
 2 defined in IC 34-18-2-6.5) has specific and credible information that
 3 a pregnant woman is being coerced into having an abortion, then an
 4 abortion may not be provided to the pregnant woman during the
 5 twenty-four (24) hour period after the physician, physician assistant (as
 6 defined in IC 25-27.5-2-10), advanced practice registered nurse (as
 7 defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in
 8 IC 34-18-2-6.5) makes a report under IC 16-34-6-6(b).

9 (g) The twenty-four (24) hour period described in subsection (f) may
 10 be waived if a physician, in the physician's best medical judgment,
 11 determines that an abortion is necessary to prevent the death of the
 12 pregnant woman or to prevent substantial and irreversible injury to a
 13 major bodily function of the pregnant woman.

14 SECTION 4. IC 25-1-9-4, AS AMENDED BY P.L.35-2018,
 15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 16 JULY 1, 2024]: Sec. 4. (a) A practitioner shall conduct the
 17 practitioner's practice in accordance with the standards established by
 18 the board regulating the profession in question and is subject to the
 19 exercise of the disciplinary sanctions under section 9 of this chapter if,
 20 after a hearing, the board finds:

21 (1) a practitioner has:

22 (A) engaged in or knowingly cooperated in fraud or material
 23 deception in order to obtain a license to practice, including
 24 cheating on a licensing examination;

25 (B) engaged in fraud or material deception in the course of
 26 professional services or activities;

27 (C) advertised services in a false or misleading manner; or

28 (D) been convicted of a crime or assessed a civil penalty
 29 involving fraudulent billing practices, including fraud under:

30 (i) Medicaid (42 U.S.C. 1396 et seq.);

31 (ii) Medicare (42 U.S.C. 1395 et seq.);

32 (iii) the children's health insurance program under
 33 IC 12-17.6; or

34 (iv) insurance claims;

35 (2) a practitioner has been convicted of a crime that:

36 (A) has a direct bearing on the practitioner's ability to continue
 37 to practice competently; or

38 (B) is harmful to the public;

39 (3) a practitioner has knowingly violated any state statute or rule,
 40 or federal statute or regulation, regulating the profession in
 41 question;

42 (4) a practitioner has continued to practice although the



- 1 practitioner has become unfit to practice due to:
- 2 (A) professional incompetence that:
- 3 (i) may include the undertaking of professional activities
- 4 that the practitioner is not qualified by training or experience
- 5 to undertake; and
- 6 (ii) does not include activities performed under
- 7 IC 16-21-2-9;
- 8 (B) failure to keep abreast of current professional theory or
- 9 practice;
- 10 (C) physical or mental disability; or
- 11 (D) addiction to, abuse of, or severe dependency upon alcohol
- 12 or other drugs that endanger the public by impairing a
- 13 practitioner's ability to practice safely;
- 14 (5) a practitioner has engaged in a course of lewd or immoral
- 15 conduct in connection with the delivery of services to the public;
- 16 (6) a practitioner has allowed the practitioner's name or a license
- 17 issued under this chapter to be used in connection with an
- 18 individual who renders services beyond the scope of that
- 19 individual's training, experience, or competence;
- 20 (7) a practitioner has had disciplinary action taken against the
- 21 practitioner or the practitioner's license to practice in any state or
- 22 jurisdiction on grounds similar to those under this chapter;
- 23 (8) a practitioner has diverted:
- 24 (A) a legend drug (as defined in IC 16-18-2-199); or
- 25 (B) any other drug or device issued under a drug order (as
- 26 defined in IC 16-42-19-3) for another person;
- 27 (9) a practitioner, except as otherwise provided by law, has
- 28 knowingly prescribed, sold, or administered any drug classified
- 29 as a narcotic, addicting, or dangerous drug to a habitue or addict;
- 30 (10) a practitioner has failed to comply with an order imposing a
- 31 sanction under section 9 of this chapter;
- 32 (11) a practitioner has engaged in sexual contact with a patient
- 33 under the practitioner's care or has used the practitioner-patient
- 34 relationship to solicit sexual contact with a patient under the
- 35 practitioner's care;
- 36 (12) a practitioner who is a participating provider of a health
- 37 maintenance organization has knowingly collected or attempted
- 38 to collect from a subscriber or enrollee of the health maintenance
- 39 organization any sums that are owed by the health maintenance
- 40 organization;
- 41 (13) a practitioner has assisted another person in committing an
- 42 act that would be grounds for disciplinary sanctions under this



1 chapter; or

2 (14) a practitioner has failed to report to the department of child
3 services ~~or~~ **and** a local law enforcement agency **in Indiana**
4 suspected child abuse in accordance with IC 31-33-5.

5 (b) A practitioner who provides health care services to the
6 practitioner's spouse is not subject to disciplinary action under
7 subsection (a)(11).

8 (c) A certified copy of the record of disciplinary action is conclusive
9 evidence of the other jurisdiction's disciplinary action under subsection
10 (a)(7).

11 SECTION 5. IC 31-33-5-2, AS AMENDED BY P.L.183-2017,
12 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2024]: Sec. 2. (a) ~~This section does not apply to an individual
14 required to make a report under this article in the individual's capacity
15 as a member of the staff of a hospital licensed under IC 16-21-2. An
16 individual required to make a report under this article in the
17 individual's capacity as a member of the staff of a hospital licensed
18 under IC 16-21-2 is subject to section 2.5 of this chapter.~~

19 ~~(b) (a) Except as provided in subsection (c), if an individual is
20 required to make a report under this article in the individual's capacity
21 as a member of the staff of a ~~medical or other~~ public or private
22 institution, school, facility, or agency, the individual shall immediately
23 make a report to:~~

24 (1) the department; or

25 (2) the local law enforcement agency **in Indiana based on the
26 child's location at the moment the individual knows or
27 suspects child abuse or neglect.**

28 **The individual does not have discretion to decide not to report
29 known or suspected child abuse or neglect.**

30 (b) **An individual required to make a report of known or
31 suspected child abuse or neglect may not delegate the duty to make
32 the report to another individual.**

33 (c) **If an individual is required to report under this article in the
34 individual's capacity as a member of the staff at:**

35 (1) **a medical institution;**

36 (2) **a medical facility; or**

37 (3) **any other health care facility;**

38 **the individual shall immediately, but not later than two (2) hours,
39 make a report to the department and the local law enforcement
40 agency in Indiana based on the child's location at the moment the
41 individual knows or suspects child abuse or neglect. The individual
42 does not have discretion to decide not to report known or suspected**



1 **child abuse or neglect.**

2 (d) After making the report, the individual shall notify the
3 individual in charge of the institution, school, facility, or agency or the
4 designated agent of the individual in charge of the institution, school,
5 facility, or agency that the report was made.

6 SECTION 6. IC 31-33-5-2.5 IS REPEALED [EFFECTIVE JULY
7 1, 2024]. See: 2:5. (a) This section applies only to an individual
8 required to make a report under this article in the individual's capacity
9 as a member of the staff of a hospital licensed under IC 16-21-2.

10 (b) If an individual is required to make a report under this article in
11 the individual's capacity as a member of the staff of a hospital licensed
12 under IC 16-21-2, the individual shall immediately notify the individual
13 in charge of the hospital or the designated agent of the individual in
14 charge of the hospital.

15 (c) An individual notified under subsection (b) shall immediately
16 report or cause a report to be made to:

17 (1) the department; or

18 (2) the local law enforcement agency.

19 SECTION 7. IC 31-33-5-4, AS AMENDED BY P.L.183-2017,
20 SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2024]: Sec. 4. (a) **Except as provided in subsection (b),** a
22 person who has a duty under this chapter to report that a child may be
23 a victim of child abuse or neglect shall immediately make an oral or
24 written report to:

25 (1) the department; or

26 (2) the local law enforcement agency **in Indiana based on the**
27 **child's location at the moment the individual suspects child**
28 **abuse or neglect.**

29 (b) **A person who has a duty under section 2(c) of this chapter**
30 **to report that a child may be a victim of child abuse or neglect shall**
31 **immediately, but not later than two (2) hours, make an oral or**
32 **written report to:**

33 (1) **the department; and**

34 (2) **the local law enforcement agency in Indiana based on the**
35 **child's location at the moment the individual suspects child**
36 **abuse or neglect.**

37 SECTION 8. IC 31-33-8-1, AS AMENDED BY P.L.198-2019,
38 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
39 JULY 1, 2024]: Sec. 1. (a) The department shall initiate an
40 appropriately thorough child protection assessment of every report of
41 known or suspected child abuse or neglect the department receives,
42 whether in accordance with this article or otherwise.



1 (b) If a report of known or suspected child abuse or neglect is
2 received from a judge or prosecutor requesting the department to
3 initiate a child protection assessment, the department shall initiate an
4 assessment in accordance with this section.

5 (c) If a report of known or suspected child abuse or neglect is
6 received from:

- 7 (1) medical personnel;
- 8 (2) school personnel;
- 9 (3) a social worker;
- 10 (4) law enforcement officials or personnel;
- 11 (5) judiciary personnel; or
- 12 (6) prosecuting attorney personnel;

13 the department shall forward the report to the local office to determine
14 if the department will initiate an assessment in accordance with this
15 section.

16 (d) If the department believes that a child is in imminent danger of
17 serious bodily harm, the department shall initiate an onsite assessment
18 immediately, but not later than two (2) hours, after receiving the report.

19 (e) If the report alleges a child may be a victim of child abuse, the
20 assessment shall be initiated immediately, but not later than
21 twenty-four (24) hours after receipt of the report.

22 (f) If reports of child neglect are received, the assessment shall be
23 initiated within a reasonably prompt time, but not later than five (5)
24 days, with the primary consideration being the well-being of the child
25 who is the subject of the report.

26 (g) If the report alleges that a child lives with a parent, guardian, or
27 custodian who is married to or lives with a person who:

- 28 (1) has been convicted of:
 - 29 (A) neglect of a dependent under IC 35-46-1-4; or
 - 30 (B) a battery offense under IC 35-42-4; or
- 31 (2) is required to register as a sex or violent offender under
32 IC 11-8-8;

33 the department shall initiate an assessment within a reasonably prompt
34 time, but not later than five (5) days after the department receives the
35 report, with the primary consideration being the well-being of the child
36 who is the subject of the report.

37 (h) If the safety or well-being of a child appears to be endangered or
38 the facts otherwise warrant, the assessment shall be initiated regardless
39 of the time of day.

40 (i) If a report alleges abuse or neglect and involves a child care
41 ministry that is exempt from licensure under IC 12-17.2-6, the
42 department and the appropriate law enforcement agency shall jointly



1 conduct an investigation. The investigation shall be conducted under
2 the requirements of this section and section 2(b) of this chapter.

3 **(j) If a report alleges that a youth coach is the abuser, the**
4 **department shall investigate the school or athletic facility to**
5 **determine whether the school or athletic facility reasonably should**
6 **have known that the alleged abuse was happening. In determining**
7 **whether the school or athletic facility reasonably should have**
8 **known, the department may consider the following:**

9 **(1) Whether there have been previous allegations against the**
10 **coach.**

11 **(2) Whether there are disciplinary records for the coach**
12 **involving inappropriate behavior with a minor.**

13 **(3) Whether the school or athletic facility properly reported**
14 **any previous allegations against the coach or disciplinary**
15 **records involving the coach's inappropriate behavior with a**
16 **minor.**

17 SECTION 9. IC 31-33-22-1, AS AMENDED BY P.L.183-2017,
18 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2024]: Sec. 1. (a) A person who knowingly fails to make a
20 report required by IC 31-33-5-1 commits a Class ~~B~~ **A** misdemeanor.

21 (b) A person who knowingly fails to make a report required by
22 IC 31-33-5-2 ~~or IC 31-33-5-2.5~~ commits a Class ~~B~~ **A** misdemeanor.
23 This penalty is in addition to the penalty imposed by subsection (a).

24 **(c) A criminal investigation does not affect the victim's right to**
25 **seek a civil remedy against the person being investigated for a**
26 **crime under this section.**

