## 

February 18, 2022

### **ENGROSSED** HOUSE BILL No. 1169

DIGEST OF HB 1169 (Updated February 16, 2022 12:54 pm - DI 104)

Citations Affected: IC 5-22; IC 12-8; IC 16-18; IC 16-19; IC 16-21; IC 16-38; IC 16-42; IC 16-46; IC 20-35; IC 25-1; IC 35-45; IC 36-2.

Synopsis: Department of health matters. Repeals and relocates laws concerning: (1) rules regulating the sanitary operation of tattoo parlors and body piercing facilities; (2) allowing the executive board of the state department of health (board) to adopt rules on behalf of the state department of health (department); (3) allowing the board to adopt emergency rules; (4) sanitation of public buildings and institutions; and (5) authority to adopt rules concerning the federal Clinical Laboratory Improvement Amendments. Repeals laws concerning: (1) safety guidelines for children during bad weather conditions; (2) automated external defibrillator rules in health clubs; (3) requiring the state health commissioner (commissioner) to comment on certain rules; (4) fees for (Continued next page)

Effective: Upon passage; July 1, 2022.

Clere, Barrett, Lehman, Fleming

(SENATE SPONSORS - CRIDER, CHARBONNEAU, BUSCH, BREAUX)

January 6, 2022, read first time and referred to Committee on Public Health. January 13, 2022, amended, reported — Do Pass. Referred to Committee on Ways and January 13, 2022, amended, reported — Do Fass. Terester J Means pursuant to Rule 127. January 20, 2022, reported — Do Pass. January 24, 2022, read second time, amended, ordered engrossed. January 25, 2022, engrossed. Read third time, passed. Yeas 90, nays 0.

SENATE ACTION

February 2, 2022, read first time and referred to Committee on Health and Provider February 17, 2022, reported favorably — Do Pass; reassigned to Committee on Appropriations.



#### Digest Continued

serological tests; (5) the administrative unit for special institutions; (6) protection and regulation of department property; and (7) the registry of blind persons. Removes intemperance as a reason to remove a local health officer. Specifies that the department may request the office of administrative law proceedings to designate a person to administer a proceeding. Requires the department to provide facilities and disseminate information to the public concerning oral public health. Allows the department to have a designee to maintain a 24 hour poisons answering service. Adds information on prenatal care to the department's telephone information service concerning children with long term health care needs. Changes the reference from "illegal drug use" to "substance abuse disorder" for purposes of partnership and joint ventures with the department. Requires the department to employ a licensed physician as the chief medical officer. Allows the chief medical officer to perform the functions of the commissioner when the commissioner is not available. Specifies that the state health laboratory (laboratory) must be used to support public health. Changes the title of the person who manages the laboratory. Removes certain requirements concerning the appointment of the laboratory director and chemist. Removes a requirement that a director must report to the commissioner. Requires holders of a certificate of public advantage to pay for reasonable charges incurred by the department. Changes the requirement that the department "shall" to "may" use information compiled by a public or private entity to the greatest extent possible to develop a chronic disease registry. Allows the department to issue a certificate of free sale to a business that meets certain requirements. Amends the definition of "person" for purposes of the state health improvement plan and grant program. Amends the definition of "deaf or hard of hearing" for purposes of the laws governing language development for children who are deaf or hard of hearing. Provides that a county coroner may not certify the cause of death for certain infants as a sudden unexplained infant death until a comprehensive death investigation is performed. Makes technical and conforming changes.



February 18, 2022

Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

## ENGROSSED HOUSE BILL No. 1169

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1	SECTION 1. IC 5-22-12-1 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. This chapter applies
3	only to the following governmental bodies:
4	(1) A state institution (as defined in IC 12-7-2-184).
5	(2) A penal facility operated by the department of correction.
6	(3) An institution operated by the state department of health under
7	<del>IC 16-19-6.</del>
8	(4) (3) A political subdivision.
9	SECTION 2. IC 12-8-10-1, AS AMENDED BY P.L.32-2021,
10	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11	JULY 1, 2022]: Sec. 1. This chapter applies only to the indicated
12	money of the following state agencies to the extent that the money is
13	used by the agency to obtain services from grantee agencies to carry
14	out the program functions of the agency:
15	(1) Money appropriated or allocated to a state agency from money



1	received by the state under the federal Social Services Block
2	Grant Act (42 U.S.C. 1397 et seq.).
3	(2) The division of aging, except this chapter does not apply to
4	money expended under the following:
5	(A) The following statutes, unless application of this chapter
6	is required by another subdivision of this section:
7	(i) IC 12-10-6.
8	(ii) IC 12-10-12 (before its expiration).
9	(B) Epilepsy services.
10	(3) The division of family resources, for money expended under
11	the following programs:
12	(A) The child development associate scholarship program.
13	(B) The dependent care program.
14	(C) Migrant day care.
15	(D) The commodities program.
16	(E) The migrant nutrition program.
17	(F) Any emergency shelter program.
18	(G) The energy weatherization program.
19	(4) The state department of health, for money expended under the
20	following statutes:
21	<del>(A)</del> IC 16-19-10.
22	(B) IC 16-38-3.
23	(5) The group.
24	(6) All state agencies, for any other money expended for the
25	purchase of services if all the following apply:
26	(A) The purchases are made under a contract between the state
27	agency and the office of the secretary.
28	(B) The contract includes a requirement that the office of the
29	secretary perform the duties and exercise the powers described
30	in this chapter.
31	(C) The contract is approved by the budget agency.
32	(7) The division of mental health and addiction.
33	SECTION 3. IC 16-18-2-4 IS REPEALED [EFFECTIVE JULY 1,
34	2022]. See. 4. "Administrative unit", for purposes of IC 16-19-6, has
35	the meaning set forth in IC 16-19-6-1.
36	SECTION 4. IC 16-18-2-52.2 IS ADDED TO THE INDIANA
37	CODE AS A NEW SECTION TO READ AS FOLLOWS
38	[EFFECTIVE JULY 1, 2022]: Sec. 52.2. "Certificate of free sale",
39	for purposes of IC 16-42-18.5, has the meaning set forth in
40	IC 16-42-18.5-1.
41	SECTION 5. IC 16-18-2-62 IS AMENDED TO READ AS
42	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 62. <del>(a) "Commission",</del>



2

1 for purposes of IC 16-19-6, refers to the commission for special 2 institutions. 3 (b) (a) "Commission", for purposes of IC 16-31, refers to the 4 Indiana emergency medical services commission. 5 (c) (b) "Commission", for purposes of IC 16-46-11.1, has the 6 meaning set forth in IC 16-46-11.1-1. 7 SECTION 6. IC 16-19-2-9 IS AMENDED TO READ AS 8 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. The members shall 9 elect one (1) member as chairman chairperson of the executive board. 10 The chairman chairperson shall serve for a term of two (2) years, unless the person's term of office as a member of the executive board 11 12 expires sooner. 13 SECTION 7. IC 16-19-3-4, AS AMENDED BY P.L.113-2014, 14 SECTION 102, IS AMENDED TO READ AS FOLLOWS 15 [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The executive board may, by 16 an affirmative vote of a majority of its members, adopt reasonable rules 17 on behalf of the state department to protect or to improve the public 18 health in Indiana. 19 (b) The rules may concern but are not limited to the following: 20 (1) Nuisances dangerous to public health. (2) The pollution of any water supply other than where 21 22 jurisdiction is in the environmental rules board and department of 23 environmental management. 24 (3) The disposition of excremental and sewage matter. 25 (4) The control of fly and mosquito breeding places. 26 (5) The detection, reporting, prevention, and control of diseases 27 that affect public health. (6) The care of maternity and infant cases and the conduct of 28 29 maternity homes. 30 (7) The production, distribution, and sale of human food. 31 (8) Except as provided in section 4.4 of this chapter, the conduct 32 of camps. 33 (9) Standards of cleanliness of eating facilities for the public. 34 (10) Standards of cleanliness of sanitary facilities offered for 35 public use. 36 (11) The handling, disposal, disinterment, and reburial of dead 37 human bodies. 38 (12) Vital statistics. 39 (13) Sanitary conditions and facilities in public buildings and 40 grounds, including plumbing, drainage, sewage disposal, water 41 supply, lighting, heating, and ventilation, other than where 42 jurisdiction is vested by law in the fire prevention and building

1 safety commission or other state agency. 2 (14) The design, construction, and operation of swimming and 3 wading pools. However, the rules governing swimming and wading pools do not apply to a pool maintained by an individual 4 5 for the sole use of the individual's household and house guests. 6 (c) The executive board shall adopt reasonable rules to regulate 7 the following: 8 (1) The sanitary operation of tattoo parlors. 9 (2) The sanitary operation of body piercing facilities. 10 (d) The executive board may adopt rules on behalf of the state 11 department for the efficient enforcement of this title, except as 12 otherwise provided. However, fees for inspections relating to 13 weight and measures may not be established by the rules. 14 (e) The executive board may declare that a rule described in 15 subsection (d) is necessary to meet an emergency and adopt the 16 rule under IC 4-22-2-37.1. 17 (f) The rules of the state department may not be inconsistent with this title and or any other state law. 18 19 SECTION 8. IC 16-19-3-4.1 IS REPEALED [EFFECTIVE JULY 20 1, 2022]. Sec. 4.1. The executive board shall adopt reasonable rules to 21 regulate the sanitary operation of tattoo parlors. 22 SECTION 9. IC 16-19-3-4.2 IS REPEALED [EFFECTIVE JULY 23 1, 2022]. Sec. 4.2. The executive board shall adopt reasonable rules to 24 regulate the sanitary operation of body piercing facilities. SECTION 10. IC 16-19-3-5 IS REPEALED [EFFECTIVE JULY 1, 25 26 2022]. Sec. 5. (a) The executive board may adopt rules on behalf of the 27 state department for the efficient enforcement of this title, except as 28 otherwise provided. However, fees for inspections relating to weight 29 and measures may not be established by the rules. 30 (b) The executive board may declare that a rule described in 31 subsection (a) is necessary to meet an emergency and adopt the rule 32 under IC 4-22-2-37.1. 33 SECTION 11. IC 16-19-3-6 IS REPEALED [EFFECTIVE JULY 1, 34 2022]. Sec. 6. The rules of the state department may not be inconsistent 35 with this title or any other Indiana statute. 36 SECTION 12. IC 16-19-3-6.5 IS REPEALED [EFFECTIVE JULY 37 1, 2022]. Sec. 6.5. (a) The state department shall adopt guidelines 38 concerning the safety of children during bad weather conditions. 39 (b) The guidelines adopted under subsection (a) must include a 40 listing of places that are safe during the following types of weather 41 conditions: 42 (A) Blizzards.



EH 1169—LS 7145/DI 77

4

1	(B) Tornados.
2	(C) Rain storms.
3	(D) Lightning storms.
4	(E) Hail storms.
5	(F) Wind storms.
6	(G) Extreme heat.
7	(H) Any other weather condition for which the National Weather
8	Service issues an advisory, a watch, or a warning.
9	(c) The guidelines adopted under subsection (a) must cover the
10	following types of events and places where children may be exposed to
11	weather conditions:
12	(1) Schools and activities organized by schools.
13	(2) Child care centers and child care homes licensed under
14	<del>IC 12-17.2.</del>
15	(3) Preschool (as defined in IC 12-7-2-143.5).
16	(4) Organized sporting events.
17	(5) Public parks.
18	(d) The state department shall:
19	(1) distribute the guidelines adopted under subsection (a) to the
20	department of education, which shall then distribute the
21	guidelines to each:
22	(A) school corporation; and
23	(B) nonpublic school; and
24	(2) make available the guidelines adopted under subsection (a) to
25	any person that:
26	(A) operates a place; or
27	(B) organizes or conducts an activity or event;
28	described in subsection (c).
29	SECTION 13. IC 16-19-3-7 IS AMENDED TO READ AS
30	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The state
31	department may make sanitary inspections and surveys throughout
32	Indiana and of all public buildings and institutions.
33	(b) The state department may make indoor air quality inspections of
34	all public buildings and institutions that are occupied by an agency of
35	state or local government.
36	(c) The state department may enforce all laws and rules
37	concerning the character and location of plumbing, drainage,
38	water supply, disposal of sewage, lighting, heating, and ventilation
39	and all sanitary features of all public buildings and institutions.
40	(c) (d) After due notice is given, the state department may enter
41	upon and inspect private property in regard to the presence of cases of
42	infectious and contagious diseases and the possible cause and source



1 of diseases. 2 SECTION 14. IC 16-19-3-8 IS REPEALED [EFFECTIVE JULY 1, 3 2022]. Sec. 8. The state department may enforce all laws and rules 4 concerning the character and location of plumbing, drainage, water 5 supply, disposal of sewage, lighting, heating, and ventilation and all 6 sanitary features of all public buildings and institutions. SECTION 15. IC 16-19-3-13 IS AMENDED TO READ AS 7 8 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 13. The state 9 department may remove a local health officer in the state for any of the 10 following reasons: (1) Intemperance. 11 12 (2) (1) Failure to collect vital statistics. 13 (3) (2) Failure to obey rules. 14 (4) (3) Failure to keep records. (5) (4) Failure to make reports. 15 16 (6) (5) Failure to answer letters of inquiry of the state department 17 concerning the health of the people. 18 (7) (6) Neglect of official duty. 19 SECTION 16. IC 16-19-3-17 IS AMENDED TO READ AS 20 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 17. Whenever a hearing 21 is provided for or authorized to be held by the state department, the 22 state department may request that the office of administrative law 23 proceedings designate a person as the state department's agent or 24 representative to conduct the hearings. administer the proceeding. 25 The agent or representative selected by the office of administrative law proceedings shall conduct the hearings administer the 26 27 proceeding in the manner provided by law. SECTION 17. IC 16-19-3-20 IS AMENDED TO READ AS 28 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 20. The state 29 30 department shall provide facilities and personnel for investigation, 31 research, and dissemination of knowledge to the public concerning 32 dental oral public health. 33 SECTION 18. IC 16-19-3-22 IS AMENDED TO READ AS 34 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 22. (a) The state 35 department or the state department's designee shall maintain a 36 toll-free telephone answering service to provide information on safety 37 precautions and emergency procedures with regard to poisons. 38 (b) The telephone number shall be widely disseminated throughout 39 Indiana and shall be manned on a twenty-four (24) hour per day basis. 40 (c) The telephone companies in Indiana, the state department, all

40 (c) The telephone companies in Indiana, the state department, an
 41 hospitals, and all other boards or commissions registering or licensing
 42 health care professions or emergency medical services shall cooperate



1 in making the toll-free telephone number available to the public. 2 SECTION 19. IC 16-19-3-23 IS AMENDED TO READ AS 3 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 23. (a) The state 4 department shall maintain a toll-free telephone line to provide 5 information, referral, follow-up, and personal assistance concerning 6 federal, state, local, and private programs that provide the following: 7 (1) Services to children less than twenty-one (21) years of age 8 with long term health care needs. 9 (2) Assistance to pregnant women to obtain prenatal care and 10 other services to promote healthy women, babies, and 11 families. 12 (b) The state department shall provide the telephone service required in subsection (a) to the following: 13 14 (1) Families with children having long term health care needs. 15 (2) Pregnant women. 16 (2) (3) Health care providers. (3) (4) Employees of state and local governmental entities. 17 18 (4) (5) Educators. 19 (5) (6) Other entities that provide services to children with long 20 term health care needs. 21 (b) (c) The state department may adopt rules under IC 4-22-2 to 22 implement this section. 23 SECTION 20. IC 16-19-3-27.5, AS ADDED BY P.L.261-2019, 24 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 25 JULY 1, 2022]: Sec. 27.5. (a) As used in this section, "technology new 26 to Indiana" (referred to in this section as "TNI") means sewage 27 treatment or disposal methods, processes, or equipment that are not 28 described in the administrative rules of the state department or the 29 executive board concerning residential onsite sewage systems (410 30 IAC 6-8.3) or commercial onsite sewage systems (410 IAC 6-10.1). 31 (b) The state department shall establish and maintain a technical 32 review panel consisting of individuals with technical or scientific 33 knowledge relating to onsite sewage systems. The technical review 34 panel shall: 35 (1) decide under subsection (f) whether to approve: 36 (A) proprietary residential wastewater treatment devices; and 37 (B) proprietary commercial wastewater treatment devices; 38 for general use in Indiana; 39 (2) biannually review the performance of residential septic 40 systems and commercial onsite sewage systems; (3) assist the state department in developing standards and 41 42 guidelines for proprietary residential wastewater treatment



1	devices and proprietary commercial wastewater treatment
2	devices; and
3	(4) assist the executive board and the state department in updating
4	rules adopted under sections section 4 and 5 of this chapter
5	concerning residential septic systems and commercial onsite
6	sewage systems.
7	(c) The technical review panel shall include the following:
8	(1) A member of the staff of the state department, who shall serve
9	as the chair.
10	(2) A local health department environmental health specialist
11	appointed by the governor.
12	(3) An Indiana professional engineer registered under IC 25-31-1
13	representing the American Council of Engineering Companies.
14	(4) A representative of the Indiana Builders Association.
15	(5) An Indiana registered professional soil scientist (as defined in
16	IC 25-31.5-1-6) representing the Indiana Registry of Soil
17	Scientists.
18	(6) A representative of an Indiana college or university with a
19	specialty in engineering, soil science, environmental health, or
20	biology appointed by the governor.
21	(7) A representative of the Indiana Onsite Wastewater
22	Professionals Association.
23	(8) An Indiana onsite sewage system contractor appointed by the
24	governor.
25	(9) A representative of the Indiana State Building and
26	Construction Trades Council.
27	All members of the technical review panel are voting members.
28	(d) In the case of a tie vote of the technical review panel, the
29	technical review panel shall, not more than seven (7) days after the day
30	of the tie vote:
31	(1) contact the applicant by phone call and by mail; and
32	(2) request more information or provide an explanation of how the
33	applicant can modify the application to make it more complete.
34	The technical review panel shall review any new information provided
35	by the applicant and vote again on the application not more than thirty
36	(30) days after receiving the information.
37	(e) The technical review panel shall do the following:
38	(1) Receive applications for the approval of TNI for general use
39	in:
40	(A) residential septic systems under sections 4 and <del>5 of this</del>
41	chapter, section 27 of this chapter and IC 16-41-25; and
42	(B) commercial onsite sewage systems under sections 4 and <del>5</del>



1	of this chapter, section 27 of this chapter and IC 16-19-3.5.
2 3	(2) Meet at least four (4) times per year to review applications
	described in subdivision (1).
4 5	(3) Notify each person who submits an application described in
6	subdivision (1): (A) that the memory's employed has been received by the
0 7	(A) that the person's application has been received by the
8	technical review panel; and (B) of whether the application is complete;
8 9	not later than thirty (30) days after the technical review panel
10	receives the application.
10	(4) Inform each person who submits an application described in
12	subdivision (1) of:
12	(A) a tentative decision of the technical review panel; or
13	(B) the technical review panel's final decision under
15	subsection (f);
16	concerning the application not more than ninety (90) days after
17	the technical review panel notifies the person under subdivision
18	(3) that the panel has received the person's application.
19	(f) In response to each application described in subsection (e)(1),
20	the technical review panel shall make, and inform the applicant of, one
21	(1) of the following final decisions:
22	(1) That the TNI to which the application relates is approved for
23	general use in Indiana.
24	(2) That the TNI to which the application relates is approved for
25	use in Indiana with certain conditions, which may include:
26	(A) a requirement that the TNI be used initially only in a pilot
27	project;
28	(B) restrictions on the number or type of installations of the
29	TNI;
30	(C) sampling and analysis requirements for TNI involving or
31	comprising a secondary treatment system;
32	(D) requirements relating to training concerning the TNI;
33	(E) requirements concerning the operation and maintenance of
34	the TNI; or
35	(F) other requirements.
36	(3) That the TNI to which the application relates is approved on
37	a project-by-project basis.
38	(4) That the TNI is not approved for use in Indiana, which must
39	be accompanied by a statement of the reason for the decision.
40	(g) If the technical review panel makes a decision under subsection
41	(f)(4) that the TNI is not approved for use in Indiana, the applicant
42	may:



1	(1) submit a new application to the technical review panel under
2	this section; or
3	(2) file a petition for review of the technical review panel's
4	decision under IC 4-21.5-3.
5	(h) If the technical review panel fails to notify a person who submits
6	an application of the technical review panel's tentative decision or final
7	recommendation within ninety (90) days after receiving the application
8	as required by subsection (e)(4), the person who submitted the
9	application may use the TNI to which the application relates in a single
10	residential septic system or commercial onsite sewage system, as if the
11	TNI had been approved only for use in a pilot project.
12	(i) The technical review panel shall decide that the TNI to which an
13	application relates is approved for general use in Indiana if:
14	(1) the TNI has been certified as meeting the NSF/ANSI 40
15	Standard;
16	(2) a proposed Indiana design and installation manual for the TNI
17	is submitted with the permit application; and
18	(3) the technical review panel certifies that the proposed Indiana
19	design and installation manual meets the vertical and horizontal
20	separation, sizing, and soil loading criteria of the state
21	department.
22	(j) Subsection (k) applies if:
23	(1) a particular TNI meets the requirements of NSF/ANSI 40,
24	NSF/ANSI 245, or NSF/ANSI 350;
25	(2) the proposed Indiana design and installation manual for the
26	TNI meets the vertical and horizontal separation, sizing, and soil
27	loading criteria of the state department; and
28	(3) an Indiana professional engineer registered under IC 25-31-1
29	prepares site specific plans for the use of the TNI for a residential
30	or commercial application.
31	(k) In a case described in subsection (j):
32	(1) if the TNI is to be used in a residential application, the site
33	specific plans prepared under subsection $(j)(3)$ , after being
34	submitted to the local health department of the county, city, or
35	multiple county unit in which the TNI would be installed, may be
36	approved by the local health department within the period set
37	forth in IC 16-41-25-1(a); and
38	(2) if the TNI is to be used in a commercial application, the site
39	specific plans prepared under subsection $(j)(3)$ shall be approved
40	by the state department upon submission of the site specific plans.
41	SECTION 21. IC 16-19-3-29.2 IS REPEALED [EFFECTIVE JULY
42	1, 2022]. Sec. 29.2. The state department may adopt rules under



1 IC 4-22-2 to implement the requirements set forth in IC 24-4-15 2 concerning automated external defibrillators in health clubs. 3 SECTION 22. IC 16-19-3-30.5, AS ADDED BY P.L.208-2015, 4 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 5 JULY 1, 2022]: Sec. 30.5. The state department may enter into 6 partnerships and joint ventures to encourage best practices in the 7 following: 8 (1) The identification and testing of populations at risk of disease 9 related to illegal drug use. substance abuse disorder. 10 (2) The health care treatment of incarcerated individuals for 11 conditions related to illegal drug use. substance abuse disorder. SECTION 23. IC 16-19-3-32 IS ADDED TO THE INDIANA 12 13 CODE AS A NEW SECTION TO READ AS FOLLOWS 14 [EFFECTIVE JULY 1, 2022]: Sec. 32. (a) The state department shall 15 employ a licensed physician as chief medical officer for the state 16 department. 17 (b) The chief medical officer serves as an advisor to the state 18 health commissioner on clinical matters and may perform the 19 functions of the commissioner when the commissioner is not 20 available. 21 SECTION 24. IC 16-19-4-9 IS REPEALED [EFFECTIVE JULY 1, 22 2022]. Sec. 9. (a) This section applies: 23 (1) when a proposed rule is published in the Indiana Register by: 24 (A) the office of the secretary of family and social services; 25 (B) a division of family and social services; or 26 (C) the office of Medicaid policy and planning; and 27 (2) if the state department has rule making authority in an area 28 similar to the area that would be affected by the proposed rule. 29 (b) The commissioner shall submit written comments on a proposed 30 rule to the entity described in subsection (a) that proposed the rule not 31 more than thirty (30) days after the rule is published in the Indiana 32 Register. 33 SECTION 25. IC 16-19-5-1 IS AMENDED TO READ AS 34 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) In addition to 35 other fees provided by this title, the state department may establish and collect reasonable fees for specific services described under subsection 36 37 (b) provided by the state department. The fees may not exceed the cost 38 of services provided. 39 (b) Fees may be charged for the following services: 40 (1) Plan reviews conducted under rules adopted under 41 IC 16-19-3-4(b)(13). 42 (2) Licensing of agricultural labor camps under IC 16-41-26.



1	(3) Services provided to persons other than governmental entities
2	under rules adopted under <del>IC 16-19-3-5.</del> IC 16-19-3-4(d).
3	(4) Services provided by the state health laboratory under
4	IC 16-19-8.
5	(5) Services provided under IC 16-19-11-3.
6	(6) (5) Services provided under IC 24-6 by the state metrology
7	laboratory.
8	SECTION 26. IC 16-19-5-2 IS REPEALED [EFFECTIVE JULY 1,
9	2022]. Sec. 2. In addition to other fees provided by this title, the state
10	department shall charge and collect the following fees:
11	(1) For performance of any standard serological test for an
12	applicant for a marriage license, two dollars and fifty cents
13	<del>(\$2.50).</del>
14	(2) Fees prescribed in IC 16-19-3-21.
15	SECTION 27. IC 16-19-5-4, AS AMENDED BY P.L.32-2021,
16	SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17	JULY 1, 2022]: Sec. 4. (a) The weights and measures fund is
18	established for the purpose of providing funds for training and
19	equipment for weights and measures inspectors and the state metrology
20	laboratory. The state department shall administer the fund.
21	(b) The fund consists of fees collected under section $\frac{1(b)(6)}{1(b)(5)}$
22	of this chapter.
23	(c) Money in the fund at the end of a state fiscal year does not revert
24	to the state general fund.
25	SECTION 28. IC 16-19-6 IS REPEALED [EFFECTIVE JULY 1,
26	2022]. (Administrative Unit for Special Institutions).
27	SECTION 29. IC 16-19-8-2 IS AMENDED TO READ AS
28	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) The state health
29	laboratory shall be located at in Indianapolis and shall be used to:
30	(1) analyze foods and drugs for the purpose of enforcing the pure
31	food and drug laws; <del>and</del>
32	(2) perform sanitary analyses, pathological examinations, and
33	studies in hygiene and preventive medicine; and
34	(3) support public health activities;
35	to aid in the enforcement of the health laws and for no other purpose.
36	(b) All work done in the state health laboratory must be done
37	exclusively and entirely for the public benefit.
38	(c) The state department may establish fee schedules and charges
39	for services provided by the state health laboratory.
40	SECTION 30. IC 16-19-8-3 IS AMENDED TO READ AS
41	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) For the conduct
42	of the state health laboratory, the state department shall employ and



appoint a superintendent laboratory director other than the state
 health commissioner.

(b) The superintendent laboratory director shall have charge of and manage the state health laboratory. The superintendent laboratory director is entitled to receive a salary established by the state department subject to approval by the budget agency. The superintendent laboratory director must be learned and skilled in bacteriology and pathology.

9 (c) The state department shall also employ a skilled chemist, whose 10 salary is established by the state department subject to approval by the 11 budget agency.

12 (d) Both appointees must be temperate, healthy, well recommended,
 13 and of good moral character.

(e) The state department may employ employees the state
 department considers necessary for the successful conduct of the
 laboratory. The state department may define the duties and fix the
 compensation of the employees, whose employment is by consent of
 the governor.

SECTION 31. IC 16-19-9-1 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. The state department
is the designated state agency to adopt rules under IC 4-22-2 and
accept delegation from the federal Department of Health and Human
Services to carry out the purposes of the Clinical Laboratory
Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201,
263a).

SECTION 32. IC 16-19-9-2 IS REPEALED [EFFECTIVE JULY 1,
 2022]. Sec. 2: The state department is the designated state agency to
 adopt rules under IC 4-22-2 to carry out the purposes of the Clinical
 Laboratory Improvement Amendments of 1988 (P.L.100-578) (42
 U.S.C. 201, 263a).

SECTION 33. IC 16-19-11 IS REPEALED [EFFECTIVE JULY 1,
 2022]. (Protection and Regulation of State Department of Health
 Property).

34 SECTION 34. IC 16-19-12-1 IS AMENDED TO READ AS
35 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) Except as
36 otherwise provided, a person who recklessly violates or fails to comply
37 with the following commits a Class B misdemeanor:

- IC 16-19-1
- 39 IC 16-19-2

3

4

5

6

7

8

- 40 IC 16-19-3
- 41 IC 16-19-4
- 42 IC 16-19-5

EH 1169—LS 7145/DI 77



38

1 IC 16-19-7 2 IC 16-19-10. 3 <del>IC 16-19-11.</del> 4 (b) Each day a violation continues constitutes a separate offense. 5 SECTION 35. IC 16-19-13-4 IS AMENDED TO READ AS 6 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The state health commissioner shall appoint persons to staff the office, including: 7 8 (1) the director of the office; and 9 (2) any other employees that the state health commissioner 10 determines are necessary. (b) The employees appointed under subsection (a)(2) shall report to 11 the director. The director shall report to the state health commissioner. 12 13 (c) The director shall supervise the employees assigned to the office. (d) The director shall oversee the administrative functions of the 14 15 office. SECTION 36. IC 16-21-15-3, AS ADDED BY P.L.104-2021, 16 17 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. (a) Any hospital entering into a merger 18 19 agreement with another hospital may submit an application to the state 20 department for a certificate of public advantage to govern the merger agreement in the manner prescribed by the state department. However, 21 22 a hospital may not submit an application under this chapter after July 23 1, 2026. 24 (b) The application for a certificate of public advantage must 25 include the following: 26 (1) A written copy of the merger agreement. 27 (2) A written description of the nature and scope of the merger. 28 (c) Any documentation submitted under this section with the 29 application that is deemed to be proprietary information shall be clearly 30 identified as proprietary information and a copy of the application with 31 the proprietary information redacted for public records must be 32 submitted by the applicant. 33 (d) An applicant must also file a complete copy of the application 34 for a certificate of public advantage with: 35 (1) the office of the secretary of family and social services in a manner prescribed by the office of the secretary; and 36 37 (2) the office of the attorney general in a manner prescribed by the 38 office of the attorney general. 39 (e) The state department shall assess a filing fee for an application 40 for a certificate of public advantage that is reasonably sufficient to fully 41 fund the costs of the review of the application and ongoing supervision if the application is granted, including any fees for consultants and 42



1 experts. The state department may not spend any money on the 2 implementation of this chapter until the state department has received 3 a filed application and received the filing fee. 4 (f) If the state department incurs costs of the review of the 5 application and administration of the program that exceed the 6 application fee collected, the applicant for a certificate of public advantage shall pay the reasonable charges incurred by the state 7 8 department, as determined by the state department. 9 (g) The reasonable costs of services concerning the program: 10 (1) include the cost of fees for consultants and experts; and 11 (2) must be commensurate with the usual compensation for 12 like services. 13 SECTION 37. IC 16-21-15-6, AS ADDED BY P.L.104-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 14 15 UPON PASSAGE]: Sec. 6. (a) The state department shall annually 16 review a certificate of public advantage issued by the state department 17 under this chapter. 18 (b) The holder of a certificate of public advantage shall pay the 19 reasonable costs incurred by the state department shall require a 20 reasonably sufficient fee for the renewal of the certification of public 21 advantage that covers the reasonable costs of the ongoing supervision 22 of the certification, including any fees for consultants and experts. 23 (c) In conducting the review, the state department shall consider 24 whether the hospital continues to meet the standards required for the 25 issuance of a certificate under this chapter. 26 (d) This section expires July 1, 2026. 27 SECTION 38. IC 16-21-15-7, AS ADDED BY P.L.104-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 28 29 UPON PASSAGE]: Sec. 7. (a) The state department shall monitor a 30 hospital operating under a certificate of public advantage issued under 31 this chapter to ensure that the conduct of the hospital furthers the 32 purposes of this chapter. 33 (b) The holder of a certificate of public advantage shall pay the 34 reasonable costs incurred by the state department shall assess an annual monitoring fee to a hospital issued a certificate of public 35 36 advantage under this chapter that covers to cover the reasonable costs 37 of the ongoing monitoring and supervision of the certification, including any fees for consultants and experts. 38 39 (c) A hospital operating under a certificate of public advantage may not increase the charge for each individual service the hospital offers 40 41 by more than the increase in the preceding year's annual average of the

42 Consumer Price Index for Medical Care as published by the federal



1 Bureau of Labor Statistics. 2 (d) For the first five (5) years that a hospital is operating under a 3 certificate of public advantage the hospital must: 4 (1) invest the realized cost savings from the identified efficiencies 5 and improvements included in the certificate of public advantage application in the areas of Indiana the hospital serves for the 6 benefit of the community; and 7 8 (2) summarize the realized cost savings and investments in the 9 hospital's annual report submitted under section 8 of this chapter. 10 SECTION 39. IC 16-38-3 IS REPEALED [EFFECTIVE JULY 1, 11 2022]. (Blind Registry). SECTION 40. IC 16-38-6-3 IS AMENDED TO READ AS 12 13 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. The state department 14 shall may use information compiled by a public or private entity to the 15 greatest extent possible in the development of a statewide chronic disease registry under this chapter. 16 SECTION 41. IC 16-42-18.5 IS ADDED TO THE INDIANA 17 18 CODE AS A NEW CHAPTER TO READ AS FOLLOWS 19 [EFFECTIVE JULY 1, 2022]: 20 **Chapter 18.5. Food: Certificate of Free Sale** 21 Sec. 1. As used in this chapter, "certificate of free sale" means 22 a document that: 23 (1) is issued to an Indiana food manufacturer, processor, 24 packager, distributor, or warehouser that is inspected by the 25 state department; and 26 (2) verifies that the specified items are freely marketed in the United States and eligible for export to any foreign country, 27 28 if the particular manufacturer, processor, packager, 29 distributor, or warehouser does not have any unresolved 30 enforcement actions pending before the state department 31 under this article or rules adopted by the state department. 32 Sec. 2. A certificate of free sale is evidence that goods, including 33 food items, are: 34 (1) legally sold or distributed in the open market freely 35 without restriction: and 36 (2) approved by the regulatory authorities in the United 37 States. 38 Sec. 3. The state department may, upon request of a business, 39 issue certificates of free sale for food items manufactured, 40 processed, packaged, distributed, or warehoused in Indiana. A 41 certificate of free sale may not include more than twenty-five (25) 42 items and all items must be from the same manufacturer.



1	Sec. 4. (a) Before issuing a certificate of free sale, a business
2	shall provide the following to the state department:
3	(1) Proof of registration with the Indiana secretary of state.
4	(2) The most recent inspection report showing the business is
5	in good standing.
6	(3) A completed application.
7	(4) The fee for the certificate of free sale.
8	(b) The state department shall charge the following fees for
9	issuing a certificate of free sale:
10	(1) For each original certificate, a fee of forty dollars (\$40).
11	(2) For each additional copy, a fee of ten dollars (\$10).
12	Sec. 5. (a) The certificate of free sale fund is established for the
13	purpose of carrying out this chapter. The state department shall
14	administer the fund.
15	(b) The fund consists of fees collected under section 4(b) of this
16	chapter.
17	(c) The expenses of the certificate of free sale program shall be
18	paid from money in the fund.
19	(d) Money in the fund at the end of a state fiscal year does not
20	revert to the state general fund.
21	SECTION 42. IC 16-46-16.5-2, AS ADDED BY P.L.110-2021,
22	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23	UPON PASSAGE]: Sec. 2. As used in this chapter, "person" means an
24	individual, employer, employer association, nonprofit organization,
25	for-profit organization, <del>municipality (as defined in IC 36-1-2-11),</del> unit
26	(as defined in IC 36-1-2-23), school corporation, charter school,
27	accredited nonpublic school, research institution, health insurance plan,
28	health insurance ministry, or any combination of these.
29	SECTION 43. IC 20-35-12-6, AS ADDED BY P.L.260-2019,
30	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31	JULY 1, 2022]: Sec. 6. As used in this chapter, "deaf or hard of
32	hearing", which may be referred to as a hearing impairment, means the
33	following:
34	(1) A disability that, with or without the use of an amplification
35	device, adversely affects the student's:
36	(A) ability to use hearing for developing language and
37	learning;
38	(B) educational performance; and
38 39	(C) developmental progress.
40	(2) The hearing loss may be:
40 41	(A) permanent or fluctuating;
41	
74	(B) mild to profound; or



1	(C) unilateral or bilateral.
2	(3) Students who are deaf or hard of hearing may use:
3	(A) spoken language;
4	(B) sign language; or
5	(C) a combination of spoken language and signed systems.
6	(4) Students who are deaf or hard of hearing who may have:
7	(A) an individualized family service plan;
8	(B) an individualized education program;
9	(C) a plan developed under Section 504 of the federal
10	Rehabilitation Act of 1973, 29 U.S.C. 794;
11	(D) a service plan;
12	(E) a choice special education plan; or
13	(F) no educational plan or program.
14	SECTION 44. IC 20-35-12-20, AS ADDED BY P.L.260-2019,
15	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	JULY 1, 2022]: Sec. 20. Subject to any applicable federal laws, the
17	office of the secretary and each school corporation shall provide to the
18	center the results of any all tools and assessments administered to a
19	child in accordance with this chapter.
20	SECTION 45. IC 25-1-2-8, AS AMENDED BY P.L.128-2017,
21	SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22	JULY 1, 2022]: Sec. 8. This chapter applies to the imposition and
23	collection of fees under the following:
24	<b>(1)</b> IC 14-24-10.
25	<del>IC 16-19-5-2</del>
26	<b>(2)</b> IC 25-30-1-17.
27	SECTION 46. IC 35-45-21-4, AS ADDED BY P.L.158-2013,
28	SECTION 547, IS AMENDED TO READ AS FOLLOWS
29	[EFFECTIVE JULY 1, 2022]: Sec. 4. (a) As used in this section,
30	"tattoo" means:
31	(1) any indelible design, letter, scroll, figure, symbol, or other
32	mark placed with the aid of needles or other instruments; or
33	(2) any design, letter, scroll, figure, or symbol done by scarring;
34	upon or under the skin.
35	(b) As used in this section, "body piercing" means the perforation
36	of any human body part other than an earlobe for the purpose of
37	inserting jewelry or other decoration or for some other nonmedical
38	purpose.
39	(c) Except as provided in subsection (e), a person who recklessly,
40	knowingly, or intentionally provides a tattoo to a person who is less
41	than eighteen (18) years of age commits tattooing a minor, a Class A
42	misdemeanor.



18

1 (d) This subsection does not apply to an act of a health care 2 professional (as defined in IC 16-27-2-1) licensed under IC 25 when 3 the act is performed in the course of the health care professional's 4 practice. Except as provided in subsection (e), a person who recklessly, 5 knowingly, or intentionally performs body piercing upon a person who 6 is less than eighteen (18) years of age commits body piercing a minor, 7 a Class A misdemeanor. 8 (e) A person may provide a tattoo to a person who is less than 9 eighteen (18) years of age or perform body piercing upon a person who 10 is less than eighteen (18) years of age if a parent or legal guardian of the person receiving the tattoo or undergoing the body piercing: 11 12 (1) is present at the time the tattoo is provided or the body 13 piercing is performed; and 14 (2) provides written permission for the person to receive the tattoo 15 or undergo the body piercing. (f) Notwithstanding IC 36-1-3-8(a), a unit (as defined in 16 17 IC 36-1-2-23) may adopt an ordinance that is at least as restrictive or more restrictive than this section or a rule adopted under 18 19 <del>IC 16-19-3-4.1 or</del> <del>IC 16-19-3-4.2.</del> **IC 16-19-3-4(c).** 20 SECTION 47. IC 36-2-14-5.5, AS ADDED BY P.L.225-2007, 21 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 22 JULY 1, 2022]: Sec. 5.5. A child death pathologist shall: 23 (1) consult with a coroner concerning a death described in section 24 6.3(b) of this chapter; 25 (2) conduct an autopsy of a child as described in sections 6.3(c)26 and 6.7(b) of this chapter; and 27 (3) perform duties described in section 6.7(c) 6.7(f) of this 28 chapter. 29 SECTION 48. IC 36-2-14-6.7, AS ADDED BY P.L.225-2007, 30 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 31 JULY 1, 2022]: Sec. 6.7. (a) This section applies to a child who: 32 (1) died suddenly and unexpectedly; 33 (2) was less than three (3) years of age at the time of death; and 34 (3) was in apparent good health before dying. (b) A child death pathologist or a pathology resident acting under 35 36 the direct supervision of a child death pathologist shall conduct an 37 autopsy of a child described in subsection (a). 38 (c) A county coroner may not certify the cause of death of a child 39 described in subsection (a) until an autopsy is performed at county 40 expense. 41 (d) The county coroner shall contact the parent or guardian of a

42 child described in subsection (a) and notify the parent or guardian that



1 an autopsy will be conducted at county expense. 2 (e) A county coroner may not certify the cause of death for an 3 infant described in subsection (a) as a sudden unexplained infant 4 death, including sudden infant death syndrome, until a 5 comprehensive death investigation is performed at the county's 6 expense that includes the following: 7 (1) Comprehensive autopsy including the following: 8 (A) Imaging. 9 (B) Pathology. 10 (C) Toxicology. 11 (2) Death scene investigation to include death scene photos. 12 (3) Submission of the sudden unexplained infant death report 13 form to a child death pathologist. (c) (f) The child death pathologist shall: 14 15 (1) ensure that a tangible summary of the autopsy results is 16 provided; 17 (2) provide informational material concerning sudden infant death 18 syndrome; and 19 (3) unless the release of autopsy results would jeopardize a law 20 enforcement investigation, provide notice that a parent or 21 guardian has the right to receive the preliminary autopsy results; 22 to the parents or guardian of the child within one (1) week after the 23 autopsy. 24 (f) (g) If a parent or guardian of a child described in subsection (a) 25 requests the autopsy report of the child, the coroner shall provide the 26 autopsy report to the parent or guardian within thirty (30) days after 27 the: 28 (1) request; or 29 (2) completion of the autopsy report; 30 whichever is later, at no cost. 31 (g) (h) A coroner shall notify: 32 (1) a local child fatality review team; or 33 (2) if the county does not have a local child fatality review team, 34 the statewide child fatality review committee; 35 of the death of a child described in subsection (a). 36 SECTION 49. An emergency is declared for this act.



#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1169, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 15, line 4, delete "fee," and insert "fee collected,".

Page 18, delete lines 12 through 42.

Page 20, delete lines 7 through 42, begin a new paragraph and insert:

"SECTION 47. IC 36-2-14-5.5, AS ADDED BY P.L.225-2007, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5.5. A child death pathologist shall:

(1) consult with a coroner concerning a death described in section 6.3(b) of this chapter;

(2) conduct an autopsy of a child as described in sections 6.3(c) and 6.7(b) of this chapter; and

(3) perform duties described in section 6.7(e) 6.7(f) of this chapter.

SECTION 48. IC 36-2-14-6.7, AS ADDED BY P.L.225-2007, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6.7. (a) This section applies to a child who:

(1) died suddenly and unexpectedly;

(2) was less than three (3) years of age at the time of death; and

(3) was in apparent good health before dying.

(b) A child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct an autopsy of a child described in subsection (a).

(c) A county coroner may not certify the cause of death of a child described in subsection (a) until an autopsy is performed at county expense.

(d) The county coroner shall contact the parent or guardian of a child described in subsection (a) and notify the parent or guardian that an autopsy will be conducted at county expense.

(e) A county coroner may not certify the cause of death for an infant described in subsection (a) as a sudden unexplained infant death, including sudden infant death syndrome, until a comprehensive death investigation is performed at the county's expense that includes the following:

(1) Comprehensive autopsy including the following:

- (A) Imaging.
- (B) Pathology.
- (C) Toxicology.



# (2) Death scene investigation to include death scene photos.(3) Submission of the sudden unexplained infant death report form to a child death pathologist.

(e) (f) The child death pathologist shall:

(1) ensure that a tangible summary of the autopsy results is provided;

(2) provide informational material concerning sudden infant death syndrome; and

(3) unless the release of autopsy results would jeopardize a law enforcement investigation, provide notice that a parent or guardian has the right to receive the preliminary autopsy results;to the parents or guardian of the child within one (1) week after the

autopsy.

(f) (g) If a parent or guardian of a child described in subsection (a) requests the autopsy report of the child, the coroner shall provide the autopsy report to the parent or guardian within thirty (30) days after the:

(1) request; or

(2) completion of the autopsy report;

whichever is later, at no cost.

(g) (h) A coroner shall notify:

(1) a local child fatality review team; or

(2) if the county does not have a local child fatality review team,

the statewide child fatality review committee;

of the death of a child described in subsection (a).".

Page 21, delete lines 1 through 8.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1169 as introduced.)

BARRETT

Committee Vote: yeas 11, nays 0.



#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1169, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

(Reference is to HB 1169 as printed January 13, 2022.)

BROWN T

Committee Vote: Yeas 22, Nays 0

#### HOUSE MOTION

Mr. Speaker: I move that House Bill 1169 be amended to read as follows:

Page 7, line 9, delete "care." and insert "care and other services to promote healthy women, babies, and families.".

(Reference is to HB 1169 as printed January 20, 2022.)

CLERE

#### COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1169, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB 1169 as reprinted January 25, 2022.)

Committee Vote: Yeas 9, Nays 0

CHARBONNEAU, Chairperson

