



Reprinted
March 1, 2022

ENGROSSED HOUSE BILL No. 1169

DIGEST OF HB 1169 (Updated February 28, 2022 3:09 pm - DI 104)

Citations Affected: IC 5-10; 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 21-38; IC 25-1; IC 25-27; IC 27-8; IC 35-45; IC 36-2.

Synopsis: Health matters. Prohibits certain health insurance plans from requiring authorization for covered early intervention services under an individualized family service plan signed by an advanced practice registered nurse (APRN). 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
(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 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 Services.
February 17, 2022, reported favorably — Do Pass; reassigned to Committee on Appropriations.
February 24, 2022, amended, reported favorably — Do Pass.
February 28, 2022, read second time, amended, ordered engrossed.

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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 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. Authorizes an APRN to sign an order or referral for physical therapy. Requires a health insurance plan to provide coverage for diabetes self-management training ordered by an APRN. 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.

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March 1, 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 5-10-8-7.3, AS AMENDED BY P.L.133-2020,
2 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2022]: Sec. 7.3. (a) As used in this section, "covered
4 individual" means an individual who is:
5 (1) covered under a self-insurance program established under
6 section 7(b) of this chapter to provide group health coverage; or
7 (2) entitled to services under a contract with a prepaid health care
8 delivery plan that is entered into or renewed under section 7(c) of
9 this chapter.
10 (b) As used in this section, "early intervention services" means
11 services provided to a first steps child under IC 12-12.7-2 and 20
12 U.S.C. 1432(4).
13 (c) As used in this section, "first steps child" means an infant or
14 toddler from birth through two (2) years of age who is enrolled in the
15 Indiana first steps program and is a covered individual.

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1 (d) As used in this section, "first steps program" refers to the
 2 program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to
 3 meet the needs of:

- 4 (1) children who are eligible for early intervention services; and
 5 (2) their families.

6 The term includes the coordination of all available federal, state, local,
 7 and private resources available to provide early intervention services
 8 within Indiana.

9 (e) As used in this section, "health benefits plan" means a:

- 10 (1) self-insurance program established under section 7(b) of this
 11 chapter to provide group health coverage; or
 12 (2) contract with a prepaid health care delivery plan that is
 13 entered into or renewed under section 7(c) of this chapter.

14 (f) A health benefits plan that provides coverage for early
 15 intervention services shall reimburse the first steps program a monthly
 16 fee established by the division of disability and rehabilitative services
 17 established by IC 12-9-1-1. Except when the monthly fee is less than
 18 the product determined under IC 12-12.7-2-23(b), the monthly fee shall
 19 be provided instead of claims processing of individual claims.

20 (g) The reimbursement required under subsection (f) may not be
 21 applied to any annual or aggregate lifetime limit on the first steps
 22 child's coverage under the health benefits plan.

23 (h) The first steps program may pay required deductibles,
 24 copayments, or other out-of-pocket expenses for a first steps child
 25 directly to a provider. A health benefits plan shall apply any payments
 26 made by the first steps program to the health benefits plan's
 27 deductibles, copayments, or other out-of-pocket expenses according to
 28 the terms and conditions of the health benefits plan.

29 (i) A health benefits plan may not require authorization for services
 30 specified in the covered individual's individualized family service plan,
 31 if those services are a covered benefit under the plan, once the
 32 individualized family service plan is signed by a physician **or an**
 33 **advanced practice registered nurse.**

34 (j) The department of insurance shall adopt rules under IC 4-22-2
 35 to ensure compliance with this section.

36 SECTION 2. IC 5-22-12-1 IS AMENDED TO READ AS
 37 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. This chapter applies
 38 only to the following governmental bodies:

- 39 (1) A state institution (as defined in IC 12-7-2-184).
 40 (2) A penal facility operated by the department of correction.
 41 ~~(3) An institution operated by the state department of health under~~
 42 ~~IC 16-19-6.~~



- 1 ~~(4)~~ (3) A political subdivision.
- 2 SECTION 3. IC 12-8-10-1, AS AMENDED BY P.L.32-2021,
3 SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2022]: Sec. 1. This chapter applies only to the indicated
5 money of the following state agencies to the extent that the money is
6 used by the agency to obtain services from grantee agencies to carry
7 out the program functions of the agency:
- 8 (1) Money appropriated or allocated to a state agency from money
9 received by the state under the federal Social Services Block
10 Grant Act (42 U.S.C. 1397 et seq.).
- 11 (2) The division of aging, except this chapter does not apply to
12 money expended under the following:
- 13 (A) The following statutes, unless application of this chapter
14 is required by another subdivision of this section:
- 15 (i) IC 12-10-6.
16 (ii) IC 12-10-12 (before its expiration).
- 17 (B) Epilepsy services.
- 18 (3) The division of family resources, for money expended under
19 the following programs:
- 20 (A) The child development associate scholarship program.
21 (B) The dependent care program.
22 (C) Migrant day care.
23 (D) The commodities program.
24 (E) The migrant nutrition program.
25 (F) Any emergency shelter program.
26 (G) The energy weatherization program.
- 27 (4) The state department of health, for money expended under ~~the~~
28 following statutes:
- 29 ~~(A) IC 16-19-10.~~
30 ~~(B) IC 16-38-3.~~
- 31 (5) The group.
- 32 (6) All state agencies, for any other money expended for the
33 purchase of services if all the following apply:
- 34 (A) The purchases are made under a contract between the state
35 agency and the office of the secretary.
36 (B) The contract includes a requirement that the office of the
37 secretary perform the duties and exercise the powers described
38 in this chapter.
39 (C) The contract is approved by the budget agency.
- 40 (7) The division of mental health and addiction.
- 41 SECTION 4. IC 16-18-2-4 IS REPEALED [EFFECTIVE JULY 1,
42 2022]. Sec. 4. "Administrative unit", for purposes of IC 16-19-6, has



1 the meaning set forth in IC 16-19-6-1.

2 SECTION 5. IC 16-18-2-52.2 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2022]: **Sec. 52.2. "Certificate of free sale",**
5 **for purposes of IC 16-42-18.5, has the meaning set forth in**
6 **IC 16-42-18.5-1.**

7 SECTION 6. IC 16-18-2-62 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 62. ~~(a) "Commission",~~
9 ~~for purposes of IC 16-19-6, refers to the commission for special~~
10 ~~institutions:~~

11 ~~(b) (a) "Commission", for purposes of IC 16-31, refers to the~~
12 ~~Indiana emergency medical services commission.~~

13 ~~(c) (b) "Commission", for purposes of IC 16-46-11.1, has the~~
14 ~~meaning set forth in IC 16-46-11.1-1.~~

15 SECTION 7. IC 16-19-2-9 IS AMENDED TO READ AS
16 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. The members shall
17 elect one (1) member as **chairman chairperson** of the executive board.
18 The **chairman chairperson** shall serve for a term of two (2) years,
19 unless the person's term of office as a member of the executive board
20 expires sooner.

21 SECTION 8. IC 16-19-3-4, AS AMENDED BY P.L.113-2014,
22 SECTION 102, IS AMENDED TO READ AS FOLLOWS
23 [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The executive board may, by
24 an affirmative vote of a majority of its members, adopt reasonable rules
25 on behalf of the state department to protect or to improve the public
26 health in Indiana.

27 (b) The rules may concern but are not limited to the following:

- 28 (1) Nuisances dangerous to public health.
29 (2) The pollution of any water supply other than where
30 jurisdiction is in the environmental rules board and department of
31 environmental management.
32 (3) The disposition of excremental and sewage matter.
33 (4) The control of fly and mosquito breeding places.
34 (5) The detection, reporting, prevention, and control of diseases
35 that affect public health.
36 (6) The care of maternity and infant cases and the conduct of
37 maternity homes.
38 (7) The production, distribution, and sale of human food.
39 (8) Except as provided in section 4.4 of this chapter, the conduct
40 of camps.
41 (9) Standards of cleanliness of eating facilities for the public.
42 (10) Standards of cleanliness of sanitary facilities offered for



1 public use.

2 (11) The handling, disposal, disinterment, and reburial of dead
3 human bodies.

4 (12) Vital statistics.

5 (13) Sanitary conditions and facilities in public buildings and
6 grounds, including plumbing, drainage, sewage disposal, water
7 supply, lighting, heating, and ventilation, other than where
8 jurisdiction is vested by law in the fire prevention and building
9 safety commission or other state agency.

10 (14) The design, construction, and operation of swimming and
11 wading pools. However, the rules governing swimming and
12 wading pools do not apply to a pool maintained by an individual
13 for the sole use of the individual's household and house guests.

14 **(c) The executive board shall adopt reasonable rules to regulate**
15 **the following:**

16 **(1) The sanitary operation of tattoo parlors.**

17 **(2) The sanitary operation of body piercing facilities.**

18 **(d) The executive board may adopt rules on behalf of the state**
19 **department for the efficient enforcement of this title, except as**
20 **otherwise provided. However, fees for inspections relating to**
21 **weight and measures may not be established by the rules.**

22 **(e) The executive board may declare that a rule described in**
23 **subsection (d) is necessary to meet an emergency and adopt the**
24 **rule under IC 4-22-2-37.1.**

25 **(f) The rules of the state department may not be inconsistent**
26 **with this title and or any other state law.**

27 SECTION 9. IC 16-19-3-4.1 IS REPEALED [EFFECTIVE JULY
28 1, 2022]. Sec. 4.1: The executive board shall adopt reasonable rules to
29 regulate the sanitary operation of tattoo parlors.

30 SECTION 10. IC 16-19-3-4.2 IS REPEALED [EFFECTIVE JULY
31 1, 2022]. Sec. 4.2: The executive board shall adopt reasonable rules to
32 regulate the sanitary operation of body piercing facilities.

33 SECTION 11. IC 16-19-3-5 IS REPEALED [EFFECTIVE JULY 1,
34 2022]. Sec. 5: (a) The executive board may adopt rules on behalf of the
35 state department for the efficient enforcement of this title; except as
36 otherwise provided. However, fees for inspections relating to weight
37 and measures may not be established by the rules.

38 (b) The executive board may declare that a rule described in
39 subsection (a) is necessary to meet an emergency and adopt the rule
40 under IC 4-22-2-37.1.

41 SECTION 12. IC 16-19-3-6 IS REPEALED [EFFECTIVE JULY 1,
42 2022]. Sec. 6: The rules of the state department may not be inconsistent



1 with this title or any other Indiana statute.

2 SECTION 13. IC 16-19-3-6.5 IS REPEALED [EFFECTIVE JULY
3 1, 2022]. Sec. 6.5: (a) The state department shall adopt guidelines
4 concerning the safety of children during bad weather conditions:

5 (b) The guidelines adopted under subsection (a) must include a
6 listing of places that are safe during the following types of weather
7 conditions:

8 (A) Blizzards:

9 (B) Tornadoes:

10 (C) Rain storms:

11 (D) Lightning storms:

12 (E) Hail storms:

13 (F) Wind storms:

14 (G) Extreme heat:

15 (H) Any other weather condition for which the National Weather
16 Service issues an advisory, a watch, or a warning:

17 (c) The guidelines adopted under subsection (a) must cover the
18 following types of events and places where children may be exposed to
19 weather conditions:

20 (1) Schools and activities organized by schools:

21 (2) Child care centers and child care homes licensed under
22 IC 12-17-2:

23 (3) Preschool (as defined in IC 12-7-2-143.5):

24 (4) Organized sporting events:

25 (5) Public parks:

26 (d) The state department shall:

27 (1) distribute the guidelines adopted under subsection (a) to the
28 department of education, which shall then distribute the
29 guidelines to each:

30 (A) school corporation; and

31 (B) nonpublic school; and

32 (2) make available the guidelines adopted under subsection (a) to
33 any person that:

34 (A) operates a place; or

35 (B) organizes or conducts an activity or event;

36 described in subsection (c):

37 SECTION 14. IC 16-19-3-7 IS AMENDED TO READ AS
38 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The state
39 department may make sanitary inspections and surveys throughout
40 Indiana and of all public buildings and institutions.

41 (b) The state department may make indoor air quality inspections of
42 all public buildings and institutions that are occupied by an agency of



1 state or local government.

2 **(c) The state department may enforce all laws and rules**
 3 **concerning the character and location of plumbing, drainage,**
 4 **water supply, disposal of sewage, lighting, heating, and ventilation**
 5 **and all sanitary features of all public buildings and institutions.**

6 ~~(e)~~ **(d)** After due notice is given, the state department may enter
 7 upon and inspect private property in regard to the presence of cases of
 8 infectious and contagious diseases and the possible cause and source
 9 of diseases.

10 SECTION 15. IC 16-19-3-8 IS REPEALED [EFFECTIVE JULY 1,
 11 2022]. ~~Sec. 8. The state department may enforce all laws and rules~~
 12 ~~concerning the character and location of plumbing, drainage, water~~
 13 ~~supply, disposal of sewage, lighting, heating, and ventilation and all~~
 14 ~~sanitary features of all public buildings and institutions.~~

15 SECTION 16. IC 16-19-3-13 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 13. The state
 17 department may remove a local health officer in the state for any of the
 18 following reasons:

19 ~~(1) Intemperance.~~

20 ~~(2) (1) Failure to collect vital statistics.~~

21 ~~(3) (2) Failure to obey rules.~~

22 ~~(4) (3) Failure to keep records.~~

23 ~~(5) (4) Failure to make reports.~~

24 ~~(6) (5) Failure to answer letters of inquiry of the state department~~
 25 ~~concerning the health of the people.~~

26 ~~(7) (6) Neglect of official duty.~~

27 SECTION 17. IC 16-19-3-17 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 17. Whenever a hearing
 29 is provided for or authorized to be held by the state department, the
 30 state department may **request that the office of administrative law**
 31 **proceedings** designate a person as the state department's agent or
 32 representative to ~~conduct the hearings.~~ **administer the proceeding.**
 33 The agent or representative **selected by the office of administrative**
 34 **law proceedings** shall ~~conduct the hearings~~ **administer the**
 35 **proceeding** in the manner provided by law.

36 SECTION 18. IC 16-19-3-20 IS AMENDED TO READ AS
 37 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 20. The state
 38 department shall provide facilities and personnel for investigation,
 39 research, and dissemination of knowledge to the public concerning
 40 ~~dental~~ **oral** public health.

41 SECTION 19. IC 16-19-3-22 IS AMENDED TO READ AS
 42 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 22. (a) The state



1 department **or the state department's designee** shall maintain a
 2 toll-free telephone answering service to provide information on safety
 3 precautions and emergency procedures with regard to poisons.

4 (b) The telephone number shall be widely disseminated throughout
 5 Indiana and shall be manned on a twenty-four (24) hour per day basis.

6 (c) The telephone companies in Indiana, the state department, all
 7 hospitals, and all other boards or commissions registering or licensing
 8 health care professions or emergency medical services shall cooperate
 9 in making the toll-free telephone number available to the public.

10 SECTION 20. IC 16-19-3-23 IS AMENDED TO READ AS
 11 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 23. (a) The state
 12 department shall maintain a toll-free telephone line to provide
 13 information, referral, follow-up, and personal assistance concerning
 14 federal, state, local, and private programs that provide **the following**:

15 (1) Services to children less than twenty-one (21) years of age
 16 with long term health care needs.

17 (2) **Assistance to pregnant women to obtain prenatal care and**
 18 **other services to promote healthy women, babies, and**
 19 **families.**

20 (b) The state department shall provide the telephone service
 21 **required in subsection (a)** to the following:

22 (1) Families with children having long term health care needs.

23 (2) **Pregnant women.**

24 (2) (3) Health care providers.

25 (3) (4) Employees of state and local governmental entities.

26 (4) (5) Educators.

27 (5) (6) Other entities that provide services to children with long
 28 term health care needs.

29 (b) (c) The state department may adopt rules under IC 4-22-2 to
 30 implement this section.

31 SECTION 21. IC 16-19-3-27.5, AS ADDED BY P.L.261-2019,
 32 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 33 JULY 1, 2022]: Sec. 27.5. (a) As used in this section, "technology new
 34 to Indiana" (referred to in this section as "TNI") means sewage
 35 treatment or disposal methods, processes, or equipment that are not
 36 described in the administrative rules of the state department or the
 37 executive board concerning residential onsite sewage systems (410
 38 IAC 6-8.3) or commercial onsite sewage systems (410 IAC 6-10.1).

39 (b) The state department shall establish and maintain a technical
 40 review panel consisting of individuals with technical or scientific
 41 knowledge relating to onsite sewage systems. The technical review
 42 panel shall:



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



1 by the applicant and vote again on the application not more than thirty
2 (30) days after receiving the information.

3 (e) The technical review panel shall do the following:

4 (1) Receive applications for the approval of TNI for general use
5 in:

6 (A) residential septic systems under sections 4 and ~~5 of this~~
7 ~~chapter, section 27~~ of this chapter and IC 16-41-25; and

8 (B) commercial onsite sewage systems under sections 4 and ~~5~~
9 ~~of this chapter, section 27~~ of this chapter and IC 16-19-3.5.

10 (2) Meet at least four (4) times per year to review applications
11 described in subdivision (1).

12 (3) Notify each person who submits an application described in
13 subdivision (1):

14 (A) that the person's application has been received by the
15 technical review panel; and

16 (B) of whether the application is complete;

17 not later than thirty (30) days after the technical review panel
18 receives the application.

19 (4) Inform each person who submits an application described in
20 subdivision (1) of:

21 (A) a tentative decision of the technical review panel; or

22 (B) the technical review panel's final decision under
23 subsection (f);

24 concerning the application not more than ninety (90) days after
25 the technical review panel notifies the person under subdivision
26 (3) that the panel has received the person's application.

27 (f) In response to each application described in subsection (e)(1),
28 the technical review panel shall make, and inform the applicant of, one
29 (1) of the following final decisions:

30 (1) That the TNI to which the application relates is approved for
31 general use in Indiana.

32 (2) That the TNI to which the application relates is approved for
33 use in Indiana with certain conditions, which may include:

34 (A) a requirement that the TNI be used initially only in a pilot
35 project;

36 (B) restrictions on the number or type of installations of the
37 TNI;

38 (C) sampling and analysis requirements for TNI involving or
39 comprising a secondary treatment system;

40 (D) requirements relating to training concerning the TNI;

41 (E) requirements concerning the operation and maintenance of
42 the TNI; or



- 1 (F) other requirements.
- 2 (3) That the TNI to which the application relates is approved on
- 3 a project-by-project basis.
- 4 (4) That the TNI is not approved for use in Indiana, which must
- 5 be accompanied by a statement of the reason for the decision.
- 6 (g) If the technical review panel makes a decision under subsection
- 7 (f)(4) that the TNI is not approved for use in Indiana, the applicant
- 8 may:
- 9 (1) submit a new application to the technical review panel under
- 10 this section; or
- 11 (2) file a petition for review of the technical review panel's
- 12 decision under IC 4-21.5-3.
- 13 (h) If the technical review panel fails to notify a person who submits
- 14 an application of the technical review panel's tentative decision or final
- 15 recommendation within ninety (90) days after receiving the application
- 16 as required by subsection (e)(4), the person who submitted the
- 17 application may use the TNI to which the application relates in a single
- 18 residential septic system or commercial onsite sewage system, as if the
- 19 TNI had been approved only for use in a pilot project.
- 20 (i) The technical review panel shall decide that the TNI to which an
- 21 application relates is approved for general use in Indiana if:
- 22 (1) the TNI has been certified as meeting the NSF/ANSI 40
- 23 Standard;
- 24 (2) a proposed Indiana design and installation manual for the TNI
- 25 is submitted with the permit application; and
- 26 (3) the technical review panel certifies that the proposed Indiana
- 27 design and installation manual meets the vertical and horizontal
- 28 separation, sizing, and soil loading criteria of the state
- 29 department.
- 30 (j) Subsection (k) applies if:
- 31 (1) a particular TNI meets the requirements of NSF/ANSI 40,
- 32 NSF/ANSI 245, or NSF/ANSI 350;
- 33 (2) the proposed Indiana design and installation manual for the
- 34 TNI meets the vertical and horizontal separation, sizing, and soil
- 35 loading criteria of the state department; and
- 36 (3) an Indiana professional engineer registered under IC 25-31-1
- 37 prepares site specific plans for the use of the TNI for a residential
- 38 or commercial application.
- 39 (k) In a case described in subsection (j):
- 40 (1) if the TNI is to be used in a residential application, the site
- 41 specific plans prepared under subsection (j)(3), after being
- 42 submitted to the local health department of the county, city, or



1 multiple county unit in which the TNI would be installed, may be
 2 approved by the local health department within the period set
 3 forth in IC 16-41-25-1(a); and

4 (2) if the TNI is to be used in a commercial application, the site
 5 specific plans prepared under subsection (j)(3) shall be approved
 6 by the state department upon submission of the site specific plans.

7 SECTION 22. IC 16-19-3-29.2 IS REPEALED [EFFECTIVE JULY
 8 1, 2022]. ~~Sec. 29.2. The state department may adopt rules under~~
 9 ~~IC 4-22-2 to implement the requirements set forth in IC 24-4-15~~
 10 ~~concerning automated external defibrillators in health clubs.~~

11 SECTION 23. IC 16-19-3-30.5, AS ADDED BY P.L.208-2015,
 12 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2022]: Sec. 30.5. The state department may enter into
 14 partnerships and joint ventures to encourage best practices in the
 15 following:

16 (1) The identification and testing of populations at risk of disease
 17 related to ~~illegal drug use~~: **substance abuse disorder.**

18 (2) The health care treatment of incarcerated individuals for
 19 conditions related to ~~illegal drug use~~: **substance abuse disorder.**

20 SECTION 24. IC 16-19-3-32 IS ADDED TO THE INDIANA
 21 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 22 [EFFECTIVE JULY 1, 2022]: **Sec. 32. (a) The state department shall**
 23 **employ a licensed physician as chief medical officer for the state**
 24 **department.**

25 **(b) The chief medical officer serves as an advisor to the state**
 26 **health commissioner on clinical matters and may perform the**
 27 **functions of the commissioner when the commissioner is not**
 28 **available.**

29 SECTION 25. IC 16-19-4-9 IS REPEALED [EFFECTIVE JULY 1,
 30 2022]. ~~Sec. 9: (a) This section applies:~~

31 ~~(1) when a proposed rule is published in the Indiana Register by:~~

32 ~~(A) the office of the secretary of family and social services;~~

33 ~~(B) a division of family and social services; or~~

34 ~~(C) the office of Medicaid policy and planning; and~~

35 ~~(2) if the state department has rule making authority in an area~~
 36 ~~similar to the area that would be affected by the proposed rule.~~

37 ~~(b) The commissioner shall submit written comments on a proposed~~
 38 ~~rule to the entity described in subsection (a) that proposed the rule not~~
 39 ~~more than thirty (30) days after the rule is published in the Indiana~~
 40 ~~Register.~~

41 SECTION 26. IC 16-19-5-1 IS AMENDED TO READ AS
 42 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) In addition to



1 other fees provided by this title, the state department may establish and
 2 collect reasonable fees for specific services described under subsection
 3 (b) provided by the state department. The fees may not exceed the cost
 4 of services provided.

5 (b) Fees may be charged for the following services:

6 (1) Plan reviews conducted under rules adopted under
 7 IC 16-19-3-4(b)(13).

8 (2) Licensing of agricultural labor camps under IC 16-41-26.

9 (3) Services provided to persons other than governmental entities
 10 under rules adopted under ~~IC 16-19-3-5~~. **IC 16-19-3-4(d)**.

11 (4) Services provided by the state health laboratory under
 12 IC 16-19-8.

13 ~~(5) Services provided under IC 16-19-11-3.~~

14 ~~(6)~~ **(5)** Services provided under IC 24-6 by the state metrology
 15 laboratory.

16 SECTION 27. IC 16-19-5-2 IS REPEALED [EFFECTIVE JULY 1,
 17 2022]. ~~Sec. 2. In addition to other fees provided by this title, the state~~
 18 ~~department shall charge and collect the following fees:~~

19 ~~(1) For performance of any standard serological test for an~~
 20 ~~applicant for a marriage license, two dollars and fifty cents~~
 21 ~~(\$2.50).~~

22 ~~(2) Fees prescribed in IC 16-19-3-21.~~

23 SECTION 28. IC 16-19-5-4, AS AMENDED BY P.L.32-2021,
 24 SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2022]: Sec. 4. (a) The weights and measures fund is
 26 established for the purpose of providing funds for training and
 27 equipment for weights and measures inspectors and the state metrology
 28 laboratory. The state department shall administer the fund.

29 (b) The fund consists of fees collected under section ~~1(b)(6)~~ **1(b)(5)**
 30 of this chapter.

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

33 SECTION 29. IC 16-19-6 IS REPEALED [EFFECTIVE JULY 1,
 34 2022]. (Administrative Unit for Special Institutions).

35 SECTION 30. IC 16-19-8-2 IS AMENDED TO READ AS
 36 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) The state health
 37 laboratory shall be located ~~at~~ **in** Indianapolis and shall be used to:

38 (1) analyze foods and drugs for the purpose of enforcing the pure
 39 food and drug laws; ~~and~~

40 (2) perform sanitary analyses, pathological examinations, and
 41 studies in hygiene and preventive medicine; ~~and~~

42 **(3) support public health activities;**



1 to aid in the enforcement of the health laws and for no other purpose.

2 (b) All work done in the state health laboratory must be done
3 exclusively and entirely for the public benefit.

4 (c) The state department may establish fee schedules and charges
5 for services provided by the state health laboratory.

6 SECTION 31. IC 16-19-8-3 IS AMENDED TO READ AS
7 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) For the conduct
8 of the state health laboratory, the state department shall employ and
9 appoint a **superintendent laboratory director** other than the state
10 health commissioner.

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

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

20 ~~(d) Both appointees must be temperate, healthy, well recommended,~~
21 ~~and of good moral character.~~

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

27 SECTION 32. IC 16-19-9-1 IS AMENDED TO READ AS
28 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. The state department
29 is the designated state agency to **adopt rules under IC 4-22-2 and**
30 **accept delegation from the federal Department of Health and Human**
31 **Services to carry out the purposes of the Clinical Laboratory**
32 **Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201,**
33 **263a).**

34 SECTION 33. IC 16-19-9-2 IS REPEALED [EFFECTIVE JULY 1,
35 2022]. Sec. 2: ~~The state department is the designated state agency to~~
36 ~~adopt rules under IC 4-22-2 to carry out the purposes of the Clinical~~
37 ~~Laboratory Improvement Amendments of 1988 (P.L.100-578) (42~~
38 ~~U.S.C. 201, 263a).~~

39 SECTION 34. IC 16-19-11 IS REPEALED [EFFECTIVE JULY 1,
40 2022]. (Protection and Regulation of State Department of Health
41 Property).

42 SECTION 35. IC 16-19-12-1 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) Except as
2 otherwise provided, a person who recklessly violates or fails to comply
3 with the following commits a Class B misdemeanor:

- 4 IC 16-19-1
- 5 IC 16-19-2
- 6 IC 16-19-3
- 7 IC 16-19-4
- 8 IC 16-19-5
- 9 IC 16-19-7
- 10 IC 16-19-10.
- 11 ~~IC 16-19-11.~~

12 (b) Each day a violation continues constitutes a separate offense.
13 SECTION 36. IC 16-19-13-4 IS AMENDED TO READ AS
14 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The state health
15 commissioner shall appoint persons to staff the office, including:

- 16 (1) the director of the office; and
- 17 (2) any other employees that the state health commissioner
18 determines are necessary.
- 19 (b) The employees appointed under subsection (a)(2) shall report to
20 the director. ~~The director shall report to the state health commissioner.~~
- 21 (c) The director shall supervise the employees assigned to the office.
- 22 (d) The director shall oversee the administrative functions of the
23 office.

24 SECTION 37. IC 16-21-15-3, AS ADDED BY P.L.104-2021,
25 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 UPON PASSAGE]: Sec. 3. (a) Any hospital entering into a merger
27 agreement with another hospital may submit an application to the state
28 department for a certificate of public advantage to govern the merger
29 agreement in the manner prescribed by the state department. However,
30 a hospital may not submit an application under this chapter after July
31 1, 2026.

- 32 (b) The application for a certificate of public advantage must
33 include the following:
- 34 (1) A written copy of the merger agreement.
- 35 (2) A written description of the nature and scope of the merger.
- 36 (c) Any documentation submitted under this section with the
37 application that is deemed to be proprietary information shall be clearly
38 identified as proprietary information and a copy of the application with
39 the proprietary information redacted for public records must be
40 submitted by the applicant.
- 41 (d) An applicant must also file a complete copy of the application
42 for a certificate of public advantage with:



1 (1) the office of the secretary of family and social services in a
2 manner prescribed by the office of the secretary; and

3 (2) the office of the attorney general in a manner prescribed by the
4 office of the attorney general.

5 (e) The state department shall assess a filing fee for an application
6 for a certificate of public advantage that is reasonably sufficient to fully
7 fund the costs of the review of the application and ongoing supervision
8 if the application is granted, including any fees for consultants and
9 experts. The state department may not spend any money on the
10 implementation of this chapter until the state department has received
11 a filed application and received the filing fee.

12 **(f) If the state department incurs costs of the review of the**
13 **application and administration of the program that exceed the**
14 **application fee collected, the applicant for a certificate of public**
15 **advantage shall pay the reasonable charges incurred by the state**
16 **department, as determined by the state department.**

17 **(g) The reasonable costs of services concerning the program:**

18 **(1) include the cost of fees for consultants and experts; and**

19 **(2) must be commensurate with the usual compensation for**
20 **like services.**

21 SECTION 38. IC 16-21-15-6, AS ADDED BY P.L.104-2021,
22 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 UPON PASSAGE]: Sec. 6. (a) The state department shall annually
24 review a certificate of public advantage issued by the state department
25 under this chapter.

26 (b) The **holder of a certificate of public advantage shall pay the**
27 **reasonable costs incurred by the state department** ~~shall require a~~
28 ~~reasonably sufficient fee~~ for the renewal of the certification of public
29 advantage that covers the reasonable costs of the ongoing supervision
30 of the certification, including any fees for consultants and experts.

31 (c) In conducting the review, the state department shall consider
32 whether the hospital continues to meet the standards required for the
33 issuance of a certificate under this chapter.

34 (d) This section expires July 1, 2026.

35 SECTION 39. IC 16-21-15-7, AS ADDED BY P.L.104-2021,
36 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37 UPON PASSAGE]: Sec. 7. (a) The state department shall monitor a
38 hospital operating under a certificate of public advantage issued under
39 this chapter to ensure that the conduct of the hospital furthers the
40 purposes of this chapter.

41 (b) The **holder of a certificate of public advantage shall pay the**
42 **reasonable costs incurred by the state department** ~~shall assess an~~



1 annual monitoring fee to a hospital issued a certificate of public
 2 advantage under this chapter that covers to cover the reasonable costs
 3 of the ongoing monitoring and supervision of the certification,
 4 including any fees for consultants and experts.

5 (c) A hospital operating under a certificate of public advantage may
 6 not increase the charge for each individual service the hospital offers
 7 by more than the increase in the preceding year's annual average of the
 8 Consumer Price Index for Medical Care as published by the federal
 9 Bureau of Labor Statistics.

10 (d) For the first five (5) years that a hospital is operating under a
 11 certificate of public advantage the hospital must:

12 (1) invest the realized cost savings from the identified efficiencies
 13 and improvements included in the certificate of public advantage
 14 application in the areas of Indiana the hospital serves for the
 15 benefit of the community; and

16 (2) summarize the realized cost savings and investments in the
 17 hospital's annual report submitted under section 8 of this chapter.

18 SECTION 40. IC 16-38-3 IS REPEALED [EFFECTIVE JULY 1,
 19 2022]. (Blind Registry).

20 SECTION 41. IC 16-38-6-3 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. The state department
 22 shall ~~may~~ use information compiled by a public or private entity to the
 23 greatest extent possible in the development of a statewide chronic
 24 disease registry under this chapter.

25 SECTION 42. IC 16-42-18.5 IS ADDED TO THE INDIANA
 26 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 27 [EFFECTIVE JULY 1, 2022]:

28 **Chapter 18.5. Food: Certificate of Free Sale**

29 **Sec. 1. As used in this chapter, "certificate of free sale" means**
 30 **a document that:**

31 (1) is issued to an Indiana food manufacturer, processor,
 32 packager, distributor, or warehouse that is inspected by the
 33 state department; and

34 (2) verifies that the specified items are freely marketed in the
 35 United States and eligible for export to any foreign country,
 36 if the particular manufacturer, processor, packager,
 37 distributor, or warehouse does not have any unresolved
 38 enforcement actions pending before the state department
 39 under this article or rules adopted by the state department.

40 **Sec. 2. A certificate of free sale is evidence that goods, including**
 41 **food items, are:**

42 (1) legally sold or distributed in the open market freely



1 **without restriction; and**

2 **(2) approved by the regulatory authorities in the United**
 3 **States.**

4 **Sec. 3. The state department may, upon request of a business,**
 5 **issue certificates of free sale for food items manufactured,**
 6 **processed, packaged, distributed, or warehoused in Indiana. A**
 7 **certificate of free sale may not include more than twenty-five (25)**
 8 **items and all items must be from the same manufacturer.**

9 **Sec. 4. Before issuing a certificate of free sale, a business shall**
 10 **provide the following to the state department:**

11 **(1) Proof of registration with the Indiana secretary of state.**

12 **(2) The most recent inspection report showing the business is**
 13 **in good standing.**

14 **(3) A completed application.**

15 SECTION 43. IC 16-46-16.5-2, AS ADDED BY P.L.110-2021,
 16 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 17 UPON PASSAGE]: Sec. 2. As used in this chapter, "person" means an
 18 individual, employer, employer association, nonprofit organization,
 19 for-profit organization, ~~municipality (as defined in IC 36-1-2-11)~~, **unit**
 20 **(as defined in IC 36-1-2-23)**, school corporation, charter school,
 21 accredited nonpublic school, research institution, health insurance plan,
 22 health insurance ministry, or any combination of these.

23 SECTION 44. IC 20-35-12-6, AS ADDED BY P.L.260-2019,
 24 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2022]: Sec. 6. As used in this chapter, "deaf or hard of
 26 hearing", which may be referred to as a hearing impairment, means the
 27 following:

28 (1) A disability that, with or without the use of an amplification
 29 device, adversely affects the student's:

30 (A) ability to use hearing for developing language and
 31 learning;

32 (B) educational performance; and

33 (C) developmental progress.

34 (2) The hearing loss may be:

35 (A) permanent or fluctuating;

36 (B) mild to profound; or

37 (C) unilateral or bilateral.

38 (3) Students who are deaf or hard of hearing may use:

39 (A) spoken language;

40 (B) sign language; or

41 (C) a combination of spoken language and signed systems.

42 **(4) Students who are deaf or hard of hearing who may have:**



- 1 **(A) an individualized family service plan;**
- 2 **(B) an individualized education program;**
- 3 **(C) a plan developed under Section 504 of the federal**
- 4 **Rehabilitation Act of 1973, 29 U.S.C. 794;**
- 5 **(D) a service plan;**
- 6 **(E) a choice special education plan; or**
- 7 **(F) no educational plan or program.**

8 SECTION 45. IC 20-35-12-20, AS ADDED BY P.L.260-2019,
 9 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2022]: Sec. 20. Subject to any applicable federal laws, the
 11 office of the secretary and each school corporation shall provide to the
 12 center the results of ~~any~~ **all** tools and assessments administered to a
 13 child in accordance with this chapter.

14 SECTION 46. IC 21-38-6-1, AS AMENDED BY P.L.133-2020,
 15 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 16 JULY 1, 2022]: Sec. 1. (a) An employee health plan that provides
 17 coverage for early intervention services shall reimburse the first steps
 18 program a monthly fee established by the division of disability and
 19 rehabilitative services. Except when the monthly fee is less than the
 20 product determined under IC 12-12.7-2-23(b), the monthly fee shall be
 21 provided instead of claims processing of individual claims.

22 (b) An employee health plan may not require authorization for
 23 services specified in the covered individual's individualized family
 24 service plan, if those services are a covered benefit under the plan,
 25 once the individualized family service plan is signed by a physician **or**
 26 **an advanced practice registered nurse.**

27 (c) The department of insurance shall adopt rules under IC 4-22-2
 28 to ensure compliance with this section.

29 SECTION 47. IC 25-1-2-8, AS AMENDED BY P.L.128-2017,
 30 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 31 JULY 1, 2022]: Sec. 8. This chapter applies to the imposition and
 32 collection of fees under the following:

- 33 **(1) IC 14-24-10.**
- 34 ~~IC 16-19-5-2~~
- 35 **(2) IC 25-30-1-17.**

36 SECTION 48. IC 25-27-1-2, AS AMENDED BY P.L.196-2021,
 37 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 38 JULY 1, 2022]: Sec. 2. (a) Except as otherwise provided in this chapter
 39 and IC 25-27-2, it is unlawful for a person or business entity to do the
 40 following:

- 41 (1) Practice physical therapy without first obtaining from the
- 42 board a license authorizing the person to practice physical therapy



- 1 in this state.
- 2 (2) Profess to be or promote an employee to be a physical
3 therapist, physiotherapist, doctor of physiotherapy, doctor of
4 physical therapy, or registered physical therapist or to use the
5 initials "P.T.", "D.P.T.", "L.P.T.", or "R.P.T.", or any other letters,
6 words, abbreviations, or insignia indicating that physical therapy
7 is provided by a physical therapist, unless physical therapy is
8 provided by or under the direction of a physical therapist.
- 9 (3) Advertise services for physical therapy or physiotherapy
10 services, unless the individual performing those services is a
11 physical therapist.
- 12 (b) Except as provided in subsection (e) and section 2.5 of this
13 chapter, it is unlawful for a person to practice physical therapy other
14 than upon the order or referral of a physician, a podiatrist, a
15 psychologist, a chiropractor, a dentist, ~~nurse practitioner~~, **an advanced**
16 **practice registered nurse**, or a physician assistant holding an
17 unlimited license to practice medicine, podiatric medicine, psychology,
18 chiropractic, dentistry, nursing, or as a physician assistant, respectively.
19 It is unlawful for a physical therapist to use the services of a physical
20 therapist assistant except as provided under this chapter. For the
21 purposes of this subsection, the function of:
- 22 (1) teaching;
 - 23 (2) doing research;
 - 24 (3) providing advisory services; or
 - 25 (4) conducting seminars on physical therapy;
- 26 is not considered to be a practice of physical therapy.
- 27 (c) Except as otherwise provided in this chapter and IC 25-27-2, it
28 is unlawful for a person to profess to be or act as a physical therapist
29 assistant or to use the initials "P.T.A." or any other letters, words,
30 abbreviations, or insignia indicating that the person is a physical
31 therapist assistant without first obtaining from the board a certificate
32 authorizing the person to act as a physical therapist assistant. It is
33 unlawful for the person to act as a physical therapist assistant other
34 than under the general supervision of a licensed physical therapist who
35 is in responsible charge of a patient. However, nothing in this chapter
36 prohibits a person licensed or registered in this state under another law
37 from engaging in the practice for which the person is licensed or
38 registered. These exempted persons include persons engaged in the
39 practice of osteopathic medicine, chiropractic, or podiatric medicine.
- 40 (d) Except as provided in section 2.5 of this chapter, this chapter
41 does not authorize a person who is licensed as a physical therapist or
42 certified as a physical therapist assistant to:



1 (1) evaluate any physical disability or mental disorder except
2 upon the order or referral of a physician, a podiatrist, a
3 psychologist, a chiropractor, a physician assistant, ~~nurse~~
4 ~~practitioner~~, **an advanced practice registered nurse**, or a
5 dentist;
6 (2) practice medicine, surgery (as described in
7 IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic
8 medicine, psychology, chiropractic, or podiatric medicine; or
9 (3) prescribe a drug or other remedial substance used in medicine.
10 (e) Upon the referral of a licensed school psychologist, a physical
11 therapist who is:
12 (1) licensed under this article; and
13 (2) an employee or contractor of a school corporation;
14 may provide mandated school services to a student that are within the
15 physical therapist's scope of practice.
16 SECTION 49. IC 27-8-14.5-6 IS AMENDED TO READ AS
17 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health
18 insurance plan issued by an insurer must provide coverage for diabetes
19 self-management training that is:
20 (1) medically necessary;
21 (2) ordered in writing by a physician licensed under IC 25-22.5,
22 ~~or~~ a podiatrist licensed under IC 25-29, **or an advanced practice**
23 **registered nurse licensed under IC 25-23**; and
24 (3) provided by a health care professional who:
25 (A) is licensed, registered, or certified under IC 25; and
26 (B) has specialized training in the management of diabetes.
27 (b) Coverage for diabetes self-management training may be limited
28 to the following:
29 (1) One (1) or more visits after receiving a diagnosis of diabetes.
30 (2) One (1) or more visits after receiving a diagnosis by a
31 physician licensed under IC 25-22.5 or a podiatrist licensed under
32 IC 25-29 that:
33 (A) represents a significant change in the insured's symptoms
34 or condition; and
35 (B) makes changes in the insured's self-management medically
36 necessary.
37 (3) One (1) or more visits for reeducation or refresher training.
38 (c) Coverage for diabetes self-management training is subject to the
39 requirements of the health insurance plan regarding the use of
40 participating providers.
41 SECTION 50. IC 27-8-27-6, AS AMENDED BY P.L.133-2020,
42 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2022]: Sec. 6. (a) A health insurance plan that provides
 2 coverage for early intervention services shall reimburse the first steps
 3 program a monthly fee established by the division of disability and
 4 rehabilitative services. Except when the monthly fee is less than the
 5 product determined under IC 12-12.7-2-23(b), the monthly fee shall be
 6 provided instead of claims processing of individual claims.

7 (b) A health insurance plan may not require authorization for
 8 services specified in the covered individual's individualized family
 9 service plan, if those services are a covered benefit under the plan,
 10 once the individualized family service plan is signed by a physician or
 11 **an advanced practice registered nurse.**

12 (c) The department of insurance shall adopt rules under IC 4-22-2
 13 to ensure compliance with this section.

14 SECTION 51. IC 35-45-21-4, AS ADDED BY P.L.158-2013,
 15 SECTION 547, IS AMENDED TO READ AS FOLLOWS
 16 [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) As used in this section,
 17 "tattoo" means:

- 18 (1) any indelible design, letter, scroll, figure, symbol, or other
 19 mark placed with the aid of needles or other instruments; or
 20 (2) any design, letter, scroll, figure, or symbol done by scarring;
 21 upon or under the skin.

22 (b) As used in this section, "body piercing" means the perforation
 23 of any human body part other than an earlobe for the purpose of
 24 inserting jewelry or other decoration or for some other nonmedical
 25 purpose.

26 (c) Except as provided in subsection (e), a person who recklessly,
 27 knowingly, or intentionally provides a tattoo to a person who is less
 28 than eighteen (18) years of age commits tattooing a minor, a Class A
 29 misdemeanor.

30 (d) This subsection does not apply to an act of a health care
 31 professional (as defined in IC 16-27-2-1) licensed under IC 25 when
 32 the act is performed in the course of the health care professional's
 33 practice. Except as provided in subsection (e), a person who recklessly,
 34 knowingly, or intentionally performs body piercing upon a person who
 35 is less than eighteen (18) years of age commits body piercing a minor,
 36 a Class A misdemeanor.

37 (e) A person may provide a tattoo to a person who is less than
 38 eighteen (18) years of age or perform body piercing upon a person who
 39 is less than eighteen (18) years of age if a parent or legal guardian of
 40 the person receiving the tattoo or undergoing the body piercing:

- 41 (1) is present at the time the tattoo is provided or the body
 42 piercing is performed; and



- 1 (2) provides written permission for the person to receive the tattoo
 2 or undergo the body piercing.
- 3 (f) Notwithstanding IC 36-1-3-8(a), a unit (as defined in
 4 IC 36-1-2-23) may adopt an ordinance that is at least as restrictive or
 5 more restrictive than this section or a rule adopted under
 6 ~~IC 16-19-3-4.1 or IC 16-19-3-4.2.~~ **IC 16-19-3-4(c).**
- 7 SECTION 52. IC 36-2-14-5.5, AS ADDED BY P.L.225-2007,
 8 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2022]: Sec. 5.5. A child death pathologist shall:
- 10 (1) consult with a coroner concerning a death described in section
 11 6.3(b) of this chapter;
- 12 (2) conduct an autopsy of a child as described in sections 6.3(c)
 13 and 6.7(b) of this chapter; and
- 14 (3) perform duties described in section ~~6.7(e)~~ **6.7(f)** of this
 15 chapter.
- 16 SECTION 53. IC 36-2-14-6.7, AS ADDED BY P.L.225-2007,
 17 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2022]: Sec. 6.7. (a) This section applies to a child who:
- 19 (1) died suddenly and unexpectedly;
- 20 (2) was less than three (3) years of age at the time of death; and
- 21 (3) was in apparent good health before dying.
- 22 (b) A child death pathologist or a pathology resident acting under
 23 the direct supervision of a child death pathologist shall conduct an
 24 autopsy of a child described in subsection (a).
- 25 (c) A county coroner may not certify the cause of death of a child
 26 described in subsection (a) until an autopsy is performed at county
 27 expense.
- 28 (d) The county coroner shall contact the parent or guardian of a
 29 child described in subsection (a) and notify the parent or guardian that
 30 an autopsy will be conducted at county expense.
- 31 **(e) A county coroner may not certify the cause of death for an**
 32 **infant described in subsection (a) as a sudden unexplained infant**
 33 **death, including sudden infant death syndrome, until a**
 34 **comprehensive death investigation is performed at the county's**
 35 **expense that includes the following:**
- 36 **(1) Comprehensive autopsy including the following:**
- 37 **(A) Imaging.**
- 38 **(B) Pathology.**
- 39 **(C) Toxicology.**
- 40 **(2) Death scene investigation to include death scene photos.**
- 41 **(3) Submission of the sudden unexplained infant death report**
 42 **form to a child death pathologist.**



- 1 ~~(e)~~ **(f)** The child death pathologist shall:
 - 2 (1) ensure that a tangible summary of the autopsy results is
 - 3 provided;
 - 4 (2) provide informational material concerning sudden infant death
 - 5 syndrome; and
 - 6 (3) unless the release of autopsy results would jeopardize a law
 - 7 enforcement investigation, provide notice that a parent or
 - 8 guardian has the right to receive the preliminary autopsy results;
 - 9 to the parents or guardian of the child within one (1) week after the
 - 10 autopsy.
- 11 ~~(f)~~ **(g)** If a parent or guardian of a child described in subsection (a)
- 12 requests the autopsy report of the child, the coroner shall provide the
- 13 autopsy report to the parent or guardian within thirty (30) days after
- 14 the:
 - 15 (1) request; or
 - 16 (2) completion of the autopsy report;
 - 17 whichever is later, at no cost.
- 18 ~~(g)~~ **(h)** A coroner shall notify:
 - 19 (1) a local child fatality review team; or
 - 20 (2) if the county does not have a local child fatality review team,
 - 21 the statewide child fatality review committee;
 - 22 of the death of a child described in subsection (a).
 - 23 **SECTION 54. 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.**

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- (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.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 9, Nays 0



COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, 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 be AMENDED as follows:

Page 17, line 1, delete "(a)".

Page 17, delete lines 7 through 20.

and when so amended that said bill do pass.

(Reference is to EHB 1169 as printed February 18, 2022.)

MISHLER, Chairperson

Committee Vote: Yeas 11, Nays 0.

 SENATE MOTION

Madam President: I move that Engrossed House Bill 1169 be amended to read as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 5-10-8-7.3, AS AMENDED BY P.L.133-2020, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7.3. (a) As used in this section, "covered individual" means an 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 prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "early intervention services" means services provided to a first steps child under IC 12-12.7-2 and 20 U.S.C. 1432(4).

(c) As used in this section, "first steps child" means an infant or toddler from birth through two (2) years of age who is enrolled in the Indiana first steps program and is a covered individual.

(d) As used in this section, "first steps program" refers to the program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to meet the needs of:

- (1) children who are eligible for early intervention services; and

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(2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

(e) As used in this section, "health benefits plan" means a:

(1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or

(2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services established by IC 12-9-1-1. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.

(h) The first steps program may pay required deductibles, copayments, or other out-of-pocket expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.

(i) A health benefits plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse.**

(j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

Page 18, between lines 5 and 6, begin a new paragraph and insert:
 "SECTION 44. IC 21-38-6-1, AS AMENDED BY P.L.133-2020, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) An employee health plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(b) An employee health plan may not require authorization for services specified in the covered individual's individualized family



service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse**.

(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section."

Page 18, between lines 12 and 13, begin a new paragraph and insert:

"SECTION 45. IC 25-27-1-2, AS AMENDED BY P.L.196-2021, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person or business entity to do the following:

- (1) Practice physical therapy without first obtaining from the board a license authorizing the person to practice physical therapy in this state.
- (2) Profess to be or promote an employee to be a physical therapist, physiotherapist, doctor of physiotherapy, doctor of physical therapy, or registered physical therapist or to use the initials "P.T.", "D.P.T.", "L.P.T.", or "R.P.T.", or any other letters, words, abbreviations, or insignia indicating that physical therapy is provided by a physical therapist, unless physical therapy is provided by or under the direction of a physical therapist.
- (3) Advertise services for physical therapy or physiotherapy services, unless the individual performing those services is a physical therapist.

(b) Except as provided in subsection (e) and section 2.5 of this chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, a podiatrist, a psychologist, a chiropractor, a dentist, ~~nurse practitioner~~, **an advanced practice registered nurse**, or a physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist assistant except as provided under this chapter. For the purposes of this subsection, the function of:

- (1) teaching;
- (2) doing research;
- (3) providing advisory services; or
- (4) conducting seminars on physical therapy;

is not considered to be a practice of physical therapy.

(c) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person to profess to be or act as a physical therapist assistant or to use the initials "P.T.A." or any other letters, words,



abbreviations, or insignia indicating that the person is a physical therapist assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist assistant. It is unlawful for the person to act as a physical therapist assistant other than under the general supervision of a licensed physical therapist who is in responsible charge of a patient. However, nothing in this chapter prohibits a person licensed or registered in this state under another law from engaging in the practice for which the person is licensed or registered. These exempted persons include persons engaged in the practice of osteopathic medicine, chiropractic, or podiatric medicine.

(d) Except as provided in section 2.5 of this chapter, this chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist assistant to:

- (1) evaluate any physical disability or mental disorder except upon the order or referral of a physician, a podiatrist, a psychologist, a chiropractor, a physician assistant, ~~nurse practitioner~~, **an advanced practice registered nurse**, or a dentist;
- (2) practice medicine, surgery (as described in IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic medicine, psychology, chiropractic, or podiatric medicine; or
- (3) prescribe a drug or other remedial substance used in medicine.

(e) Upon the referral of a licensed school psychologist, a physical therapist who is:

- (1) licensed under this article; and
- (2) an employee or contractor of a school corporation;

may provide mandated school services to a student that are within the physical therapist's scope of practice.

SECTION 46. IC 27-8-14.5-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health insurance plan issued by an insurer must provide coverage for diabetes self-management training that is:

- (1) medically necessary;
- (2) ordered in writing by a physician licensed under IC 25-22.5, ~~or a podiatrist licensed under IC 25-29~~, **or an advanced practice registered nurse licensed under IC 25-23**; and
- (3) provided by a health care professional who:
 - (A) is licensed, registered, or certified under IC 25; and
 - (B) has specialized training in the management of diabetes.

(b) Coverage for diabetes self-management training may be limited to the following:

- (1) One (1) or more visits after receiving a diagnosis of diabetes.



(2) One (1) or more visits after receiving a diagnosis by a physician licensed under IC 25-22.5 or a podiatrist licensed under IC 25-29 that:

- (A) represents a significant change in the insured's symptoms or condition; and
- (B) makes changes in the insured's self-management medically necessary.

(3) One (1) or more visits for reeducation or refresher training.

(c) Coverage for diabetes self-management training is subject to the requirements of the health insurance plan regarding the use of participating providers.

SECTION 47. IC 27-8-27-6, AS AMENDED BY P.L.133-2020, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health insurance plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(b) A health insurance plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse.**

(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section."

Renumber all SECTIONS consecutively.

(Reference is to EHB 1169 as printed February 25, 2022.)

CRIDER

