

HOUSE BILL No. 1325

DIGEST OF HB 1325 (Updated February 14, 2019 10:29 am - DI 77)

Citations Affected: IC 16-18; IC 16-41; IC 34-30; IC 34-46; IC 35-31.5; IC 35-38; IC 35-45; IC 35-52.

Synopsis: Transmission of communicable diseases. Changes the following defined terms: (1) "carrier" to "individual with a communicable disease"; (2) "dangerous communicable disease" to "serious communicable disease"; and (3) "dangerous disease" to "serious disease". Specifies that an individual must intentionally meet all the delineated conditions to commit the offense of transmitting a communicable disease. Requires that for violations of the communicable disease laws: (1) an information or indictment alleging the violations be redacted in accordance with rules adopted by the Indiana supreme court; (2) the court close the proceedings; and; (3) the medical information of the parties is confidential. Removes the authority of a court to limit testing to a test only for human immunodeficiency virus (HIV) if the defendant is charged with battery or domestic battery involving placing bodily fluid or waste on another person. Removes certain references to AIDS. Repeals the crimes of: (1) recklessly, knowingly, or intentionally donating, selling, or transferring blood or semen for artificial insemination that contains HIV; and (2) infecting an individual through the act of donating, selling, or transferring blood or semen. Makes conforming changes. Makes a technical correction.

Effective: July 1, 2019.

Clere, Brown T, Shackleford, Cook

January 14, 2019, read first time and referred to Committee on Public Health. February 14, 2019, amended, reported — Do Pass.



First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

HOUSE BILL No. 1325

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 16-18-2-49 IS REPEALED [EFFECTIVE JULY 1,
2	2019]. Sec. 49. "Carrier", for purposes of IC 16-41, means a person
3	who has:
4	(1) tuberculosis in a communicable stage; or
5	(2) another dangerous communicable disease.
6	SECTION 2. IC 16-18-2-91 IS REPEALED [EFFECTIVE JULY 1,
7	2019]. Sec. 91. "Dangerous communicable disease", for purposes of
8	IC 16-41, means a communicable disease that is classified by the state
9	department as dangerous under IC 16-41-2-1.
10	SECTION 3. IC 16-18-2-188.3 IS ADDED TO THE INDIANA
11	CODE AS A NEW SECTION TO READ AS FOLLOWS
12	[EFFECTIVE JULY 1, 2019]: Sec. 188.3. "Individual with a
13	communicable disease", for purposes of IC 16-41, means a person
14	who has:
15	(1) tuberculosis in a communicable stage; or
16	(2) another serious communicable disease.
17	SECTION 4. IC 16-18-2-194.5, AS ADDED BY P.L.138-2006,



SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 194.5. "Isolation", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction, of an individual or a group of individuals from the general public if the individual or group is infected with a dangerous serious communicable disease (as described in IC 16-18-2-91 IC 16-18-2-327.7 and 410 IAC 1-2.3-47), in order to prevent or limit the transmission of the disease to an uninfected individual.

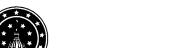
SECTION 5. IC 16-18-2-288.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 288.1.** "Practical means to prevent transmission", for purposes of IC 16-41-7-1, has the meaning set forth in IC 16-41-7-1.

SECTION 6. IC 16-18-2-302.6, AS ADDED BY P.L.138-2006, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 302.6. "Quarantine", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction of movement, of an individual or a group of individuals who have been exposed to a dangerous serious communicable disease (as described in IC 16-18-2-91 IC 16-18-2-327.7 and 410 IAC 1-2.3-47), during the disease's period of communicability, in order to prevent or limit the transmission of the disease to an uninfected individual.

SECTION 7. IC 16-18-2-327.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 327.7.** "Serious communicable disease", for purposes of IC 16-41, means a communicable disease that is classified by the state department as dangerous under IC 16-41-2-1.

SECTION 8. IC 16-41-3-1, AS AMENDED BY P.L.1-2006, SECTION 304, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2 concerning the compilation for statistical purposes of information collected under IC 16-41-2.

(b) The state department shall adopt procedures to gather, monitor, and tabulate case reports of incidents involving dangerous serious communicable diseases or unnatural outbreaks of diseases known or suspected to be used as weapons. The state department shall specifically engage in medical surveillance, tabulation, and reporting of confirmed or suspected cases set forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the United States Public Health Service of the United States Department of Health and Human Services.



- 1 (c) The state department shall notify the: 2 (1) department of homeland security; 3 (2) Indiana State Police; and 4 (3) county health department and local law enforcement agency 5 having jurisdiction of each unnatural outbreak or reported case 6 described in subsection (b); 7 as soon as possible after the state department receives a report under 8 subsection (b). Notification under this subsection must be made not 9 more than twenty-four (24) hours after receiving a report. 10 11
 - SECTION 9. IC 16-41-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. (a) The state department shall tabulate all case reports of tuberculosis and other dangerous serious communicable diseases reported under this article or under rules adopted under this article. The state department shall determine the prevalence and distribution of disease in Indiana and devise methods for restricting and controlling disease.
 - (b) The state department shall include the information on the prevalence and distribution of tuberculosis and other dangerous serious communicable diseases in the state department's annual report.
 - (c) The state department shall disseminate the information prepared under this section.
 - (d) The state department shall develop capabilities and procedures to perform preliminary analysis and identification in as close to a real time basis as is scientifically possible of unknown bacterial substances that have been or may be employed as a weapon. The state department shall implement the developed capacity and procedures immediately after the state department achieves a Level B capability as determined by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the United States Public Health Service of the United States Department of Health and Human Services.

SECTION 10. IC 16-41-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. The health officer may make an investigation of each carrier of a dangerous individual with a communicable disease to determine whether the environmental conditions surrounding the carrier individual or the conduct of the carrier individual requires intervention by the health officer or designated health official to prevent the spread of disease to others.

SECTION 11. IC 16-41-6-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 11. (a) The state department shall adopt rules under IC 4-22-2 that include procedures:

(1) to inform the woman of the test results under this chapter,



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1	whether they are positive or negative;
2	(2) for explaining the side effects of any treatment for HIV if the
3	test results under this chapter are positive; and
4	(3) to establish a process for a woman who tests positive under
5	this chapter to appeal the woman's status on a waiting list on a
6	treatment program for which the woman is eligible. The rule
7	must:
8	(A) include a requirement that the state department make a
9	determination in the process described in this subdivision not
10	later than seventy-two (72) hours after the state department
11	receives all the requested medical information; and
12	(B) set forth the necessary medical information that must be
13	provided to the state department and reviewed by the state
14	department in the process described in this subdivision.
15	(b) The state department shall maintain rules under IC 4-22-2 that
16	set forth standards to provide to women who are pregnant, before
17	delivery, at delivery, and after delivery, information concerning HIV.
18	The rules must include:
19	(1) an explanation of the nature of AIDS and HIV;
20	(2) information concerning discrimination and legal protections;
21	(3) information concerning the duty to notify persons at risk as
22	described in IC 16-41-7-1;
23 24	(4) information about risk behaviors for HIV transmission;
24	(5) information about the risk of transmission through breast
25	feeding;
26	(6) notification that if the woman chooses not to be tested for HIV
27	before delivery, at delivery the child will be tested subject to
28	section 4 of this chapter;
29	(7) procedures for obtaining informed, written consent for testing
30	under this chapter;
31	(8) procedures for post-test counseling by a health care provider
32	when the test results are communicated to the woman, whether
33	the results are positive or negative;
34	(9) procedures for referral for physical and emotional services if
35	the test results are positive;
36	(10) procedures for explaining the importance of immediate entry
37	into medical care if the test results are positive; and
38	(11) procedures for explaining that giving birth by cesarean
39	section may the use of antiretroviral drugs and other medical
10	interventions lessen the likelihood of passing on HIV to the child
11	during childbirth. especially when done in combination with
12	medications, if the test results are positive.



1	SECTION 12. IC 16-41-7-1 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) This section
3	applies to the following dangerous serious communicable diseases:
4	(1) Acquired immune deficiency syndrome (AIDS).
5	(2) (1) Human immunodeficiency virus (HIV).
6	(3) (2) Hepatitis B.
7	(b) As used in this section, "high risk activity" means sexual or
8	needle sharing contact that has been demonstrated epidemiologically,
9	to transmit as determined by the federal Centers for Disease
10	Control and Prevention or other comparable epidemiological
11	evidence, to bear a significant risk of transmitting a dangerous
12	serious communicable disease described in subsection (a).
13	(c) As used in this section, "person at risk" means:
14	(1) past and present sexual or needle sharing partners who may
15	have engaged in high risk activity; or
16	(2) sexual or needle sharing partners before engaging in high risk
17	activity;
18	with the carrier of individual with a dangerous serious communicable
19	disease described in subsection (a).
20	(d) Carriers Individuals with a communicable disease who know
21	of their status as a carrier an individual with a of a dangerous serious
22	communicable disease described in subsection (a) have a duty to warn
23	or cause to be warned by a third party a person at risk of the following:
24	(1) The earrier's individual's disease status.
25	(2) The need to seek health care such as counseling and testing.
26	(e) As used in this section, "practical means to prevent
27	transmission" means any method, device, behavior, or activity
28	demonstrated scientifically to measurably limit, reduce, or
29	eliminate the risk of transmission of a communicable disease,
30	including the use of a prophylactic device or adherence to an
31	appropriate medical treatment regimen for the communicable
32	disease as determined by a physician.
33	(f) An individual may not intentionally transmit a
34	communicable disease described in subsection (a) to another
35	person. An individual commits intentionally transmitting a
36	communicable disease if all of the following conditions are met:
37	(1) The individual knows that the individual has a
38	communicable disease described in subsection (a).
39	(2) The individual acts with the specific intent to transmit that
40	communicable disease to another person.
41	(3) The individual engages in a high risk activity with the



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other person.

1	(4) The individual transmits the communicable disease to the
2	other person.
3	(5) The other person was unaware that the individual had a
4	communicable disease.
5	(g) An individual does not act with the specific intent required
6	in subsection (f)(2) if the individual takes, or attempts to take,
7	practical means to prevent transmission. However, the failure by
8	an individual to use practical means to prevent transmission alone
9	is not sufficient to prove the intent required under subsection $(f)(2)$.
10	(h) A person does not violate subsection (f) for any of the
11	following reasons:
12	(1) Becoming pregnant while having a communicable disease.
13	(2) Acquiring a communicable disease while pregnant.
14	(3) Continuing a pregnancy while having a communicable
15	disease.
16	(4) Declining treatment for a communicable disease while
17	pregnant.
18	SECTION 13. IC 16-41-7-2 IS AMENDED TO READ AS
19	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. (a) A carrier An
20	individual with a communicable disease is a "serious and present
21	danger to the health of others" under the following conditions:
22	(1) The carrier individual engages repeatedly in a behavior that
23	has been demonstrated epidemiologically (as defined by rules
24	adopted by the state department under IC 4-22-2) to transmit a
25	dangerous serious communicable disease or that indicates a
26	careless disregard for the transmission of the disease to others.
27	(2) The carrier's individual's past behavior or statements indicate
28	an imminent danger that the carrier individual will engage in
29	behavior that transmits a dangerous serious communicable
30	disease to others.
31	(3) The carrier individual has failed or refused to carry out the
32	earrier's individual's duty to warn under section 1 of this chapter.
33	(b) A person who has reasonable cause to believe that a person:
34	(1) is a serious and present danger to the health of others as
35	described in subsection (a);
36	(2) has engaged in noncompliant behavior; or
37	(3) is suspected of being a person at risk (as described in section
38	1 of this chapter);
39	may report that information to a health officer.
40	(c) A person who makes a report under subsection (b) in good faith

is not subject to liability in a civil, an administrative, a disciplinary, or



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a criminal action.

1	(d) A person who knowingly or recklessly makes a false report
2	under subsection (b) is civilly liable for actual damages suffered by a
3	person reported on and for punitive damages.
4	SECTION 14. IC 16-41-7-3 IS AMENDED TO READ AS
5	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. (a) A licensed
6	physician who diagnoses, treats, or counsels a patient with a dangerous
7	serious communicable disease shall inform the patient of the patient's
8	duty under section 1 of this chapter.
9	(b) A physician described in subsection (a) may notify the
10	following:
11	(1) A health officer if the physician has reasonable cause to
12	believe that a patient:
13	(A) is a serious and present danger to the health of others as
14	described in section 2(a) of this chapter;
15	(B) has engaged in noncompliant behavior; or
16	(C) is suspected of being a person at risk (as defined in section
17	1 of this chapter).
18	(2) A person at risk (as defined in section 1 of this chapter) or a
19	person legally responsible for the patient if the physician:
20	(A) has medical verification that the patient is a carrier; an
21	individual with a communicable disease;
22	(B) knows the identity of the person at risk;
23	(C) has a reasonable belief of a significant risk of harm to the
24	identified person at risk;
25	(D) has reason to believe the identified person at risk has not
26	been informed and will not be informed of the risk by the
27	patient or another person; and
28	(E) has made reasonable efforts to inform the carrier
29	individual of the physician's intent to make or cause the state
30	department of health to make a disclosure to the person at risk.
31	(c) A physician who notifies a person at risk under this section shall
32	do the following:
33	(1) Identify the dangerous serious communicable disease.
34	(2) Inform the person of available health care measures such as
35	counseling and testing.
36	(d) A physician who in good faith provides notification under this
37	section is not subject to liability in a civil, an administrative, a
38	disciplinary, or a criminal action.
39	(e) A patient's privilege with respect to a physician under
40	IC 34-46-3-1 is waived regarding:
41	(1) notification under subsection (b); and

(2) information provided about a patient's noncompliant behavior



1	in an investigation or action under this chapter, IC 16-41-2,
2	IC 16-41-3, IC 16-41-5, IC 16-41-6, IC 16-41-8, IC 16-41-9,
3	IC 16-41-13, IC 16-41-14, and IC 16-41-16.
4	(f) A physician's immunity from liability under subsection (d)
5	applies only to the provision of information reasonably calculated to
6	protect an identified person who is at epidemiological risk of infection.
7	(g) A physician who notifies a person under this section is also
8	required to satisfy the reporting requirements under IC 16-41-2-2
9	through IC 16-41-2-8.
10	SECTION 15. IC 16-41-7-4 IS AMENDED TO READ AS
11	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) As used in this
12	section, "person at risk" means an individual who in the best judgment
13	of a licensed physician:
14	(1) has engaged in high risk activity (as defined in section 1 of
15	this chapter); or
16	(2) is in imminent danger of engaging in high risk activity (as
17	defined in section 1 of this chapter).
18	(b) If a health officer is notified in writing by a physician under
19	section 3(b)(1)(A) of this chapter of a patient:
20	(1) for whom the physician has medical verification that the
21	patient is a carrier; an individual with a communicable disease;
22	and
23	(2) who, in the best judgment of the physician, is a serious and
24	present danger to the health of others;
25	the health officer shall make an investigation of the carrier individual
26	as authorized in IC 16-41-5-2 to determine whether the environmental
27	conditions surrounding the earrier individual or the conduct of the
28	carrier individual requires the intervention by the health officer or
29	designated health official to prevent the spread of disease to others.
30	(c) If the state department is requested in writing by a physician who
31	has complied with the requirements of section 3(b)(2) of this chapter
32	to notify a person at risk, the state department shall notify the person
33	at risk unless, in the opinion of the state department, the person at risk:
34	(1) has already been notified;
35	(2) will be notified; or
36	(3) will otherwise be made aware that the person is a person at
37	risk.
38	(d) The state department shall establish a confidential registry of all
39	persons submitting written requests under subsection (c).
40	(e) The state department shall adopt rules under IC 4-22-2 to

implement this section. Local health officers may submit advisory

guidelines to the state department to implement this chapter,



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IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9. The state department shall fully consider such advisory guidelines before adopting a rule under IC 4-22-2-29 implementing this chapter, IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9.

SECTION 16. IC 16-41-7-5, AS AMENDED BY P.L.158-2013, SECTION 240, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) Except as provided in IC 35-45-21-3, a person who recklessly violates or fails to comply with this chapter commits a Class B misdemeanor.

- (b) Each day a violation continues constitutes a separate offense.
- (b) An information or indictment alleging a violation of this chapter shall be filed in accordance with rules adopted by the supreme court. All records related to a proceeding of the defendant described in this section shall be redacted so that it does not include the defendant's name (in the same manner that cases involving juveniles are redacted):
 - (1) permanently, if the defendant is not convicted of the offense; or
 - (2) until the court enters a judgment of conviction, if the defendant is convicted of the offense.
- (c) Unless the defendant objects, the court shall close any proceeding in which there is a possibility that identifying information (as defined in IC 35-43-5-1) of the defendant will be disclosed and prohibit every person present during a closed proceeding from disclosing identifying information of the defendant until the conclusion of the trial.
- (d) Confidentiality of the medical information of the complainant and the individual accused shall be maintained as required by IC 16-41-8-1.

SECTION 17. IC 16-41-8-1, AS AMENDED BY P.L.65-2016, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) As used in this chapter, "potentially disease transmitting offense" means any of the following:

- (1) Battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing a bodily fluid or waste on another person.
- (2) An offense relating to a criminal sexual act (as defined in IC 35-31.5-2-216), if sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) occurred.

The term includes an attempt to commit an offense, if sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) occurred, and a delinquent act that would be a crime if committed by an adult.



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(b) Except as provided in this chapter, a person may not disclose or
be compelled to disclose medical or epidemiological information
involving a communicable disease or other disease that is a danger to
health (as defined under rules adopted under IC 16-41-2-1). This
information may not be released or made public upon subpoena or
otherwise, except under the following circumstances:
(1) Release may be made of medical or epidemiologic information
for statistical purposes if done in a manner that does not identify
an individual.
(2) Release may be made of medical or epidemiologic information
with the written consent of all individuals identified in the
information released.
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- (3) Release may be made of medical or epidemiologic information to the extent necessary to enforce public health laws, laws described in IC 31-37-19-4 through IC 31-37-19-6, IC 31-37-19-9 through IC 31-37-19-10, IC 31-37-19-12 through IC 31-37-19-23, and IC 35-38-1-7.1 and IC 35-45-21-1 or to protect the health or life of a named party.
- (4) Release may be made of the medical information of a person in accordance with this chapter.
- (c) Except as provided in this chapter, a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiologic information classified as confidential under this section commits a Class A misdemeanor.
- (d) In addition to subsection (c), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employes the employee.
- (e) Release shall be made of the medical records concerning an individual to:
 - (1) the individual;
 - (2) a person authorized in writing by the individual to receive the medical records; or
 - (3) a coroner under IC 36-2-14-21.
- (f) An individual may voluntarily disclose information about the individual's communicable disease.
- (g) The provisions of this section regarding confidentiality apply to information obtained under IC 16-41-1 through IC 16-41-16.

SECTION 18. IC 16-41-8-5, AS AMENDED BY P.L.65-2016, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) This section does not apply to medical testing of an individual for whom an indictment or information is filed



for a sex crime and for whom a request to have the individual tested under section 6 of this chapter is filed.

- (b) The following definitions apply throughout this section:
 - (1) "Bodily fluid" means blood, human waste, or any other bodily fluid.
 - (2) "Dangerous "Serious disease" means any of the following:
 - (A) Chancroid.

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- (B) Chlamydia.
- (C) Gonorrhea.
- (D) Hepatitis.
- (E) Human immunodeficiency virus (HIV).
- (F) Lymphogranuloma venereum.
- (G) Syphilis.
- (H) Tuberculosis.
- (3) "Offense involving the transmission of a bodily fluid" means any offense (including a delinquent act that would be a crime if committed by an adult) in which a bodily fluid is transmitted from the defendant to the victim in connection with the commission of the offense.
- (c) This subsection applies only to a defendant who has been charged with a potentially disease transmitting offense. At the request of an alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney shall petition a court to order a defendant charged with the commission of a potentially disease transmitting offense to submit to a screening test to determine whether the defendant is infected with a dangerous serious disease. In the petition, the prosecuting attorney must set forth information demonstrating that the defendant has committed a potentially disease transmitting offense. The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed a potentially disease transmitting offense, the court may order the defendant to submit to a screening test for one (1)



or more dangerous serious diseases. If the defendant is charged with battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing a bodily fluid or waste on another person, the court may limit testing under this subsection to a test only for human immunodeficiency virus (HIV). However, the court may order additional testing for human immunodeficiency virus (HIV) as may be medically appropriate. The court shall take actions to ensure the confidentiality of evidence introduced at the hearing.

- (d) This subsection applies only to a defendant who has been charged with an offense involving the transmission of a bodily fluid. At the request of an alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney shall petition a court to order a defendant charged with the commission of an offense involving the transmission of a bodily fluid to submit to a screening test to determine whether the defendant is infected with a dangerous serious disease. In the petition, the prosecuting attorney must set forth information demonstrating that:
 - (1) the defendant has committed an offense; and
 - (2) a bodily fluid was transmitted from the defendant to the victim in connection with the commission of the offense.

The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed an offense and that a bodily fluid was transmitted from the defendant to the alleged victim in connection with the commission of the offense, the court may order the defendant to submit to a screening test for one (1) or more dangerous serious diseases. If the defendant is charged with battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing bodily fluid or waste on another person, the court may limit testing under this subsection to a test only for human immunodeficiency virus (HIV). However, the court may order additional testing for human immunodeficiency virus (HIV) as may be medically appropriate. The court shall take actions to ensure the



confidentiality of evidence intro	oduced at the hearing.
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- (e) The testimonial privileges applying to communication between a husband and wife and between a health care provider and the health care provider's patient are not sufficient grounds for not testifying or providing other information at a hearing conducted in accordance with this section.
- (f) A health care provider (as defined in IC 16-18-2-163) who discloses information that must be disclosed to comply with this section is immune from civil and criminal liability under Indiana statutes that protect patient privacy and confidentiality.
- (g) The results of a screening test conducted under this section shall be kept confidential if the defendant ordered to submit to the screening test under this section has not been convicted of the potentially disease transmitting offense or offense involving the transmission of a bodily fluid with which the defendant is charged. The results may not be made available to any person or public or private agency other than the following:
 - (1) The defendant and the defendant's counsel.
 - (2) The prosecuting attorney.
 - (3) The department of correction or the penal facility, juvenile detention facility, or secure private facility where the defendant is housed.
 - (4) The alleged victim or the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), and the alleged victim's counsel.

The results of a screening test conducted under this section may not be admitted against a defendant in a criminal proceeding or against a child in a juvenile delinquency proceeding.

- (h) As soon as practicable after a screening test ordered under this section has been conducted, the alleged victim or the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), and the victim's counsel shall be notified of the results of the test.
- (i) An alleged victim may disclose the results of a screening test to which a defendant is ordered to submit under this section to an individual or organization to protect the health and safety of or to seek compensation for:
 - (1) the alleged victim;
 - (2) the alleged victim's sexual partner; or



1	(3) the alleged victim's family.
2	(j) The court shall order a petition filed and any order entered under
3	this section sealed.
4	(k) A person that knowingly or intentionally:
5	(1) receives notification or disclosure of the results of a screening
6	test under this section; and
7	(2) discloses the results of the screening test in violation of this
8	section;
9	commits a Class B misdemeanor.
10	SECTION 19. IC 16-41-9-1.5, AS AMENDED BY P.L.109-2015,
11	SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
12	JULY 1, 2019]: Sec. 1.5. (a) If a public health authority has reason to
13	believe that:
14	(1) an individual:
15	(A) has been infected with; or
16	(B) has been exposed to;
17	a dangerous serious communicable disease or outbreak; and
18	(2) the individual is likely to cause the infection of an uninfected
19	individual if the individual is not restricted in the individual's
20	ability to come into contact with an uninfected individual;
21	the public health authority may petition a circuit or superior court for
22	an order imposing isolation or quarantine on the individual. A petition
23	for isolation or quarantine filed under this subsection must be verified
24	and include a brief description of the facts supporting the public health
25	authority's belief that isolation or quarantine should be imposed on an
26	individual, including a description of any efforts the public health
27	authority made to obtain the individual's voluntary compliance with
28	isolation or quarantine before filing the petition.
29	(b) Except as provided in subsections (e) and (k), an individual
30	described in subsection (a) is entitled to notice and an opportunity to
31	be heard, in person or by counsel, before a court issues an order
32	imposing isolation or quarantine. A court may restrict an individual's
33	right to appear in person if the court finds that the individual's personal
34	appearance is likely to expose an uninfected person to a dangerous
35	serious communicable disease or outbreak.
36	(c) If an individual is restricted from appearing in person under
37	subsection (b), the court shall hold the hearing in a manner that allows
38	all parties to fully and safely participate in the proceedings under the
39	circumstances.
40	(d) If the public health authority proves by clear and convincing
41	evidence that:

(1) an individual has been infected or exposed to a dangerous



1	serious communicable disease or outbreak; and
2	(2) the individual is likely to cause the infection of an uninfected
3	individual if the individual is not restricted in the individual's
4	ability to come into contact with an uninfected individual;
5	the court may issue an order imposing isolation or quarantine on the
6	individual. The court shall establish the conditions of isolation or
7	quarantine, including the duration of isolation or quarantine. The court
8	shall impose the least restrictive conditions of isolation or quarantine
9	that are consistent with the protection of the public.
10	(e) If the public health authority has reason to believe that an
11	individual described in subsection (a) is likely to expose an uninfected
12	individual to a dangerous serious communicable disease or outbreak
13	before the individual described in subsection (a) can be provided with
14	notice and an opportunity to be heard, the public health authority may
15	seek in a circuit or superior court an emergency order of quarantine or
16	isolation by filing a verified petition for emergency quarantine or
17	isolation. The verified petition must include a brief description of the
18	facts supporting the public health authority's belief that:
19	(1) isolation or quarantine should be imposed on an individual;
20	and
21	(2) the individual described in subsection (a) may expose an
22	uninfected individual to a dangerous serious communicable
23	disease or outbreak before the individual described in subsection
24	(a) can be provided with notice and an opportunity to be heard.
25	The verified petition must include a description of any efforts the
26	public health authority made to obtain the individual's voluntary
27	compliance with isolation or quarantine before filing the petition.
28	(f) If the public health authority proves by clear and convincing
29	evidence that:
30	(1) an individual has been infected or exposed to a dangerous
31	serious communicable disease or outbreak;
32	(2) the individual is likely to cause the infection of an uninfected
33	individual if the individual is not restricted in the individual's
34	ability to come into contact with an uninfected individual; and
35	(3) the individual may expose an uninfected individual to a
36	dangerous serious communicable disease or outbreak before the
37	individual can be provided with notice and an opportunity to be
38	heard;
39	the court may issue an emergency order imposing isolation or
40	quarantine on the individual. The court shall establish the duration and
41	other conditions of isolation or quarantine. The court shall impose the

least restrictive conditions of isolation or quarantine that are consistent



with the protection of the public.

- (g) A court may issue an emergency order of isolation or quarantine without the verified petition required under subsection (e) if the court receives sworn testimony of the same facts required in the verified petition:
 - (1) in a nonadversarial, recorded hearing before the judge;
 - (2) orally by telephone or radio;
 - (3) in writing by facsimile transmission (fax); or
 - (4) through other electronic means approved by the court.
- If the court agrees to issue an emergency order of isolation or quarantine based upon information received under subdivision (2), the court shall direct the public health authority to sign the judge's name and to write the time and date of issuance on the proposed emergency order. If the court agrees to issue an emergency order of isolation or quarantine based upon information received under subdivision (3), the court shall direct the public health authority to transmit a proposed emergency order to the court, which the court shall sign, add the date of issuance, and transmit back to the public health authority. A court may modify the conditions of a proposed emergency order.
- (h) If an emergency order of isolation or quarantine is issued under subsection (g)(2), the court shall record the conversation on audiotape and order the court reporter to type or transcribe the recording for entry in the record. The court shall certify the audiotape, the transcription, and the order retained by the judge for entry in the record.
- (i) If an emergency order of isolation or quarantine is issued under subsection (g)(3), the court shall order the court reporter to retype or copy the facsimile transmission for entry in the record. The court shall certify the transcription or copy and order retained by the judge for entry in the record.
- (j) The clerk shall notify the public health authority who received an emergency order under subsection (g)(2) or (g)(3) when the transcription or copy required under this section is entered in the record. The public health authority shall sign the typed, transcribed, or copied entry upon receiving notice from the court reporter.
- (k) The public health authority may issue an immediate order imposing isolation or quarantine on an individual if exigent circumstances, including the number of affected individuals, exist that make it impracticable for the public health authority to seek an order from a court, and obtaining the individual's voluntary compliance is or has proven impracticable or ineffective. An immediate order of isolation or quarantine expires after seventy-two (72) hours, excluding Saturdays, Sundays, and legal holidays, unless renewed in accordance



1	with subsection (l). The public health authority shall establish the other
2	conditions of isolation or quarantine. The public health authority shal
3	impose the least restrictive conditions of isolation or quarantine that are
4	consistent with the protection of the public. If the immediate orde
5	applies to a group of individuals and it is impracticable to provide
6	individual notice, the public health authority shall post a copy of the
7	order where it is likely to be seen by individuals subject to the order.
8	(l) The public health authority may seek to renew an order o
9	isolation or quarantine or an immediate order of isolation or quarantine
10	issued under this section by doing the following:
11	(1) By filing a petition to renew the emergency order of isolation
12	or quarantine or the immediate order of isolation or quarantine
13	with:
14	(A) the court that granted the emergency order of isolation of
15	quarantine; or
16	(B) a circuit or superior court, in the case of an immediate
17	order.
18	The petition for renewal must include a brief description of the
19	facts supporting the public health authority's belief that the
20	individual who is the subject of the petition should remain in
21	isolation or quarantine and a description of any efforts the public
22	health authority made to obtain the individual's voluntary
23	compliance with isolation or quarantine before filing the petition
24	(2) By providing the individual who is the subject of the
25	emergency order of isolation or quarantine or the immediate order
26	of isolation or quarantine with a copy of the petition and notice o
27	the hearing at least twenty-four (24) hours before the time of the
28	hearing.
29	(3) By informing the individual who is the subject of the
30	emergency order of isolation or quarantine or the immediate order
31	of isolation or quarantine that the individual has the right to:
32	(A) appear, unless the court finds that the individual's persona
33	appearance may expose an uninfected person to a dangerous
34	serious communicable disease or outbreak;
35	(B) cross-examine witnesses; and
36	(C) counsel, including court appointed counsel in accordance
37	with subsection (c).
38	(4) If:
39	(A) the petition applies to a group of individuals; and
40	(B) it is impracticable to provide individual notice;
41	by posting the petition in a conspicuous location on the isolation
42	or quarantine premises.



1	(m) If the public health authority proves by clear and convincing
2 3	evidence at a hearing under subsection (l) that: (1) an individual has been infected or exposed to a dangerous
4	serious communicable disease or outbreak; and
5	(2) the individual is likely to cause the infection of an uninfected
6	individual if the individual is not restricted in the individual's
7	ability to come into contact with an uninfected individual;
8	the court may renew the existing order of isolation or quarantine or
9	issue a new order imposing isolation or quarantine on the individual.
10	The court shall establish the conditions of isolation or quarantine,
11	including the duration of isolation or quarantine. The court shall
12	impose the least restrictive conditions of isolation or quarantine that are
13	consistent with the protection of the public.
14	(n) Unless otherwise provided by law, a petition for isolation or
15	quarantine, or a petition to renew an immediate order for isolation or
16	quarantine, may be filed in a circuit or superior court in any county.
17	Preferred venue for a petition described in this subsection is:
18	(1) the county or counties (if the area of isolation or quarantine
19	includes more than one (1) county) where the individual,
20	premises, or location to be isolated or quarantined is located; or
21	(2) a county adjacent to the county or counties (if the area of
22	isolation or quarantine includes more than one (1) county) where
23	the individual, premises, or location to be isolated or quarantined
24	is located.
25	This subsection does not preclude a change of venue for good cause
26	shown.
27	(o) Upon the motion of any party, or upon its own motion, a court
28	may consolidate cases for a hearing under this section if:
29	(1) the number of individuals who may be subject to isolation or
30	quarantine, or who are subject to isolation or quarantine, is so
31	large as to render individual participation impractical;
32	(2) the law and the facts concerning the individuals are similar;
33	and
34	(3) the individuals have similar rights at issue.
35	A court may appoint an attorney to represent a group of similarly
36	situated individuals if the individuals can be adequately represented.
37	An individual may retain his or her own counsel or proceed pro se.
38	(p) A public health authority that imposes a quarantine that is not in
39	the person's home:
40	(1) shall allow the parent or guardian of a child who is
41	quarantined under this section; and
42	(2) may allow an adult;



to remain with the quarantined individual in quarantine. As a condition
of remaining with the quarantined individual, the public health
authority may require a person described in subdivision (2) who has not
been exposed to a dangerous serious communicable disease to receive
an immunization or treatment for the disease or condition, if an
immunization or treatment is available and if requiring immunization
or treatment does not violate a constitutional right.

- (q) If an individual who is quarantined under this section is the sole parent or guardian of one (1) or more children who are not quarantined, the child or children shall be placed in the residence of a relative, friend, or neighbor of the quarantined individual until the quarantine period has expired. Placement under this subsection must be in accordance with the directives of the parent or guardian, if possible.
- (r) State and local law enforcement agencies shall cooperate with the public health authority in enforcing an order of isolation or quarantine.
- (s) The court shall appoint an attorney to represent an indigent individual in an action brought under this chapter or under IC 16-41-6. If funds to pay for the court appointed attorney are not available from any other source, the state department may use the proceeds of a grant or loan to reimburse the county, state, or attorney for the costs of representation.
- (t) A person who knowingly or intentionally violates a condition of isolation or quarantine under this chapter commits violating quarantine or isolation, a Class A misdemeanor.
- (u) The state department shall adopt rules under IC 4-22-2 to implement this section, including rules to establish guidelines for:
 - (1) voluntary compliance with isolation and quarantine;
 - (2) quarantine locations and logistical support; and
 - (3) moving individuals to and from a quarantine location.

The absence of rules adopted under this subsection does not preclude the public health authority from implementing any provision of this section.

SECTION 20. IC 16-41-9-1.7, AS ADDED BY P.L.138-2006, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1.7. (a) An immunization program established by a public health authority to combat a public health emergency involving a dangerous serious communicable disease must comply with the following:

- (1) The state department must develop and distribute or post information concerning the risks and benefits of immunization.
- (2) No person may be required to receive an immunization



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1	without that person's consent. No child may be required to receive
2	an immunization without the consent of the child's parent,
3	guardian, or custodian. The state department may implement the
4	procedures described in section 1.5 of this chapter concerning a
5	person who refuses to receive an immunization or the child of a
6	parent, guardian, or custodian who refuses to consent to the child
7	receiving an immunization.
8	(b) The state department shall adopt rules to implement this section.
9	The absence of rules adopted under this subsection does not preclude
10	the public health authority from implementing any provision of this
11	section.
12	SECTION 21. IC 16-41-9-3 IS AMENDED TO READ AS
13	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. (a) The local health
14	officer may exclude from school a student who has a dangerous serious
15	communicable disease that:
16	(1) is transmissible through normal school contacts; and
17	(2) poses a substantial threat to the health and safety of the school
18	community

- community.
- (b) If the local health officer subsequently determines that a student who has been excluded from school under subsection (a) does not have a dangerous serious communicable disease that:
 - (1) is transmissible through normal school contacts; and
 - (2) poses a substantial threat to the health and safety of the school community;

the local health officer shall issue a certificate of health to admit or readmit the student to school.

(c) A person who objects to the determination made by the local health officer under this section may appeal to the executive board of the state department, which is the ultimate authority. IC 4-21.5 applies to proceedings under this section.

SECTION 22. IC 16-41-9-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) If a designated health official determines that a carrier an individual with a communicable disease has a dangerous serious communicable disease and has reasonable grounds to believe that the earrier individual is mentally ill and either dangerous or gravely disabled, the designated health official may request:

- (1) immediate detention under IC 12-26-4; or
- (2) emergency detention under IC 12-26-5;

for the purpose of having the carrier individual apprehended, detained, and examined. The designated health official may provide to the superintendent of the psychiatric hospital or center or the attending



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- physician information about the earrier's individual's communicable disease status. Communications under this subsection do not constitute a breach of confidentiality.
- (b) If the written report required under IC 12-26-5-5 states there is probable cause to believe the carrier individual with a communicable disease is mentally ill and either dangerous or gravely disabled and requires continuing care and treatment, proceedings may continue under IC 12-26.
- (c) If the written report required under IC 12-26-5-5 states there is not probable cause to believe the carrier individual with a communicable disease is mentally ill and either dangerous or gravely disabled and requires continuing care and treatment, the carrier individual shall be referred to the designated health official who may take action under this article.

SECTION 23. IC 16-41-9-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) The chief medical officer of a hospital or other institutional facility may direct that a carrier an individual with a communicable disease detained under this article be placed apart from the others and restrained from leaving the facility. A carrier An individual with a communicable disease detained under this article shall observe all the rules of the facility or is subject to further action before the committing court.

- (b) A carrier An individual with a communicable disease detained under this article who leaves a tuberculosis hospital or other institutional facility without being authorized to leave or who fails to return from an authorized leave without having been formally discharged is considered absent without leave.
- (c) The sheriff of the county in which a carrier an individual with a communicable disease referred to in subsection (b) is found shall apprehend the carrier individual and return the carrier individual to the facility at which the carrier individual was being detained upon written request of the superintendent of the facility. Expenses incurred under this section are treated as expenses described in section 13 of this chapter.

SECTION 24. IC 16-41-9-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. (a) A carrier An individual with a communicable disease who:

- (1) poses a serious and present danger to the health of others;
- (2) has been voluntarily admitted to a hospital or other facility for the treatment of tuberculosis or another dangerous serious communicable disease; and
- (3) who leaves the facility without authorized leave or against



medical advice or who fails to return from authorized leave; shall be reported to a health officer by the facility not more than twenty-four (24) hours after discovery of the carrier's individual's absence.

(b) If a health officer fails or refuses to institute or complete necessary legal measures to prevent a health threat (as defined in IC 16-41-7-2) by the carrier, individual, the case shall be referred to a designated health official for appropriate action under this article.

SECTION 25. IC 16-41-9-8, AS AMENDED BY P.L.1-2007, SECTION 139, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) A local health officer may file a report with the court that states that a carrier an individual with a communicable disease who has been detained under this article may be discharged without danger to the health or life of others.

(b) The court may enter an order of release based on information presented by the local health officer or other sources.

SECTION 26. IC 16-41-9-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 9. (a) Not more than thirty (30) days after the proposed release from a state penal institution of a prisoner who is known to have:

- (1) tuberculosis in a communicable stage; or
- (2) other dangerous another serious communicable disease; the chief administrative officer of the penal institution shall report to the state department the name, address, age, sex, and date of release of the prisoner.
- (b) The state department shall provide the information furnished the state department under subsection (a) to the health officer having jurisdiction over the prisoner's destination address.
- (c) Each health officer where the prisoner may be found has jurisdiction over the released prisoner.

SECTION 27. IC 16-41-9-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 10. (a) The administrator of a hospital or other facility for the treatment of tuberculosis or other dangerous serious communicable disease may transfer or authorize the transfer of a nonresident indigent carrier individual with a communicable disease to the carrier's individual's state or county of legal residence if the carrier individual is able to travel. If the carrier individual with a communicable disease is unable to travel, the administrator may have the carrier individual hospitalized until the carrier individual is able to travel.

(b) Costs for the travel and hospitalization authorized by this section shall be paid by the:



1	(1)) carrier	indiv	vidual	under	section	13	of this	chapter:	01
и		<i>i</i> carrier	mu,	viuuai	unuci	SCCHOIL	1.,	o uns	Chainer.	•

(2) state department if the carrier individual with a communicable disease cannot pay the full cost.

SECTION 28. IC 16-41-9-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 12. (a) The superintendent or the chief executive officer of the facility to which a carrier an individual with a communicable disease has been ordered under this chapter may decline to admit a patient if the superintendent or chief executive officer determines that there is not available adequate space, treatment staff, or treatment facilities appropriate to the needs of the patient.

- (b) The state department may commence an action under IC 4-21.5-3-6 or IC 4-21.5-4 for issuance of an order of compliance and a civil penalty not to exceed one thousand dollars (\$1,000) per violation per day against a person who:
 - (1) fails to comply with IC 16-41-1 through IC 16-41-3, IC 16-41-5 through IC 16-41-9, IC 16-41-13, IC 16-41-14, or IC 16-41-16 or a rule adopted under these chapters; or
 - (2) interferes with or obstructs the state department or the state department's designated agent in the performance of official duties under IC 16-41-1 through IC 16-41-3, IC 16-41-5 through IC 16-41-9, IC 16-41-13, IC 16-41-14, or IC 16-41-16 or a rule adopted under these chapters.
- (c) The state department may commence an action against a facility licensed by the state department under either subsection (b) or the licensure statute for that facility, but the state department may not bring an action arising out of one (1) incident under both statutes.

SECTION 29. IC 16-41-9-13, AS AMENDED BY P.L.138-2006, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 13. (a) The court shall determine what part of the cost of care or treatment ordered by the court, if any, the carrier individual with a communicable disease can pay and whether there are other available sources of public or private funding responsible for payment of the carrier's individual's care or treatment. The carrier individual with a communicable disease shall provide the court documents and other information necessary to determine financial ability. If the carrier individual with a communicable disease cannot pay the full cost of care and other sources of public or private funding responsible for payment of the carrier's individual's care or treatment are not available, the county is responsible for the cost. If the carrier: individual with a communicable disease:

(1) provides inaccurate or misleading information; or



- 24 (2) later becomes able to pay the full cost of care; 1 2 the carrier individual becomes liable to the county for costs paid by the 3 county. 4 (b) Except as provided in subsections (c) and (d), the costs incurred 5 by the county under this chapter are limited to the costs incurred under 6 section 1.5 of this chapter. (c) However, subsection (b) does not relieve the county of the 7 8 responsibility for the costs of a carrier an individual with a 9 communicable disease who is ordered by the court under this chapter 10 to a county facility.
 - (d) Costs, other than costs described in subsections (b) and (c) that are incurred by the county for care ordered by the court under this chapter, shall be reimbursed by the state under IC 16-21-7 to the extent funds have been appropriated for reimbursement.

SECTION 30. IC 16-41-9-15, AS ADDED BY P.L.16-2009, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 15. In carrying out its duties under this chapter, a public health authority shall attempt to seek the cooperation of cases, carriers, individuals with a communicable disease, contacts, or suspect cases to implement the least restrictive but medically necessary procedures to protect the public health.

SECTION 31. IC 16-41-10-2, AS AMENDED BY P.L.131-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. (a) This section applies to the following:

- (1) An emergency medical services provider who is exposed to blood and body fluids while providing emergency medical services to a patient.
- (2) A law enforcement officer who is exposed to blood and body fluids while performing the law enforcement officer's official duties.
- (b) An emergency medical services provider or a law enforcement officer may request notification concerning exposure to a dangerous serious communicable disease under this chapter if the exposure is of a type that has been demonstrated epidemiologically to transmit a dangerous serious communicable disease.
- (c) If an emergency medical services provider or a law enforcement officer desires to be notified of results of testing following a possible exposure to a dangerous serious communicable disease under this chapter, the emergency medical services provider or law enforcement officer shall notify the emergency medical services provider's or law enforcement officer's employer not more than twenty-four (24) hours after the emergency medical services provider or law enforcement



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1	officer is exposed on a form that is prescribed by the state department
2	and the Indiana emergency medical services commission.
3	(d) The emergency medical services provider or law enforcement
4	officer shall distribute a copy of the completed form required under
5	subsection (c) to the following:
6	(1) If applicable, the medical director of the emergency
7	department of the medical facility:
8	(A) to which the patient was admitted following the exposure;
9	or
10	(B) in which the patient was located at the time of the
11	exposure.
12	(2) The emergency medical services provider's or law
13	enforcement officer's employer.
14	(3) The state department.
15	SECTION 32. IC 16-41-10-2.5, AS AMENDED BY P.L.131-2018,
16	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17	JULY 1, 2019]: Sec. 2.5. (a) A patient (including a patient who is
18	unable to consent due to physical or mental incapacity) to whose blood
19	or body fluids an emergency medical services provider or a law
20	enforcement officer is exposed as described in section 2 of this chapter
21	is considered to have consented to:
22	(1) testing for the presence of a dangerous serious communicable
23	disease of a type that has been epidemiologically demonstrated to
24	be transmittable by an exposure of the kind experienced by the
25	emergency medical services provider or law enforcement officer;
26	and
27	(2) release of the testing results to a medical director or physician
28	described in section 3 of this chapter.
29	The medical director or physician shall notify the emergency medical
30	services provider or law enforcement officer of the test results.
31	(b) If a patient described in subsection (a) refuses to provide a blood
32	or body fluid specimen for testing for a dangerous serious
33	communicable disease, the exposed emergency medical services
34	provider or law enforcement officer, the exposed emergency medical
35	services provider's or law enforcement officer's employer, or the state
36	department may petition the circuit or superior court having
37	jurisdiction in the county:
38	(1) of the patient's residence; or
39	(2) where the employer of the exposed emergency medical
40	services provider or law enforcement officer has the employer's
41	principal office;
1.1	principal office,

for an order requiring that the patient provide a blood or body fluid



1	specimen.
2	SECTION 33. IC 16-41-10-3, AS AMENDED BY P.L.131-2018,
3	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4	JULY 1, 2019]: Sec. 3. (a) Except as provided in subsection (b), if a
5	patient to whose blood or body fluids an emergency medical services
6	provider or a law enforcement officer is exposed as described in section
7	2 of this chapter:
8	(1) is admitted to a medical facility following the exposure or is
9	located in a medical facility at the time of the exposure, a
10	physician designated by the medical facility shall, not more than
11	seventy-two (72) hours after the medical facility is notified under
12	section 2 of this chapter:
13	(A) cause a blood or body fluid specimen to be obtained from
14	the patient and testing to be performed for a dangerous serious
15	communicable disease of a type that has been
16	epidemiologically demonstrated to be transmittable by an
17	exposure of the kind experienced by the emergency medical
18	services provider or law enforcement officer; and
19	(B) notify the medical director of the emergency medical
20	services provider's employer or a physician as designated
21	under subsection (b) or (c); or
22	(2) is not described in subdivision (1), the exposed emergency
23	medical services provider or law enforcement officer, the exposed
24	emergency medical services provider's or law enforcement
25	officer's employer, or the state department may:
26	(A) arrange for testing of the patient as soon as possible; or
27	(B) petition the circuit or superior court having jurisdiction in
28	the county of the patient's residence or where the employer of
29	the exposed emergency medical services provider or law
30	enforcement officer has the employer's principal office for an
31	order requiring that the patient provide a blood or body fluid
32	specimen.
33	(b) An emergency medical services provider may, on the form
34	described in section 2 of this chapter, designate a physician other than
35	the medical director of the emergency medical services provider's
36	employer to receive the test results.
37	(c) A law enforcement officer shall, on the form described in section
38	2 of this chapter, designate a physician to receive the test results.
39	(d) The medical director or physician described in this section shall
40	notify the emergency medical services provider or law enforcement
41	officer of the test results not more than forty-eight (48) hours after the



medical director or physician receives the test results.

SECTION 34. IC 16-41-10-3.5 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3.5. (a) A medical
facility may not physically restrain a patient described in section 2.5 of
this chapter in order to test the patient for the presence of a dangerous
serious communicable disease

- (b) Nothing in this chapter prohibits a patient from being discharged from a medical facility before:
 - (1) a test is performed under section 2.5 or 3 of this chapter; or
 - (2) the results of a test are released under section 3 of this chapter.
- (c) A provider or a facility that tests a patient for the presence of a dangerous serious communicable disease under section 2.5 or section 3 of this chapter is immune from liability for the performance of the test over the patient's objection or without the patient's consent. However, this subsection does not apply to an act or omission that constitutes gross negligence or willful or wanton misconduct.

SECTION 35. IC 16-41-10-4, AS AMENDED BY P.L.131-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) A medical director or physician notified under section 3 of this chapter shall, not more than forty-eight (48) hours after receiving the notification under section 3 of this chapter, contact the emergency medical services provider or law enforcement officer described in section 2 of this chapter to do the following:

- (1) Explain, without disclosing information about the patient, the dangerous serious communicable disease to which the emergency medical services provider or law enforcement officer was exposed.
- (2) Provide for any medically necessary treatment and counseling to the emergency medical services provider or law enforcement officer.
- (b) Expenses of testing or treatment and counseling are the responsibility of the emergency medical services provider or the provider's or law enforcement officer's employer.

SECTION 36. IC 16-41-11-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. As used in this chapter, "universal precautions" means procedures specified by rule adopted by the state department under IC 4-22-2 that are used to prevent the transmission of dangerous serious communicable diseases including acquired immune deficiency syndrome (AIDS), through blood or other body fluids.

SECTION 37. IC 16-41-12-15, AS AMENDED BY P.L.168-2014, SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 15. (a) A blood center shall require a blood donor



1	to provide to the blood center the following information.
2 3	(1) Name.
3	(2) Address.
4	(3) Date of birth.
5	(4) The blood donor's Social Security number, if the blood donor
6	is receiving monetary compensation for the donation.
7	(b) A blood center shall report the name and address of a blood
8	donor to the state department when a confirmatory test of the blood
9	donor's blood confirms the presence of antibodies to the human
10	immunodeficiency virus (HIV).
11	(c) A blood center shall provide to a blood donor information to
12	enable the blood donor to give informed consent to the procedures
13	required by this chapter or IC 16-36. The information required by this
14	subsection must be in the following form:
15	NOTICE
16	(1) This blood center performs a screening test for the human
17	immunodeficiency virus (HIV) on every donor's blood.
18	(2) This blood center reports to the state department of health the
19	name and address of a blood donor when a confirmatory test of
20	the blood donor's blood confirms the presence of antibodies to the
21	human immunodeficiency virus (HIV).
22	(3) A person who recklessly, knowingly, or intentionally donates
22 23	(excluding self-donations for stem cell transplantation, other
24	autologous donations, or donations not intended by the blood
25	center for distribution or use), sells, or transfers blood that
26	contains antibodies for the human immunodeficiency virus (HIV)
27	commits transferring contaminated blood, a Level 5 felony. The
28	offense is a Level 4 felony if the offense results in the
29	transmission of the virus to another person.
30	SECTION 38. IC 16-41-13-1 IS AMENDED TO READ AS
31	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) The attending
32	physician or health care provider shall prepare and attach to the body
33	of a deceased individual a conspicuous notice with the statement:
34	"Observe Body Fluid Precautions" whenever the physician or provider
35	knows that at least one (1) of the following disease processes was
36	present in the deceased at the time of death:
37	(1) Hepatitis (Types B, non A, non B).
38	(2) Human immunodeficiency virus (HIV) infection. (acquired
39	immune deficiency syndrome and AIDS related complex).
10	(3) Tuberculosis.
11	(4) Herpes.
12	(5) Gonorrhan



1	(0.0, 1.1) (' 1 1 1 1)
1	(6) Syphilis (primary and secondary).
2	(7) Burkett's lymphoma.
3	(8) Kaposi's sarcoma.
4	(9) Arthropod-borne viral diseases.
5	(10) Babesiosis.
6	(11) Creutzfeldt-Jakob disease.
7	(12) Leptospirosis.
8	(13) Malaria.
9	(14) Rat-bite fever.
10	(15) Relapsing fever.
11	(16) Y. Pestis.
12	(17) Hemorrhagic fevers.
13	(18) Rabies.
14	(19) Any other communicable disease (as defined in IC 16-41-2)
15	(b) The notice required in this chapter must accompany the body
16	when the body is picked up for disposition.
17	SECTION 39. IC 16-41-14-7 IS AMENDED TO READ AS
18	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. (a) Except as
19	provided in subsection (b), a practitioner may not use a donation of
20	semen until the following conditions are met:
21	(1) The specimen has been frozen and quarantined for at least one
22	hundred eighty (180) days.
23	(2) The donor is retested after one hundred eighty (180) days for
24	the HIV antibody.
25	(b) If the recipient indicates that the donor is in a mutually
26	monogamous relationship with the recipient, the practitioner:
27	(1) shall perform the HIV test required under this chapter for the
28	donor at least annually as long as artificial insemination
29	procedures are continuing; and
30	(2) may not perform artificial insemination unless the tests for
31	HIV antibody performed under this chapter produce negative
32	results. safer conception practices are used and the practices
33	are endorsed by the federal Centers for Disease Control and
34	Prevention or other generally accepted experts.
35	SECTION 40. IC 16-41-14-8 IS AMENDED TO READ AS
36	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) Except as
37	provided in subsection (b), a practitioner shall dispose of a donation
38	of semen after a confirmatory test indicates the presence of the HIV
39	antibody. The disposal must be made according to the rules concerning
40	the disposal of infectious waste.

(b) Subsection (a) does not apply if a donation of semen that

indicates the presence of the HIV antibody is used according to



safer co	nception	pra	ctices an	d the pra	ctice	s are endors	ed l	by the
federal	Centers	for	Disease	Control	and	Prevention	or	other
general	ly accept	ed ex	xperts.					

SECTION 41. IC 16-41-14-13, AS AMENDED BY P.L.158-2013, SECTION 244, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 13. A practitioner shall provide information to a semen donor to enable the semen donor to give informed consent to the procedures required by this chapter. The information required by this section must be in the following form:

NOTICE

- (1) This facility performs a screening test for the human immunodeficiency virus (HIV) on every donor's blood.
- (2) This facility reports to the state department of health the name and address of a semen donor or recipient when a confirmatory test of the semen donor's blood or the recipient's blood confirms the presence of antibodies to the human immunodeficiency virus (HIV).
- (3) A person who, for the purpose of artificial insemination, recklessly, knowingly, or intentionally donates, sells, or transfers semen that contains antibodies for the human immunodeficiency virus (HIV) commits transferring contaminated semen, a Level 5 felony. The offense is a Level 4 felony if the offense results in the transmission of the virus to another person.

SECTION 42. IC 16-41-14-17 IS REPEALED [EFFECTIVE JULY 1, 2019]. Sec. 17. (a) This section does not apply to a person who transfers for research purposes semen that contains antibodies for the human immunodeficiency virus (HIV).

(b) A person who, for the purpose of artificial insemination, recklessly, knowingly, or intentionally donates, sells, or transfers semen that contains antibodies for the human immunodeficiency virus (HIV) commits transferring contaminated semen, a Level 5 felony. The offense is a Level 4 felony if the offense results in the transmission of the virus to another person.

SECTION 43. IC 16-41-16-4, AS AMENDED BY P.L.213-2016, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) Except as provided in subsections (c) and (d), as used in this chapter, "infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a dangerous serious communicable disease (as defined by rule adopted under IC 16-41-2-1).

- (b) The term includes the following:
- (1) Pathological wastes.



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1	(2) Biological cultures and associated biologicals.
2	(3) Contaminated sharps.
3	(4) Infectious agent stock and associated biologicals.
4	(5) Blood and blood products in liquid or semiliquid form.
5	(6) Laboratory animal carcasses, body parts, and bedding.
6	(7) Wastes (as described under section 8 of this chapter).
7	(c) "Infectious waste", as the term applies to a:
8	(1) home health agency; or
9	(2) hospice service delivered in the home of a hospice patient;
10	includes only contaminated sharps.
11	(d) The term does not include an aborted fetus or a miscarried fetus.
12	SECTION 44. IC 34-30-2-80 IS AMENDED TO READ AS
13	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 80. IC 16-41-2-6
14	(Concerning physicians, hospitals, and laboratories for reporting
15	communicable or dangerous other diseases).
16	SECTION 45. IC 34-30-2-81, AS AMENDED BY P.L.86-2018,
17	SECTION 273, IS AMENDED TO READ AS FOLLOWS
18	[EFFECTIVE JULY 1, 2019]: Sec. 81. (a) IC 16-41-7-2 (Concerning
19	the good faith reporting to a health officer of an individual thought to
20	present a serious and present danger to the health of others, to have
21	engaged in noncompliant behavior, or to be at risk of carrying a
22	dangerous serious communicable disease).
23	(b) IC 16-41-7-3 (Concerning a physician who provides notification
24	to certain individuals regarding a patient's dangerous serious
25	communicable disease).
26	SECTION 46. IC 34-30-2-81.5 IS AMENDED TO READ AS
27	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 81.5. IC 16-41-10-3.5
28	(Concerning a provider who tests a patient for the presence of a
29	dangerous serious communicable disease).
30	SECTION 47. IC 34-30-2-82 IS AMENDED TO READ AS
31	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 82. IC 16-41-10-6
32	(Concerning a person reporting that an emergency medical services

disease during the course of emergency duties).

SECTION 48. IC 34-30-2-149.5, AS AMENDED BY P.L.86-2018,
SECTION 320, IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2019]: Sec. 149.5. (a) IC 35-38-1-10.5
(Concerning a person who makes a report or testifies in court regarding the results of a test for the human immunodeficiency virus (HIV) or another dangerous other disease performed on an individual convicted of certain crimes)

provider has been exposed to a dangerous serious communicable

41 of certain crimes). 42 (b) IC 35-38-1-

(b) IC 35-38-1-28(d) (Concerning a clerk, court, law enforcement



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1	officer, or prosecuting attorney for an error or omission in the
2	transportation of fingerprints, case history data, or sentencing data).
3	SECTION 49. IC 34-46-2-9 IS AMENDED TO READ AS
4	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 9. IC 16-41-2-4
5	(Concerning reports of communicable or dangerous serious diseases).
6	SECTION 50. IC 34-46-2-10 IS AMENDED TO READ AS
7	FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 10. IC 16-41-7-3
8	(Concerning warning by physician of dangerous serious communicable
9	disease).
10	SECTION 51. IC 35-31.5-2-52 IS REPEALED [EFFECTIVE JULY
11	1, 2019]. Sec. 52. "Component", for purposes of IC 35-45-21-1, has the
12	meaning set forth in IC 35-45-21-1(a).
13	SECTION 52. IC 35-38-1-10.5, AS AMENDED BY P.L.86-2018,
14	SECTION 333, IS AMENDED TO READ AS FOLLOWS
15	[EFFECTIVE JULY 1, 2019]: Sec. 10.5. (a) The court:
16	(1) shall order that a person undergo a screening test for the
17	human immunodeficiency virus (HIV) if the person is:
18	(A) convicted of an offense relating to a criminal sexual act
19	and the offense created an epidemiologically demonstrated
20	risk of transmission of the human immunodeficiency virus
21	(HIV); or
22	(B) convicted of an offense relating to controlled substances
23	and the offense involved:
24	(i) the delivery by any person to another person; or
25	(ii) the use by any person on another person;
26	of a contaminated sharp (as defined in IC 16-41-16-2) or other
27	paraphernalia that creates an epidemiologically demonstrated
28	risk of transmission of HIV by involving percutaneous contact;
29	and
30	(2) may order that a person undergo a screening test for a
31	dangerous serious disease (as defined in IC 16-41-8-5) in
32	accordance with IC 16-41-8-5.
33	(b) If the screening test required by this section indicates the
34	presence of antibodies to HIV, the court shall order the person to
35	undergo a confirmatory test.
36	(c) If the confirmatory test confirms the presence of the HIV
37	antibodies, the court shall report the results to the state department of
38	health and require a probation officer to conduct a presentence
39	investigation to:
40	(1) obtain the medical record of the convicted person from the
41	state department of health under IC 16-41-8-1(b)(3); and

(2) determine whether the convicted person had received risk



1	counseling that included information on the behavior that
2	facilitates the transmission of HIV.
3	(d) A person who, in good faith:
4	(1) makes a report required to be made under this section; or
5	(2) testifies in a judicial proceeding on matters arising from the
6	report;
7	is immune from both civil and criminal liability due to the offering of
8	that report or testimony.
9	(e) The privileged communication between a husband and wife or
10	between a health care provider and the health care provider's patient is
11	not a ground for excluding information required under this section.
12	(f) A mental health service provider (as defined in IC 34-6-2-80)
13	who discloses information that must be disclosed to comply with this
14	section is immune from civil and criminal liability under Indiana
15	statutes that protect patient privacy and confidentiality.".
16	SECTION 53. IC 35-45-21-1 IS REPEALED [EFFECTIVE JULY
17	1, 2019]. Sec. 1. (a) As used in this section, "blood" has the meaning
18	set forth in IC 16-41-12-2.5.
19	(b) A person who recklessly, knowingly, or intentionally donates,
20	sells, or transfers blood or semen for artificial insemination (as defined
21 22	in IC 16-41-14-2) that contains the human immunodeficiency virus
22	(HIV) commits transferring contaminated body fluids, a Level 5 felony.
23 24	(c) However, the offense under subsection (b) is a Level 3 felony if
	it results in the transmission of the human immunodeficiency virus
25	(HIV) to any person other than the defendant.
26	(d) This section does not apply to:
27	(1) a person who, for reasons of privacy, donates, sells, or
28	transfers blood at a blood center (as defined in IC 16-41-12-3)
29	after the person has notified the blood center that the blood must
30	be disposed of and may not be used for any purpose;
31	(2) a person who transfers blood semen, or another body fluid that
32	contains the human immunodeficiency virus (HIV) for research
33	purposes; or
34	(3) a person who is an autologous blood donor for stem cell
35	transplantation.
36	SECTION 54. IC 35-52-16-51 IS REPEALED [EFFECTIVE JULY
37	1, 2019]. Sec. 51. IC 16-41-12-15 defines a crime concerning
38	communicable diseases.
39	SECTION 55. IC 35-52-16-55 IS REPEALED [EFFECTIVE JULY
40	1, 2019]. Sec. 55. IC 16-41-14-13 defines a crime concerning
41	communicable diseases.
42	SECTION 56. IC 35-52-16-58 IS REPEALED [EFFECTIVE JULY



- 1 1, 2019]. Sec. 58. IC 16-41-14-17 defines a crime concerning
- 2 communicable diseases.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1325, 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:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill do pass.

(Reference is to HB 1325 as introduced.)

KIRCHHOFER

Committee Vote: yeas 13, nays 0.

