



April 7, 2023

ENGROSSED

HOUSE BILL No. 1457

DIGEST OF HB 1457 (Updated April 5, 2023 10:32 am - DI 104)

Citations Affected: IC 16-18; IC 16-19; IC 16-21; IC 16-25; IC 16-27; IC 16-28.5; IC 16-36; IC 16-37; IC 16-38; IC 16-41; IC 16-42; IC 16-46; IC 20-35.

Synopsis: Public health matters. Establishes licensing standards for rural emergency hospitals. Provides that certain personal information is confidential if a complaint is filed with the Indiana department of health (department). Allows the department to analyze information submitted by entities regulated by the department for quality improvement purposes. Repeals the provision concerning a provisional license for certain hospice programs. Provides that the definition of "home health services" includes community based palliative care. Establishes standards for housing with services establishments that offer memory care services. Changes references from "venereal disease" to "sexually transmitted infection". Allows a local health
(Continued next page)

Effective: July 1, 2023.

Barrett, Ledbetter, Carbaugh, Porter

(SENATE SPONSORS — LEISING, JOHNSON T, BECKER, YODER)

January 17, 2023, read first time and referred to Committee on Public Health.
January 31, 2023, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.
February 9, 2023, reported — Do Pass.
February 16, 2023, read second time, amended, ordered engrossed.
February 17, 2023, engrossed.
February 20, 2023, read third time, passed. Yeas 96, nays 1.

SENATE ACTION

March 1, 2023, read first time and referred to Committee on Health and Provider Services.
April 6, 2023, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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Digest Continued

officer to issue a birth, death, or stillbirth certificate from the electronic registration system regardless of the location of the filing of the record. Removes the requirement that the department develop educational materials concerning prenatal and neonatal transmission of HIV. Removes the requirement that the department be notified if certain emergency responders request test results following a potential exposure to a serious communicable disease. Changes the date that the department submits a report concerning childhood lead poisoning. Removes the exemption to a vendor of a farmer's market or roadside stand from the requirements relating to food products that are not potentially hazardous. Amends the criteria for a safety pin program (program) grant proposal. Provides that if the department approves a program grant proposal, the department shall determine the initial award amount and the amount to be distributed once the grantee meets certain performance metrics. Provides a preference for awarding grants from the program to populations with demonstrable higher need. Provides that the center for deaf and hard of hearing education shall provide assistance to classroom instruction and professionals. Makes technical and conforming changes.

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April 7, 2023

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

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1457

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 16-18-2-179, AS AMENDED BY P.L.99-2007,
2 SECTION 154, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2023]: Sec. 179. (a) "Hospital", except as
4 provided in subsections (b) through (g), means a hospital that is
5 licensed under IC 16-21-2.
6 (b) "Hospital", for purposes of IC 16-21, means an institution, a
7 place, a building, or an agency that holds out to the general public that
8 it is operated for hospital purposes and that it provides care,
9 accommodations, facilities, and equipment, in connection with the
10 services of a physician, to individuals who may need medical or
11 surgical services. The term does not include the following:
12 (1) Freestanding health facilities.
13 (2) Hospitals or institutions specifically intended to diagnose,
14 care, and treat the following:
15 (A) Individuals with a mental illness (as defined in
16 IC 12-7-2-117.6).
17 (B) Individuals with developmental disabilities (as defined in

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- 1 IC 12-7-2-61).
- 2 (3) Offices of physicians where patients are not regularly kept as
- 3 bed patients.
- 4 (4) Convalescent homes, boarding homes, or homes for the aged.
- 5 **(5) Rural emergency hospitals.**
- 6 (c) "Hospital", for purposes of IC 16-22-8, has the meaning set forth
- 7 in IC 16-22-8-5.
- 8 (d) "Hospital", for purposes of IC 16-23.5, has the meaning set forth
- 9 in IC 16-23.5-1-9.
- 10 (e) "Hospital" or "tuberculosis hospital", for purposes of IC 16-24,
- 11 means an institution or a facility for the treatment of individuals with
- 12 tuberculosis.
- 13 (f) "Hospital", for purposes of IC 16-34, means a hospital (as
- 14 defined in subsection (b)) that:
- 15 (1) is required to be licensed under IC 16-21-2; or
- 16 (2) is operated by an agency of the United States.
- 17 (g) "Hospital", for purposes of IC 16-41-12, has the meaning set
- 18 forth in IC 16-41-12-6.
- 19 SECTION 2. IC 16-18-2-320.5 IS ADDED TO THE INDIANA
- 20 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 21 [EFFECTIVE JULY 1, 2023]: **Sec. 320.5. "Rural emergency**
- 22 **hospital" means a hospital that was, as of December 27, 2020, a**
- 23 **federally certified critical access hospital, a rural hospital, or**
- 24 **hospital treated as a rural hospital under Section 1886(d)(8)(E) of**
- 25 **the Social Security Act, and meets the following requirements:**
- 26 **(1) Does not have more than fifty (50) beds.**
- 27 **(2) Is granted rural emergency hospital status by the Centers**
- 28 **for Medicare and Medicaid Services.**
- 29 **(3) Meets the requirements for a rural emergency hospital as**
- 30 **set forth by the Centers for Medicare and Medicaid Services.**
- 31 **(4) Is licensed as a rural emergency hospital under IC 16-21-2.**
- 32 SECTION 3. IC 16-19-3-30.5, AS AMENDED BY THE
- 33 TECHNICAL CORRECTIONS BILL OF THE 2023 GENERAL
- 34 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 35 JULY 1, 2023]: Sec. 30.5. The state department may enter into
- 36 partnerships and joint ventures to encourage best practices in the
- 37 following:
- 38 (1) The identification and testing of populations at risk of disease
- 39 related to substance ~~abuse~~ **use** disorder.
- 40 (2) The health care treatment of incarcerated individuals for
- 41 conditions related to substance ~~abuse~~ **use** disorder.
- 42 SECTION 4. IC 16-19-3-33 IS ADDED TO THE INDIANA CODE



1 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
2 1, 2023]: **Sec. 33. For purposes of IC 5-14-3-4, if an individual files
3 a complaint under this title concerning an entity or person
4 regulated by the state department, the state department shall keep
5 the following information of the individual who filed the complaint
6 confidential:**

- 7 (1) Name.
8 (2) Address.
9 (3) Telephone number.
10 (4) Electronic mail address.
11 (5) Personal health information.
12 (6) Any other information that could identify the individual.

13 SECTION 5. IC 16-19-10-6.5 IS ADDED TO THE INDIANA
14 CODE AS A NEW SECTION TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2023]: **Sec. 6.5. (a) The state department may
16 analyze information submitted by entities regulated by the state
17 department for quality improvement purposes.**

18 (b) The information generated by the state department under
19 subsection (a), including any communication about the quality
20 improvement analysis, is confidential, and not subject to release
21 under IC 5-14-3, except the state department may release the
22 information to the relevant regulated entities.

23 SECTION 6. IC 16-21-2-2, AS AMENDED BY P.L.179-2022(ss),
24 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25 JULY 1, 2023]: **Sec. 2. The state department shall license and regulate:**

- 26 (1) hospitals;
27 (2) ambulatory outpatient surgical centers; ~~and~~
28 (3) birthing centers; ~~and~~
29 (4) rural emergency hospitals.

30 SECTION 7. IC 16-21-2-14, AS AMENDED BY P.L.179-2022(ss),
31 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
32 JULY 1, 2023]: **Sec. 14. A license to operate a hospital, an ambulatory
33 outpatient surgical center, a rural emergency hospital, or a birthing
34 center:**

- 35 (1) expires:
36 (A) one (1) year after the date of issuance for:
37 (i) an ambulatory outpatient surgical center; and
38 (ii) a birthing center; ~~and~~
39 (B) beginning May 1, 2020, two (2) years after the date of
40 issuance for a hospital; ~~and~~
41 (C) beginning January 1, 2023, two (2) years after the date
42 of issuance for a rural emergency hospital;



- 1 (2) is not assignable or transferable;
 2 (3) is issued only for the premises named in the application;
 3 (4) must be posted in a conspicuous place in the facility; and
 4 (5) may be renewed each year, or every two (2) years for a
 5 hospital **or rural emergency hospital**, upon the payment of a
 6 renewal fee at the rate adopted by the state department under
 7 IC 4-22-2.

8 SECTION 8. IC 16-25-3-5 IS REPEALED [EFFECTIVE JULY 1,
 9 2023]. Sec. 5. The state department:

10 (1) may issue a provisional license or approval to an applicant
 11 that is operating a hospice program before September 1, 1999; if
 12 the hospice program is certified by:

13 (A) the Medicare program; or

14 (B) the state under IC 16-25-1 (before its repeal); and

15 (2) may not issue a license or grant approval to an applicant that
 16 is not operating a hospice program before September 1, 1999;
 17 unless the state department:

18 (A) surveys the hospice program; and

19 (B) finds that the hospice program complies with section 6(a)
 20 of this chapter.

21 SECTION 9. IC 16-25-5-2.5 IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) The state
 23 department shall adopt rules under IC 4-22-2:

24 (1) to ~~establish guidelines~~ **implement the licensure**
 25 **requirements in this article; and**

26 (2) that require the state department to conduct a survey of a
 27 hospice program licensed or approved under IC 16-25-3 at least
 28 once every one (1) to three (3) years.

29 (b) In establishing the ~~guidelines~~ **rules** required under subsection
 30 (a), the state department shall consider the following:

31 (1) A change in ownership of a hospice program.

32 (2) A change in management of a hospice program.

33 (3) A finding that a hospice program violated a federal condition
 34 of participation for hospice licensure.

35 SECTION 10. IC 16-27-1-5, AS AMENDED BY P.L.207-2021,
 36 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2023]: Sec. 5. (a) As used in this chapter, "home health
 38 services" means services that:

39 (1) are provided to a patient by:

40 (A) a home health agency; or

41 (B) another person under an arrangement with a home health
 42 agency;



- 1 in the temporary or permanent residence of the patient; and
 2 (2) either, are required by law to be:
 3 (A) ordered by a licensed physician, a licensed advanced
 4 practice registered nurse, a licensed physician assistant, a
 5 licensed dentist, a licensed chiropractor, a licensed podiatrist,
 6 or a licensed optometrist for the service to be performed; or
 7 (B) performed only by a health care professional.
 8 (b) The term includes the following:
 9 (1) Nursing treatment and procedures.
 10 (2) Physical therapy.
 11 (3) Occupational therapy.
 12 (4) Speech therapy.
 13 (5) Medical social services.
 14 (6) Home health aide services.
 15 **(7) Community based palliative care (as defined in**
 16 **IC 16-25-4.7-1).**
 17 ~~(7)~~ **(8) Other therapeutic services.**
 18 (c) The term does not apply to the following:
 19 (1) Services provided by a physician licensed under IC 25-22.5.
 20 (2) Incidental services provided by a licensed health facility to
 21 patients of the licensed health facility.
 22 (3) Services provided by employers or membership organizations
 23 using health care professionals for their employees, members, and
 24 families of the employees or members if the health or home care
 25 services are not the predominant purpose of the employer or a
 26 membership organization's business.
 27 (4) Nonmedical nursing care given in accordance with the tenets
 28 and practice of a recognized church or religious denomination to
 29 a patient who depends upon healing by prayer and spiritual means
 30 alone in accordance with the tenets and practices of the patient's
 31 church or religious denomination.
 32 (5) Services that are allowed to be performed by an attendant
 33 under IC 16-27-1-10.
 34 (6) Authorized services provided by a personal services attendant
 35 under IC 12-10-17.1.

36 SECTION 11. IC 16-28.5 IS ADDED TO THE INDIANA CODE
 37 AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY
 38 1, 2023]:

39 **ARTICLE 28.5. HOUSING WITH SERVICES**
 40 **ESTABLISHMENT**

41 **Chapter 1. Definitions**

42 **Sec. 1. The definitions in this chapter apply throughout this**

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article.

Sec. 2. "Housing with services establishment" has the meaning set forth in IC 12-10-15-3.

Sec. 3. "Memory care services" means care provided to a person diagnosed with Alzheimer's disease, a related disorder, or dementia who resides in a health facility or a housing with services establishment that locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia.

Chapter 2. Requirements

Sec. 1. A housing with services establishment that offers memory care services must meet the following standards:

- (1) Memory care services must be tailored to the resident and consistent with current evidence based dementia care practices.**
- (2) The housing with services establishment must develop and implement policies and procedures to address residents who are at risk of elopement from the housing with services establishment.**
- (3) The housing with services establishment must use appropriate safety devices to protect residents who are at risk of leaving the premises.**
- (4) The housing with services establishment must retain records of the memory care service residents, including a current picture of the resident, in accordance with applicable laws.**
- (5) The housing with services establishment must have written policies for memory care residents concerning:**
 - (A) admission criteria;**
 - (B) assessment and service planning;**
 - (C) staffing, including special training for the memory service facility's employees;**
 - (D) description of physical environment, including safety and security features;**
 - (E) discharge criteria and procedures; and**
 - (F) procedures for emergency situations.**

Sec. 2. A housing with services establishment that offers memory care services must register with the division of aging established by IC 12-9.1-1-1.

Sec. 3. The state department may survey housing with services establishments for compliance with this article.

Chapter 3. Penalties



1 **Sec. 1. The state department may impose fines not to exceed ten**
 2 **thousand dollars (\$10,000) against a housing with services**
 3 **establishment that fails to comply with the requirements in this**
 4 **article.**

5 SECTION 12. IC 16-36-1-3, AS AMENDED BY P.L.50-2021,
 6 SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2023]: Sec. 3. (a) Except as provided in subsections (b)
 8 through (d), unless incapable of consenting under section 4 of this
 9 chapter, an individual may consent to the individual's own health care
 10 if the individual is:

- 11 (1) an adult; or
 12 (2) a minor and:
 13 (A) is emancipated;
 14 (B) is:
 15 (i) at least fourteen (14) years of age;
 16 (ii) not dependent on a parent or guardian for support;
 17 (iii) living apart from the minor's parents or from an
 18 individual in loco parentis; and
 19 (iv) managing the minor's own affairs;
 20 (C) is or has been married;
 21 (D) is in the military service of the United States;
 22 (E) meets the requirements of section 3.5 of this chapter; or
 23 (F) is authorized to consent to the health care by any other
 24 statute.

25 (b) A person at least seventeen (17) years of age is eligible to donate
 26 blood in a voluntary and noncompensatory blood program without
 27 obtaining permission from a parent or guardian.

28 (c) A person who is sixteen (16) years of age is eligible to donate
 29 blood in a voluntary and noncompensatory blood program if the person
 30 has obtained written permission from the person's parent or guardian.

31 (d) An individual who has, suspects that the individual has, or has
 32 been exposed to a ~~veneral disease~~ **sexually transmitted infection** is
 33 competent to give consent for medical or hospital care or treatment of
 34 the individual.

35 SECTION 13. IC 16-36-7-27, AS ADDED BY P.L.50-2021,
 36 SECTION 63, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2023]: Sec. 27. (a) Except when an individual has been
 38 determined to be incapacitated under section 35 of this chapter, an
 39 individual may consent to the individual's own health care if the
 40 individual is:

- 41 (1) an adult; or
 42 (2) a minor, and:

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- 1 (A) is emancipated;
 2 (B) is:
 3 (i) at least fourteen (14) years of age;
 4 (ii) not dependent on a parent or guardian for support;
 5 (iii) living apart from the minor's parents or from an
 6 individual in loco parentis; and
 7 (iv) managing the minor's own affairs;
 8 (C) is or has been married;
 9 (D) is in the military service of the United States; or
 10 (E) is authorized to consent to health care by another statute.
- 11 (b) A person at least seventeen (17) years of age is eligible to donate
 12 blood in a voluntary and noncompensatory blood program without
 13 obtaining permission from a parent or guardian.
- 14 (c) A person who is sixteen (16) years of age is eligible to donate
 15 blood in a voluntary and noncompensatory blood program if the person
 16 has obtained written permission from the person's parent.
- 17 (d) An individual who has, could be expected to have exposure to,
 18 or has been exposed to a ~~veneral disease~~ **sexually transmitted**
 19 **infection** is competent to give consent for medical or hospital care or
 20 treatment, including preventive treatment, of the individual.
- 21 (e) If:
 22 (1) an individual:
 23 (A) has a signed advance directive that is in effect; and
 24 (B) has not been determined to be incapacitated under section
 25 35 of this chapter; and
 26 (2) the individual's decisions and the health care representative's
 27 decisions present a material conflict;
 28 the health care decisions by that individual take precedence over
 29 decisions made by a health care representative designated in that
 30 individual's advance directive.
- 31 (f) Nothing in this chapter prohibits or restricts a health care
 32 provider's right to follow or rely on a health care decision or the
 33 designation of a health care representative on a permanent or temporary
 34 basis that is:
 35 (1) made by a competent individual described in subsection (a);
 36 (2) communicated orally by the individual to a health care
 37 provider in the direct physical presence of the individual; and
 38 (3) reduced to or confirmed in writing by the health care provider
 39 on a reasonably contemporaneous basis and made a part of the
 40 health care provider's medical records for the individual.
- 41 (g) If:
 42 (1) an individual later signs an advance directive under section 28



1 of this chapter; and
 2 (2) the advance directive conflicts with the recorded earlier oral
 3 instructions of the individual with respect to health care decisions
 4 or the designation of a health care representative;
 5 the advance directive controls.

6 SECTION 14. IC 16-37-1-8, AS AMENDED BY P.L.43-2009,
 7 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2023]: Sec. 8. (a) Except as provided in ~~subsection (c)~~;
 9 **subsection (d)**, a local health officer shall provide a certification of
 10 birth, death, or stillbirth registration upon request by any person only
 11 if:

- 12 (1) the health officer is satisfied that the applicant has a direct
 13 interest in the matter;
- 14 (2) the health officer determines that the certificate is necessary
 15 for the determination of personal or property rights or for
 16 compliance with state or federal law; and
- 17 (3) the applicant for a birth certificate presents at least one (1)
 18 form of identification.

19 However, the local health officer must issue a certificate of an
 20 applicant's own birth registration.

21 (b) A local health officer's decision whether or not to issue a
 22 certified copy of a birth certificate is subject to review by a court.

23 **(c) A local health officer may issue a certification of birth, death,
 24 or stillbirth from the electronic registration systems in section 3.1
 25 of this chapter, regardless of the location of the filing of the record.**

26 ~~(c)~~ **(d)** A local health officer may not issue a copy of a birth
 27 certificate of a missing child to which a notice has been attached under
 28 IC 10-13-5-11 without the authorization of the Indiana clearinghouse
 29 for information on missing children and missing endangered adults.

30 ~~(d)~~ **(e)** Upon determination that a person may be provided a
 31 certification of death under subsection (a), the local health officer shall
 32 provide to the person a certification of death that excludes information
 33 concerning the cause of death if the person requests the exclusion of
 34 this information.

35 SECTION 15. IC 16-37-3-3, AS AMENDED BY P.L.131-2020,
 36 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2023]: Sec. 3. Except as provided in IC 16-37-1-3.1(f), the
 38 physician, the physician assistant, or the advanced practice registered
 39 nurse last in attendance upon the deceased, or the person in charge of
 40 interment shall use the Indiana death registration system established
 41 under IC 16-37-1-3.1 to file a certificate of death **or stillbirth** with the
 42 local health officer of the jurisdiction in which the death occurred.



1 SECTION 16. IC 16-38-4-16 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. ~~(a)~~ The state
3 department shall conduct intensive educational programs for health
4 professionals and members of the public concerning the nature and
5 purpose of the birth problems registry, the reporting and informational
6 requirements, and the causes and detection of birth problems.

7 ~~(b) The state department shall develop educational program~~
8 ~~materials appropriate for use in education concerning the transmission~~
9 ~~of HIV prenatally and neonatally. The state department shall promote~~
10 ~~the use of the educational program materials by health care providers~~
11 ~~that furnish prenatal health care services.~~

12 SECTION 17. IC 16-41-10-2, AS AMENDED BY P.L.112-2020,
13 SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2023]: Sec. 2. (a) This section applies to the following:

15 (1) An emergency medical services provider who is exposed to
16 blood and body fluids while providing emergency medical
17 services to a patient.

18 (2) A law enforcement officer who is exposed to blood and body
19 fluids while performing the law enforcement officer's official
20 duties.

21 (3) A health care provider who is exposed to blood and body
22 fluids while providing medical care to a patient.

23 (b) An emergency medical services provider, a health care provider,
24 or a law enforcement officer may request notification concerning
25 exposure to a serious communicable disease under this chapter if the
26 exposure is of a type that has been demonstrated epidemiologically to
27 transmit a serious communicable disease.

28 (c) If an emergency medical services provider, a health care
29 provider, or a law enforcement officer desires to be notified of results
30 of testing following a possible exposure to a serious communicable
31 disease under this chapter, the emergency medical services provider,
32 health care provider, or law enforcement officer shall notify the
33 emergency medical services provider's, health care provider's, or law
34 enforcement officer's employer not more than twenty-four (24) hours
35 after the emergency medical services provider, health care provider, or
36 law enforcement officer is exposed on a form that is prescribed by the
37 state department and the Indiana emergency medical services
38 commission.

39 (d) The emergency medical services provider, health care provider,
40 or law enforcement officer shall distribute a copy of the completed
41 form required under subsection (c) to the following:

42 (1) If applicable, the medical director of the emergency



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department of the medical facility:
(A) to which the patient was admitted following the exposure;
or
(B) in which the patient was located at the time of the exposure.
(2) The emergency medical services provider's, health care provider's, or law enforcement officer's employer.
(3) ~~The state department.~~

SECTION 18. IC 16-41-15-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The local board of health or health officer may request from the appropriate body an appropriation for a ~~veneral disease~~ **sexually transmitted infection** prevention and control program, which may include hospitalization and quarantine, when the local board of health or health officer determines that either of the following conditions exist:

- (1) There is a ~~prevalency~~ **prevalence** of ~~veneral disease~~ **sexually transmitted infection** inimical to the public health, safety, and welfare of the citizens.
- (2) ~~Veneral disease~~ **Sexually transmitted infection** is causing economic interference with any phase of public welfare in the local health board's or health officer's jurisdiction.

SECTION 19. IC 16-41-15-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The local health officer shall transmit the request for funds to establish the ~~veneral disease~~ **sexually transmitted infection** prevention and control program to the appropriate governing body, which may appropriate, out of any money that may be available in the governing body's general fund, an amount the governing body considers necessary and advisable to properly carry out the program as an emergency appropriation.

SECTION 20. IC 16-41-15-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. The appropriate governing body may levy annually a tax of not more than one cent (\$0.01) on each one hundred dollars (\$100) of taxable property for the control and prevention of ~~veneral disease~~ **sexually transmitted infection**. The tax is in addition to other taxes of the local governing body. The tax shall be collected in the same manner as other taxes and shall be credited to the local board of health ~~veneral disease~~ **sexually transmitted infection** prevention and control fund.

SECTION 21. IC 16-41-15-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. The fact that a person has a ~~veneral disease~~ **sexually transmitted infection** may not bar the person's admission to a benevolent, charitable, or penal



1 institution or correctional facility supported and maintained in any part
2 by state funds.

3 SECTION 22. IC 16-41-15-15, AS AMENDED BY P.L.67-2017,
4 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2023]: Sec. 15. Whenever a person with a ~~venercal disease~~
6 **sexually transmitted infection** is admitted to a benevolent, charitable,
7 or penal institution or correctional facility of Indiana, the warden or
8 official in charge of the institution or correctional facility shall institute
9 and provide the proper treatment for the person and shall carry out
10 laboratory tests necessary to determine the nature, course, duration, and
11 results of the treatment.

12 SECTION 23. IC 16-41-15-16 IS AMENDED TO READ AS
13 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. The services of the
14 laboratory of the state department shall be available without charge for
15 the laboratory diagnoses and tests as may be necessary to carry out
16 sections 14 and 15 of this chapter. The state institutions and the state
17 department shall cooperate in every reasonable way in the prevention
18 and suppression of ~~venercal diseases~~. **sexually transmitted infection**.

19 SECTION 24. IC 16-41-39.4-5, AS ADDED BY P.L.135-2005,
20 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2023]: Sec. 5. (a) The state department shall, in cooperation
22 with other state agencies, collect data under this chapter and, before
23 ~~March 15~~ **June 1** of each year, report the results to the general
24 assembly for the previous ~~calendar~~ **calendar** year. A copy of the report
25 shall be transmitted in an electronic format under IC 5-14-6 to the
26 executive director of the legislative services agency for distribution to
27 the members of the general assembly.

28 (b) The report transmitted under subsection (a) must include for
29 each county the following information concerning children who are
30 less than seven (7) years of age:

- 31 (1) The number of children who received a blood lead test.
- 32 (2) The number of children who had a blood test result of at least
33 ten (10) micrograms of lead per deciliter of blood.
- 34 (3) The number of children identified under subdivision (2) who
35 received a blood test to confirm that they had lead poisoning.
- 36 (4) The number of children identified under subdivision (3) who
37 had lead poisoning.
- 38 (5) The number of children identified under subdivision (4) who
39 had a blood test result of less than ten (10) micrograms of lead per
40 deciliter of blood.
- 41 (6) The average number of days taken to confirm a blood lead
42 test.



- 1 (7) The number of risk assessments performed for children
- 2 identified under subdivision (4) and the average number of days
- 3 taken to perform the risk assessment.
- 4 (8) The number of housing units in which risk assessments
- 5 performed under subdivision (7) documented lead hazards as
- 6 defined by 40 CFR 745.
- 7 (9) The number of housing units identified under subdivision (8)
- 8 that were covered by orders issued under IC 13-14-10-2 or by
- 9 another governmental authority to eliminate lead hazards.
- 10 (10) The number of housing units identified under subdivision (9)
- 11 for which lead hazards have been eliminated within thirty (30)
- 12 days, three (3) months, and six (6) months.

13 SECTION 25. IC 16-42-1-9, AS AMENDED BY P.L.174-2021,
 14 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2023]: Sec. 9. (a) This section does not apply to an
 16 advertisement that:

- 17 (1) is disseminated only to members of the medical, dental,
- 18 pharmaceutical, and other legally recognized professions dealing
- 19 with the healing arts;
- 20 (2) appears only in the scientific periodicals of those professions;
- 21 or
- 22 (3) is disseminated only for the purpose of public health education
- 23 by persons not commercially interested in the sale of such drugs
- 24 or devices.
- 25 (b) The advertisement of a drug or device that represents that the
- 26 drug or device has any effect in:
- 27 albuminuria;
- 28 appendicitis;
- 29 arteriosclerosis;
- 30 blood poison;
- 31 bone disease;
- 32 Bright's disease;
- 33 carbuncles;
- 34 cancer;
- 35 cholecystitis;
- 36 diabetes;
- 37 diphtheria;
- 38 dropsy;
- 39 erysipelas;
- 40 gallstones;
- 41 heart and vascular diseases;
- 42 high blood pressure;



1 mastoiditis;
 2 measles;
 3 mumps;
 4 nephritis;
 5 otitis media;
 6 paralysis;
 7 pneumonia;
 8 poliomyelitis (infantile paralysis);
 9 prostate gland disorders;
 10 pyelitis;
 11 scarlet fever;
 12 sexual impotence;
 13 **sexually transmitted infection;**
 14 sinus infection;
 15 smallpox;
 16 tuberculosis;
 17 tumors;
 18 typhoid;
 19 uremia; **or**
 20 **venereal disease**
 21 meningitis;

22 is considered false for purposes of IC 35-43-5-4.

23 (c) Whenever the state department determines that an advance in
 24 medical science has made a type of self medication safe as to any of the
 25 diseases listed in this section, the state department shall adopt rules to
 26 authorize the advertisement of drugs having curative or therapeutic
 27 effect for the disease, subject to conditions and restrictions the state
 28 department considers necessary in the interests of public health.

29 SECTION 26. IC 16-42-5.3-11, AS ADDED BY P.L.49-2022,
 30 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 31 JULY 1, 2023]: Sec. 11. (a) IC 16-42-11 applies to the sale of eggs
 32 under this chapter.

33 (b) An individual vendor of a farmers' market or roadside stand is
 34 exempt from the requirements of this title that apply to a food
 35 establishment relating to the sale of eggs **or** whole uncut produce. ~~or~~
 36 ~~food products that are not potentially hazardous.~~

37 SECTION 27. IC 16-46-14-2, AS AMENDED BY P.L.204-2016,
 38 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 JULY 1, 2023]: Sec. 2. (a) The safety PIN (protecting Indiana's
 40 newborns) grant fund is established for the purpose of distributing
 41 money for the ~~reducing infant mortality~~ **improving birth outcomes**
 42 grant program. The fund shall be administered by the state department.



1 (b) The fund consists of:

- 2 (1) money appropriated for the program or to the fund by the
 3 general assembly;
 4 (2) money received from state or federal grants or programs; and
 5 (3) gifts, money, and donations received from any other source,
 6 including transfers from other funds or accounts.

7 (c) The expenses of administering the fund shall be paid from
 8 money in the fund.

9 (d) The treasurer of state shall invest the money in the fund not
 10 currently needed to meet the obligations of the fund in the same
 11 manner as other public money may be invested. Interest that accrues
 12 from the investments shall be deposited in the fund.

13 (e) Money in the fund at the end of the state fiscal year does not
 14 revert to the state general fund or to any other fund in the case of an
 15 appropriation made to the program from a fund other than the state
 16 general fund. In addition, if there is an appropriation for the program
 17 for a state fiscal year, the money appropriated shall be transferred to the
 18 fund at the beginning of the state fiscal year for which the
 19 appropriation is made.

20 SECTION 28. IC 16-46-14-3, AS AMENDED BY
 21 P.L.180-2022(ss), SECTION 17, IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) A person seeking
 23 a grant under this chapter must submit a proposal to the state
 24 department.

25 (b) Except as provided in section 4.5(b) or 4.6 of this chapter, a
 26 proposal for a grant under this chapter must include the following:

- 27 (1) The targeted area.
 28 (2) Measurable behavioral or secondary outcomes within the
 29 target area.
 30 (3) **Measurable goals and objectives within the proposed time**
 31 **frame.**
 32 (4) A proposed specific **reduction in the rate of infant mortality**
 33 **improvement in birth outcomes** among the targeted area that is
 34 measurable based on available information to the state
 35 department.
 36 ~~(4) The time frame in which to achieve the reduction described in~~
 37 ~~subdivision (3):~~

38 (c) The state department shall determine whether to approve a grant
 39 proposal. ~~Except as provided in section 4.5(c) or 4.6 of this chapter, if~~
 40 ~~the state department approves a proposal, the initial award amount shall~~
 41 ~~not exceed sixty percent (60%) of the total grant amount approved for~~
 42 ~~the proposal. The state department shall distribute the remaining~~



1 amount of the approved grant to the grantee when the state department
 2 determines that the reduction in the infant mortality rate among the
 3 proposal's targeted area has been achieved within the time frame
 4 specified in the grant proposal. **If the state department approves a**
 5 **grant proposal, the state department shall determine an amount of**
 6 **the total grant amount awarded that must be distributed as part of**
 7 **the initial grant award, and an amount that must be distributed**
 8 **once performance metrics are met by the grantee, as determined**
 9 **by the state department.**

10 SECTION 29. IC 16-46-14-4, AS AMENDED BY
 11 P.L.180-2022(ss), SECTION 18, IS AMENDED TO READ AS
 12 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) In awarding
 13 grants under this chapter, the state department shall give preference to
 14 proposals that seek to do any of the following:

15 (1) Improve access and coordination through outreach and
 16 follow-up services for pregnant women and fathers who are at risk
 17 of not receiving prenatal care and support.

18 (2) Incentivize at-risk pregnant women and fathers to obtain
 19 prenatal care and support, including behavioral health counseling
 20 before and after the birth of the child.

21 (3) Decrease smoking rates among pregnant women and fathers.

22 (4) Promote evidence based home visitation by a trained provider
 23 or coordinator.

24 (5) Incentivize collaboration between health care providers and
 25 other human services providers in providing outreach to at-risk
 26 pregnant women and fathers.

27 (6) Address the issue of infant mortality on a regional basis.

28 (7) Allow local health departments, health care providers, and
 29 other human services providers to receive grants under this
 30 chapter to assist individuals seeking contraceptives.

31 (8) Provide instruction on the use of fertility awareness-based
 32 family planning methods.

33 **(9) Prioritize populations with demonstrable higher need.**

34 ~~(b) The state department shall develop regions for purposes of~~
 35 ~~subsection (a)(6):~~

36 ~~(c)~~ **(b)** The state department may not award a grant that will be used
 37 for any of the following purposes:

38 (1) Distribute a contraceptive to a student of:

39 (A) a nonpublic school (as defined in IC 20-18-2-12); or

40 (B) a public school (as defined in IC 20-18-2-15);

41 through a school run program.

42 (2) Distribute a contraceptive to an individual who is less than



1 eighteen (18) years of age without the consent of a parent or
2 guardian of the individual.

3 SECTION 30. IC 16-46-14-4.5, AS ADDED BY P.L.180-2022(ss),
4 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2023]: Sec. 4.5. (a) A local health department, health care
6 provider, or other human services provider may submit a proposal for
7 a grant under this chapter to be used to assist individuals seeking
8 contraceptives.

9 (b) A proposal for a grant to be used to assist individuals seeking
10 contraceptives is not subject to the requirements of section 3(b) of this
11 chapter.

12 ~~(c) The grant distribution limitations in section 3(c) of this chapter
13 do not apply to a grant awarded to assist individuals seeking
14 contraceptives.~~

15 ~~(d) (c)~~ (c) Not later than July 1 of each year, the state department shall
16 submit a report to the governor, and, in an electronic format under
17 IC 5-14-6, to the legislative council, that provides information
18 concerning grants awarded for the purpose of assisting individuals
19 seeking contraceptives. The report must include at least the following:

20 (1) The amount of each grant awarded for the purpose of assisting
21 individuals seeking contraceptives.

22 (2) A description of how the proceeds from each grant were used.

23 SECTION 31. IC 16-46-14-4.6, AS ADDED BY P.L.180-2022(ss),
24 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25 JULY 1, 2023]: Sec. 4.6. (a) A local health department, health care
26 provider, or other human services provider may submit a proposal for
27 a grant under this chapter to be used to provide instruction on the use
28 of fertility awareness-based family planning methods.

29 (b) A proposal for a grant to be used to provide instruction on the
30 use of fertility awareness-based family planning methods is not subject
31 to the requirements of section 3(b) of this chapter.

32 ~~(c) The grant distribution limitations in section 3(c) of this chapter
33 do not apply to a grant awarded to provide instruction on the use of
34 fertility awareness-based family planning methods.~~

35 ~~(d) (c)~~ (c) Not later than July 1 of each year, the state department shall
36 submit a report to the governor, and, in an electronic format under
37 IC 5-14-6, to the legislative council, that provides information
38 concerning grants awarded for the purpose of providing instruction on
39 the use of fertility awareness-based family planning methods. The
40 report must include at least the following:

41 (1) The amount of each grant awarded for the purpose of
42 providing instruction on the use of fertility awareness-based



1 family planning methods.

2 (2) A description of how the proceeds from each grant were used.

3 SECTION 32. IC 20-35-11-4, AS ADDED BY P.L.109-2012,

4 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

5 JULY 1, 2023]: Sec. 4. The center shall carry out the following duties

6 in an unbiased manner to ensure that children who are deaf and

7 children who are hard of hearing acquire optimal language skills and

8 academic abilities, regardless of the mode of communication used:

9 (1) Monitoring and tracking the identification, early intervention,

10 education, and successful transitions of children who are deaf and

11 hard of hearing from birth through twenty-one (21) years of age

12 and who are enrolled or preparing to enroll in early intervention

13 services, preschool, elementary, or secondary school.

14 (2) Developing student learning opportunities.

15 (3) Providing family support.

16 (4) Developing child assessment service models, consistent with

17 federal and state early childhood intervention and special

18 education law, for the following:

19 (A) Audiological assessments.

20 (B) Social and developmental assessments.

21 (C) Communication (including language) assessments.

22 (D) Academic achievement assessments.

23 (5) Providing **technical assistance related to** classroom

24 **assessments** of instruction, acoustics, and other environmental

25 aspects.

26 (6) ~~Assessing~~ **Assisting** professionals who provide students with

27 sign language interpreting, oral interpreting, cued speech

28 transliteration, and captioning services.

29 (7) Providing consultation to school corporations in providing

30 services to students who are deaf and students who are hard of

31 hearing.

32 (8) Acting as a liaison with all state agencies that provide services

33 to individuals who are deaf and hard of hearing, including the

34 department of education, the ~~state~~ **Indiana** department of health,

35 the family and social services administration, and the Indiana

36 School for the Deaf.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1457, 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 2, line 22, after "means" insert "**a hospital that was, as of December 27, 2020,**".

Page 2, delete line 27.

Page 2, line 28, delete "(3)" and insert "**(2)**".

Page 2, line 30, delete "(4)" and insert "**(3)**".

Page 2, line 32, delete "(5)" and insert "**(4)**".

Page 9, line 13, strike "subsection (c)," and insert "**subsection (d),**".

Page 14, between lines 40 and 41, begin a new paragraph and insert:
 "SECTION 27. IC 16-46-14-2, AS AMENDED BY P.L.204-2016, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The safety PIN (protecting Indiana's newborns) grant fund is established for the purpose of distributing money for the ~~reducing infant mortality~~ **improving birth outcomes** grant program. The fund shall be administered by the state department.

(b) The fund consists of:

- (1) money appropriated for the program or to the fund by the general assembly;
- (2) money received from state or federal grants or programs; and
- (3) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from the investments shall be deposited in the fund.

(e) Money in the fund at the end of the state fiscal year does not revert to the state general fund or to any other fund in the case of an appropriation made to the program from a fund other than the state general fund. In addition, if there is an appropriation for the program for a state fiscal year, the money appropriated shall be transferred to the fund at the beginning of the state fiscal year for which the appropriation is made.

SECTION 28. IC 16-46-14-3, AS AMENDED BY P.L.180-2022(ss), SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) A person seeking



a grant under this chapter must submit a proposal to the state department.

(b) Except as provided in section 4.5(b) or 4.6 of this chapter, a proposal for a grant under this chapter must include the following:

- (1) The targeted area.
- (2) Measurable behavioral or secondary outcomes within the target area.
- (3) **Measurable goals and objectives within the proposed time frame.**
- (4) A proposed specific reduction in the rate of infant mortality improvement in birth outcomes among the targeted area that is measurable based on available information to the state department.
- (4) The time frame in which to achieve the reduction described in subdivision (3):

(c) The state department shall determine whether to approve a grant proposal. Except as provided in section 4.5(c) or 4.6 of this chapter, if the state department approves a proposal, the initial award amount shall not exceed sixty percent (60%) of the total grant amount approved for the proposal. The state department shall distribute the remaining amount of the approved grant to the grantee when the state department determines that the reduction in the infant mortality rate among the proposal's targeted area has been achieved within the time frame specified in the grant proposal."

Page 15, between lines 33 and 34, begin a new paragraph and insert:

"SECTION 30. IC 16-46-14-4.5, AS ADDED BY P.L. 180-2022(ss), SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.5. (a) A local health department, health care provider, or other human services provider may submit a proposal for a grant under this chapter to be used to assist individuals seeking contraceptives.

(b) A proposal for a grant to be used to assist individuals seeking contraceptives is not subject to the requirements of section 3(b) of this chapter.

(c) The grant distribution limitations in section 3(c) of this chapter do not apply to a grant awarded to assist individuals seeking contraceptives.

(d) (c) Not later than July 1 of each year, the state department shall submit a report to the governor, and, in an electronic format under IC 5-14-6, to the legislative council, that provides information concerning grants awarded for the purpose of assisting individuals seeking contraceptives. The report must include at least the following:



(1) The amount of each grant awarded for the purpose of assisting individuals seeking contraceptives.

(2) A description of how the proceeds from each grant were used.

SECTION 31. IC 16-46-14-4.6, AS ADDED BY P.L. 180-2022(ss), SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.6. (a) A local health department, health care provider, or other human services provider may submit a proposal for a grant under this chapter to be used to provide instruction on the use of fertility awareness-based family planning methods.

(b) A proposal for a grant to be used to provide instruction on the use of fertility awareness-based family planning methods is not subject to the requirements of section 3(b) of this chapter.

~~(c) The grant distribution limitations in section 3(c) of this chapter do not apply to a grant awarded to provide instruction on the use of fertility awareness-based family planning methods.~~

~~(d)~~ (c) Not later than July 1 of each year, the state department shall submit a report to the governor, and, in an electronic format under IC 5-14-6, to the legislative council, that provides information concerning grants awarded for the purpose of providing instruction on the use of fertility awareness-based family planning methods. The report must include at least the following:

(1) The amount of each grant awarded for the purpose of providing instruction on the use of fertility awareness-based family planning methods.

(2) A description of how the proceeds from each grant were used."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1457 as introduced.)

BARRETT

Committee Vote: yeas 12, nays 1.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1457, 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 1457 as printed January 31, 2023.)

THOMPSON

Committee Vote: Yeas 23, Nays 1

 HOUSE MOTION

Mr. Speaker: I move that House Bill 1457 be amended to read as follows:

Page 16, line 8, after "proposal." insert "**If the state department approves a grant proposal, the state department shall determine an amount of the total grant amount awarded that must be distributed as part of the initial grant award, and an amount that must be distributed once performance metrics are met by the grantee, as determined by the state department.**".

(Reference is to HB 1457 as printed February 9, 2023.)

BARRETT

 COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1457, 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 6, delete lines 4 through 12, begin a new paragraph and insert:

"Sec. 3. "Memory care services" means care provided to a person diagnosed with Alzheimer's disease, a related disorder, or dementia who resides in a health facility or a housing with services establishment that locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia."

Page 6, line 17, delete "meet" and insert "**consistent with**".

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Page 6, line 17, delete "practice" and insert "**practices.**".

Page 6, delete line 18.

Page 6, line 19, after "develop" delete ",".

Page 6, line 20, delete "train,".

Page 6, line 20, delete "enforce" and insert "**implement**".

Page 6, line 20, delete "deal with" and insert "**address**".

Page 6, line 21, delete "may wander or elope" and insert "**are at risk of elopement**".

Page 6, line 24, delete "and effective safety devices, which do not impede" and insert "**safety devices**".

Page 6, delete line 25.

Page 6, line 26, delete "fire safety standards,".

Page 6, line 30, delete "resident." and insert "**resident, in accordance with applicable laws.**".

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB 1457 as reprinted February 17, 2023.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0.

