

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.

HOUSE ENROLLED ACT No. 1457

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-18-2-179, AS AMENDED BY P.L.99-2007, SECTION 154, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 179. (a) "Hospital", except as provided in subsections (b) through (g), means a hospital that is licensed under IC 16-21-2.

(b) "Hospital", for purposes of IC 16-21, means an institution, a place, a building, or an agency that holds out to the general public that it is operated for hospital purposes and that it provides care, accommodations, facilities, and equipment, in connection with the services of a physician, to individuals who may need medical or surgical services. The term does not include the following:

- (1) Freestanding health facilities.
 - (2) Hospitals or institutions specifically intended to diagnose, care, and treat the following:
 - (A) Individuals with a mental illness (as defined in IC 12-7-2-117.6).
 - (B) Individuals with developmental disabilities (as defined in IC 12-7-2-61).
 - (3) Offices of physicians where patients are not regularly kept as bed patients.
 - (4) Convalescent homes, boarding homes, or homes for the aged.
 - (5) Rural emergency hospitals.**
- (c) "Hospital", for purposes of IC 16-22-8, has the meaning set forth

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in IC 16-22-8-5.

(d) "Hospital", for purposes of IC 16-23.5, has the meaning set forth in IC 16-23.5-1-9.

(e) "Hospital" or "tuberculosis hospital", for purposes of IC 16-24, means an institution or a facility for the treatment of individuals with tuberculosis.

(f) "Hospital", for purposes of IC 16-34, means a hospital (as defined in subsection (b)) that:

- (1) is required to be licensed under IC 16-21-2; or
- (2) is operated by an agency of the United States.

(g) "Hospital", for purposes of IC 16-41-12, has the meaning set forth in IC 16-41-12-6.

SECTION 2. IC 16-18-2-320.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 320.5. "Rural emergency hospital" means a hospital that was, as of December 27, 2020, a federally certified critical access hospital, a rural hospital, or hospital treated as a rural hospital under Section 1886(d)(8)(E) of the Social Security Act, and meets the following requirements:**

- (1) Does not have more than fifty (50) beds.**
- (2) Is granted rural emergency hospital status by the Centers for Medicare and Medicaid Services.**
- (3) Meets the requirements for a rural emergency hospital as set forth by the Centers for Medicare and Medicaid Services.**
- (4) Is licensed as a rural emergency hospital under IC 16-21-2.**

SECTION 3. IC 16-19-3-30.5, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2023 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 30.5. The state department may enter into partnerships and joint ventures to encourage best practices in the following:**

- (1) The identification and testing of populations at risk of disease related to substance ~~abuse~~ **use** disorder.
- (2) The health care treatment of incarcerated individuals for conditions related to substance ~~abuse~~ **use** disorder.

SECTION 4. IC 16-19-3-33 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 33. For purposes of IC 5-14-3-4, if an individual files a complaint under this title concerning an entity or person regulated by the state department, the state department shall keep the following information of the individual who filed the complaint confidential:**



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

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

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

SECTION 6. IC 16-21-2-1, AS AMENDED BY P.L.179-2022(ss), SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) Except as provided in subsection (b), this chapter applies to all hospitals, **rural emergency hospitals**, ambulatory outpatient surgical centers, and birthing centers.

(b) This chapter does not apply to a hospital operated by the federal government.

(c) This chapter does not affect a statute pertaining to the placement and adoption of children.

SECTION 7. IC 16-21-2-2, AS AMENDED BY P.L.179-2022(ss), SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. The state department shall license and regulate:

- (1) hospitals;
- (2) ambulatory outpatient surgical centers; ~~and~~
- (3) birthing centers; ~~and~~
- (4) rural emergency hospitals.**

SECTION 8. IC 16-21-2-14, AS AMENDED BY P.L.179-2022(ss), SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. A license to operate a hospital, an ambulatory outpatient surgical center, **a rural emergency hospital**, or a birthing center:

- (1) expires:
 - (A) one (1) year after the date of issuance for:
 - (i) an ambulatory outpatient surgical center; and
 - (ii) a birthing center; ~~and~~
 - (B) beginning May 1, 2020, two (2) years after the date of



issuance for a hospital; **and**

(C) beginning January 1, 2023, two (2) years after the date of issuance for a rural emergency hospital;

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

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

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

- ~~(A) the Medicare program; or~~
- ~~(B) the state under IC 16-25-1 (before its repeal); and~~

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

- ~~(A) surveys the hospice program; and~~
- ~~(B) finds that the hospice program complies with section 6(a) of this chapter.~~

SECTION 10. IC 16-25-5-2.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.5. (a) The state department shall adopt rules under IC 4-22-2:

(1) to establish guidelines implement the licensure requirements in this article; and

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

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

- (1) A change in ownership of a hospice program.
- (2) A change in management of a hospice program.
- (3) A finding that a hospice program violated a federal condition of participation for hospice licensure.

SECTION 11. IC 16-27-1-5, AS AMENDED BY P.L.207-2021, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. (a) As used in this chapter, "home health services" means services that:

- (1) are provided to a patient by:

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

SECTION 12. IC 16-28.5 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

ARTICLE 28.5. HOUSING WITH SERVICES

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ESTABLISHMENT

Chapter 1. Definitions

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

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

SECTION 13. IC 16-36-1-3, AS AMENDED BY P.L.50-2021, SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) Except as provided in subsections (b) through (d), unless incapable of consenting under section 4 of this chapter, an individual may consent to the individual's own health care if the individual is:

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

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

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

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

SECTION 14. IC 16-36-7-27, AS ADDED BY P.L.50-2021, SECTION 63, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 27. (a) Except when an individual has been determined to be incapacitated under section 35 of this chapter, an individual may consent to the individual's own health care if the

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individual is:

- (1) an adult; or
- (2) a minor, and:
 - (A) is emancipated;
 - (B) is:
 - (i) at least fourteen (14) years of age;
 - (ii) not dependent on a parent or guardian for support;
 - (iii) living apart from the minor's parents or from an individual in loco parentis; and
 - (iv) managing the minor's own affairs;
 - (C) is or has been married;
 - (D) is in the military service of the United States; or
 - (E) is authorized to consent to health care by another statute.

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

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

(d) An individual who has, could be expected to have exposure to, or has been exposed to a ~~venercal disease~~ **sexually transmitted infection** is competent to give consent for medical or hospital care or treatment, including preventive treatment, of the individual.

(e) If:

- (1) an individual:
 - (A) has a signed advance directive that is in effect; and
 - (B) has not been determined to be incapacitated under section 35 of this chapter; and
- (2) the individual's decisions and the health care representative's decisions present a material conflict;

the health care decisions by that individual take precedence over decisions made by a health care representative designated in that individual's advance directive.

(f) Nothing in this chapter prohibits or restricts a health care provider's right to follow or rely on a health care decision or the designation of a health care representative on a permanent or temporary basis that is:

- (1) made by a competent individual described in subsection (a);
- (2) communicated orally by the individual to a health care provider in the direct physical presence of the individual; and
- (3) reduced to or confirmed in writing by the health care provider on a reasonably contemporaneous basis and made a part of the

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health care provider's medical records for the individual.

(g) If:

- (1) an individual later signs an advance directive under section 28 of this chapter; and
- (2) the advance directive conflicts with the recorded earlier oral instructions of the individual with respect to health care decisions or the designation of a health care representative;

the advance directive controls.

SECTION 15. IC 16-37-1-8, AS AMENDED BY P.L.43-2009, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) Except as provided in ~~subsection (c)~~; **subsection (d)**, a local health officer shall provide a certification of birth, death, or stillbirth registration upon request by any person only if:

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

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

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

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

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

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

SECTION 16. IC 16-37-3-3, AS AMENDED BY P.L.131-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. Except as provided in IC 16-37-1-3.1(f), the physician, the physician assistant, or the advanced practice registered nurse last in attendance upon the deceased, or the person in charge of



interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death **or stillbirth** with the local health officer of the jurisdiction in which the death occurred.

SECTION 17. IC 16-38-4-16 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. ~~(a)~~ The state department shall conduct intensive educational programs for health professionals and members of the public concerning the nature and purpose of the birth problems registry, the reporting and informational requirements, and the causes and detection of birth problems.

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

SECTION 18. IC 16-41-10-2, AS AMENDED BY P.L.112-2020, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: 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.
- (3) A health care provider who is exposed to blood and body fluids while providing medical care to a patient.

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

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

(d) The emergency medical services provider, health care provider,



or law enforcement officer shall distribute a copy of the completed form required under subsection (c) to the following:

- (1) If applicable, the medical director of the emergency 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 19. 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 ~~venereal 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 ~~venereal disease~~ **sexually transmitted infection** inimical to the public health, safety, and welfare of the citizens.
- (2) ~~Venereal 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 20. 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 ~~venereal 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 21. 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 ~~venereal 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 ~~venereal disease~~ **sexually transmitted infection** prevention and control fund.

SECTION 22. 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 institution or correctional facility supported and maintained in any part by state funds.

SECTION 23. IC 16-41-15-15, AS AMENDED BY P.L.67-2017, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 15. Whenever a person with a ~~veneral disease~~ **sexually transmitted infection** is admitted to a benevolent, charitable, or penal institution or correctional facility of Indiana, the warden or official in charge of the institution or correctional facility shall institute and provide the proper treatment for the person and shall carry out laboratory tests necessary to determine the nature, course, duration, and results of the treatment.

SECTION 24. IC 16-41-15-16 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. The services of the laboratory of the state department shall be available without charge for the laboratory diagnoses and tests as may be necessary to carry out sections 14 and 15 of this chapter. The state institutions and the state department shall cooperate in every reasonable way in the prevention and suppression of ~~veneral diseases~~: **sexually transmitted infection**.

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

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

- (1) The number of children who received a blood lead test.
- (2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.
- (3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.
- (4) The number of children identified under subdivision (3) who had lead poisoning.
- (5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per



deciliter of blood.

(6) The average number of days taken to confirm a blood lead test.

(7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.

(8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.

(9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.

(10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6) months.

SECTION 26. IC 16-42-1-9, AS AMENDED BY P.L.174-2021, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) This section does not apply to an advertisement that:

(1) is disseminated only to members of the medical, dental, pharmaceutical, and other legally recognized professions dealing with the healing arts;

(2) appears only in the scientific periodicals of those professions; or

(3) is disseminated only for the purpose of public health education by persons not commercially interested in the sale of such drugs or devices.

(b) The advertisement of a drug or device that represents that the drug or device has any effect in:

- albuminuria;
- appendicitis;
- arteriosclerosis;
- blood poison;
- bone disease;
- Bright's disease;
- carbuncles;
- cancer;
- cholecystitis;
- diabetes;
- diphtheria;
- dropsy;
- erysipelas;

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gallstones;
heart and vascular diseases;
high blood pressure;
mastoiditis;
measles;
mumps;
nephritis;
otitis media;
paralysis;
pneumonia;
poliomyelitis (infantile paralysis);
prostate gland disorders;
pyelitis;
scarlet fever;
sexual impotence;
sexually transmitted infection;
sinus infection;
smallpox;
tuberculosis;
tumors;
typhoid;
uremia; **or**
venereal disease
meningitis;

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

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

SECTION 27. IC 16-42-5.3-11, AS ADDED BY P.L.49-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 11. (a) IC 16-42-11 applies to the sale of eggs under this chapter.

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

SECTION 28. 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 29. 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. **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.**

SECTION 30. IC 16-46-14-4, AS AMENDED BY P.L.180-2022(ss), SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) In awarding grants under this chapter, the state department shall give preference to proposals that seek to do any of the following:

- (1) Improve access and coordination through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support.
- (2) Incentivize at-risk pregnant women and fathers to obtain prenatal care and support, including behavioral health counseling before and after the birth of the child.
- (3) Decrease smoking rates among pregnant women and fathers.
- (4) Promote evidence based home visitation by a trained provider or coordinator.
- (5) Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers.
- (6) Address the issue of infant mortality on a regional basis.
- (7) Allow local health departments, health care providers, and other human services providers to receive grants under this chapter to assist individuals seeking contraceptives.
- (8) Provide instruction on the use of fertility awareness-based family planning methods.
- (9) Prioritize populations with demonstrable higher need.**

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

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

- (1) Distribute a contraceptive to a student of:
 - (A) a nonpublic school (as defined in IC 20-18-2-12); or



(B) a public school (as defined in IC 20-18-2-15);
through a school run program.

(2) Distribute a contraceptive to an individual who is less than eighteen (18) years of age without the consent of a parent or guardian of the individual.

SECTION 31. 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 32. 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.

SECTION 33. IC 20-35-11-4, AS ADDED BY P.L.109-2012, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The center shall carry out the following duties in an unbiased manner to ensure that children who are deaf and children who are hard of hearing acquire optimal language skills and academic abilities, regardless of the mode of communication used:

(1) Monitoring and tracking the identification, early intervention, education, and successful transitions of children who are deaf and hard of hearing from birth through twenty-one (21) years of age and who are enrolled or preparing to enroll in early intervention services, preschool, elementary, or secondary school.

(2) Developing student learning opportunities.

(3) Providing family support.

(4) Developing child assessment service models, consistent with federal and state early childhood intervention and special education law, for the following:

(A) Audiological assessments.

(B) Social and developmental assessments.

(C) Communication (including language) assessments.

(D) Academic achievement assessments.

(5) Providing **technical assistance related to** classroom ~~assessments~~ of instruction, acoustics, and other environmental aspects.

(6) ~~Assessing~~ **Assisting** professionals who provide students with sign language interpreting, oral interpreting, cued speech transliteration, and captioning services.

(7) Providing consultation to school corporations in providing services to students who are deaf and students who are hard of hearing.

(8) Acting as a liaison with all state agencies that provide services to individuals who are deaf and hard of hearing, including the department of education, the ~~state~~ **Indiana** department of health, the family and social services administration, and the Indiana School for the Deaf.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

HEA 1457 — Concur

