

Second Regular Session 118th General Assembly (2014)

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 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

SENATE ENROLLED ACT No. 139

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-18-2-28.5, AS AMENDED BY P.L.212-2005, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 28.5. (a) "Attendant care services", for purposes of IC 16-27-1 and IC 16-27-4, means services:

- (1) that could be performed by an impaired individual for whom the services are provided if the individual were not impaired; and
- (2) that enable the impaired individual:
 - (A) to live in the individual's home and community rather than in an institution; and
 - (B) to carry out functions of daily living, self-care, and mobility.

(b) The term includes the following:

- (1) Assistance in getting in and out of beds, wheelchairs, and motor vehicles.
- (2) Assistance with routine bodily functions, including:
 - (A) bathing and personal hygiene;
 - (B) using the toilet;
 - (C) dressing and grooming; and
 - (D) feeding, including preparation and cleanup.
- (3) The provision of assistance:
 - (A) through providing reminders or cues to take medication,

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the opening of preset medication containers, and providing assistance in the handling or ingesting of ~~noncontrolled substance~~ medications, including **controlled substances, prescription drugs**, eye drops, herbs, supplements, and over-the-counter medications; and

(B) to an individual who is unable to accomplish the task due to an impairment and who is:

- (i) competent and has directed the services; or
- (ii) incompetent and has the services directed by a competent individual who may consent to health care for the impaired individual.

SECTION 2. IC 16-19-3-26, AS AMENDED BY P.L.154-2012, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 26. (a) The anatomical gift promotion fund is established. The fund consists of amounts distributed to the fund by the auditor of state under IC 9-18-2-16.

(b) 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 funds are invested. Interest that accrues from these investments shall be deposited in the fund.

(c) The state department shall administer the fund. Any expenses incurred in administering the fund shall be paid from the fund.

(d) The money in the fund shall be distributed quarterly to the Indiana Donation Alliance Foundation and Donate Life Indiana for the purpose of implementing an organ, tissue, and marrow registry and to promote organ, tissue, and marrow donation. However, money in the fund may not be distributed under this subsection for any quarter of a year until the annual report for the previous year has been submitted under subsection (f).

(e) The Indiana Donation Alliance Foundation and Donate Life Indiana shall keep information regarding the identity of an individual who has indicated a desire to make an organ or tissue donation confidential.

(f) The Indiana Donation Alliance Foundation and Donate Life Indiana shall submit an annual audited report, including a list of all expenditures, to the:

- (1) speaker of the house of representatives;
- (2) president pro tempore of the senate;
- (3) senate health and provider services committee; and
- (4) house public health committee;

before February 1. The report must be in an electronic format under IC 5-14-6.

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

(h) This subsection applies if the Indiana Donation Alliance Foundation or Donate Life Indiana loses its status as an organization exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code. The Indiana Donation Alliance Foundation and Donate Life Indiana shall report in an electronic format under IC 5-14-6 to the chairpersons of the senate standing committee, as determined by the president pro tempore of the senate, and the house standing committee, as determined by the speaker of the house of representatives, that have subject matter jurisdiction over health issues. The chairpersons shall review the report and recommend to the state department whether to continue distributions under subsection (d).

(i) Any annual reports that were not submitted by the Indiana Donation Alliance Foundation or Donate Life Indiana before March 15, 2011, under subsection (f) must be submitted before August 1, 2012.

~~(j) This section expires July 1, 2014.~~

SECTION 3. An emergency is declared for this act.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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