

LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT

LS 7050

BILL NUMBER: HB 1358

NOTE PREPARED: Jan 22, 2026

BILL AMENDED: Jan 20, 2026

SUBJECT: Indiana Department of Health.

FIRST AUTHOR: Rep. Barrett

BILL STATUS: 2nd Reading - 1st House

FIRST SPONSOR:

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill removes various reporting requirements for the Indiana Department of Health (IDOH) and requires the IDOH to make certain information available on the IDOH website. It changes the statewide standing order for the dispensing of a smoking cessation product to a tobacco, vaping, or nicotine cessation product. It amends the date by which a hospital must submit the hospital's fiscal report and patient information report to the IDOH. This bill removes a requirement that a home health aide competency evaluation program include at least 75 hours of training and 16 hours of classroom training before supervised practical training. It also adds Parkinson's disease to the definition of "chronic disease" for provisions concerning the chronic disease registry.

This bill requires: (1) the IDOH to maintain a trauma registry; and (2) certain health care facilities to submit data to the registry. It establishes requirements for the handling and transporting of infectious waste. It sets forth factors the IDOH must consider in determining the nature of and civil penalty for a violation of infectious waste requirements. The bill also voids administrative rules concerning infectious waste and the state trauma registry.

The bill expands provisions concerning epinephrine, including provisions allowing a pharmacist to dispense and an entity to prescribe epinephrine, to epinephrine and removes the expiration of provisions concerning lead screening for children. It requires a registered manufacturer, processor, repackager, or wholesale distributor of food, drugs, or cosmetics to comply with federal regulations concerning good manufacturing practices and allows the state health commissioner to enter and inspect the premises of the manufacturer, processor, repackager, or wholesale distributor. It permits a local health department to conduct inspections of certain manufacturers, processors, repackagers, or wholesale distributors. The bill amends the information a local child fatality review team and the statewide child fatality review committee may review in conducting a child fatality review and allows a suicide and overdose fatality review team and a fetal-infant mortality review team to provide records to the IDOH and requires the IDOH to maintain the confidentiality of these records. It requires a medical school to: (1) include nutrition education in the school's curriculum; and (2) require students to complete a rural health rotation.

Effective Date: September 1, 2025 (retroactive); July 1, 2026.

Explanation of State Expenditures: This bill will increase workload for the IDOH for various requirements, as well as for the Family and Social Services Administration to report to the Chronic Disease Registry any confirmed cases of Parkinson's disease for individuals covered under the state Medicaid program and any data regarding services provided to such individuals. These requirements should be able to be implemented using existing staffing and resources. *[IDOH administration is funded by the Tobacco Master Settlement Fund, a dedicated fund.]*

The medical school provision will increase workload for the Indiana University School of Medicine, to update their curriculum for certain health education programs and modify the entities that they partner with to provide clinical experience to its students, as prescribed in the bill. *[Indiana University receives state funding through General Fund Appropriations.]*

Additional Information: Certain provisions in the bill codify current IDOH administrative rules (state trauma registry, infectious waste) and some provisions eliminate or streamline reporting requirements for IDOH.

A 2022 study estimated that approximately 21,300 Hoosiers had a diagnosis of Parkinson's disease. Age is the primary factor associated with the incidence of the disease.

Explanation of State Revenues:

Explanation of Local Expenditures: The bill's requirements will increase workload for locally owned hospitals to report confirmed cases of Parkinson's disease to the registry but should be able to be implemented using existing staffing and resources.

Explanation of Local Revenues:

State Agencies Affected: Indiana Department of Health, Family and Social Services Administration; Indiana University.

Local Agencies Affected: Locally owned hospitals.

Information Sources: <https://www.in.gov/health/trauma-system/trauma-registry;>
<https://iar.iga.in.gov/code/2026/410/1#410-1-3;>
[www.parkinson.org/understanding-parkinsons/statistics#map.](http://www.parkinson.org/understanding-parkinsons/statistics#map)

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