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HOUSE BILL No. 1358

Proposed Changes to introduced printing by AM135801

DIGEST OF PROPOSED AMENDMENT

Home health aides. Removes language that requires a home health aide competency evaluation program to include at least 75 hours of training and 16 hours of classroom training before supervised practical training.

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 4-12-4-14, AS AMENDED BY P.L.56-2023,
2 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 14. The Indiana department of health shall **prepare**
4 an annual financial report and an annual report concerning the Indiana
5 department of health's activities under this chapter and promptly
6 transmit the annual reports to the governor and, in an electronic format
7 under IC 5-14-6, to the legislative council. The Indiana department of
8 health shall make the annual reports available to the public upon
9 request. **make information about the Indiana department of**
10 **health's activities under this chapter, including financial**
11 **information, available on the Indiana department of health's**
12 **website.**

13 SECTION 2. IC 16-18-2-36.8 IS ADDED TO THE INDIANA
14 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2026]: Sec. 36.8. **"Blood and blood products**
16 **in liquid or semiliquid form", for purposes of IC 16-41-16, has the**
17 **meaning set forth in IC 16-41-16-1.5.**

18 SECTION 3. IC 16-18-2-69.1 IS ADDED TO THE INDIANA
19 CODE AS A **NEW SECTION** TO READ AS FOLLOWS

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1 [EFFECTIVE JULY 1, 2026]: **Sec. 69.1. "Container", for purposes**
 2 **of IC 16-41-16, has the meaning set forth in IC 16-41-16-1.6.**

3 SECTION 4. IC 16-18-2-110, AS AMENDED BY P.L.210-2025,
 4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2026]: Sec. 110. "Emergency medical services", for purposes
 6 of IC 16-31 and IC 16-38-7, means an integrated medical care delivery
 7 system in which emergency medical responders, emergency medical
 8 technicians, advanced emergency medical technicians, and paramedics
 9 provide emergency and nonemergency medical care to protect against
 10 the loss of life or aggravation of illness or injury:

11 (1) during an emergency response;
 12 (2) while transporting a patient in a ground or air ambulance
 13 outside of a hospital, a health care facility, a mental health
 14 facility, or an urgent care facility (as defined in IC 16-24.5-1-1);
 15 or
 16 (3) as part of a mobile integrated healthcare program described
 17 in IC 16-31-12.

18 SECTION 5. IC 16-18-2-114.2 IS ADDED TO THE INDIANA
 19 CODE AS A NEW SECTION TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2026]: **Sec. 114.2. "EMS data dictionary",**
 21 **for purposes of IC 16-38-7, has the meaning set forth in**
 22 **IC 16-38-7-1.**

23 SECTION 6. IC 16-18-2-179, AS AMENDED BY P.L.147-2023,
 24 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2026]: Sec. 179. (a) "Hospital", except as provided in
 26 subsections (b) through (g), (h), means a hospital that is licensed under
 27 IC 16-21-2.

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

34 (1) Freestanding health facilities.
 35 (2) Hospitals or institutions specifically intended to diagnose,
 36 care, and treat the following:
 37 (A) Individuals with a mental illness (as defined in
 38 IC 12-7-2-117.6).
 39 (B) Individuals with developmental disabilities (as defined
 40 in IC 12-7-2-61).
 41 (3) Offices of physicians where patients are not regularly kept as
 42 bed patients.

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3 (c) "Hospital", for purposes of IC 16-22-8, has the meaning set
4 forth in IC 16-22-8-5.

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

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

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

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

21 (1) Freestanding health facilities.

22 (2) Long term acute care hospitals.

23 (3) Hospitals that do not provide emergency services.

26 (A) Individuals with a mental illness.

(B) Individuals with developmental disabilities.

28 **(5) Offices of physicians where patients are not regularly**
29 **kept as bed patients.**

32 (7) Rehabilitation facilities.

35 SECTION 7. IC 16-18-2-198.1 IS ADDED TO THE INDIANA
36 CODE AS A NEW SECTION TO READ AS FOLLOWS
37 [EFFECTIVE JULY 1, 2026]: **Sec. 198.1.** "Laboratory animal
38 carcasses, body parts, blood and body fluids, and bedding", for
39 purposes of IC 16-41-16, has the meaning set forth in
40 IC 16-41-16-4.5.

41 SECTION 8. IC 16-18-2-211, AS AMENDED BY P.L.235-2025,
42 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 JULY 1, 2026]: Sec. 211. (a) "Local health department", except as
 2 provided in subsections (b), (e), and (d), **(b) through (e)**, means a
 3 department organized by a county or city executive with a board, a
 4 health officer, and an operational staff to provide health services to a
 5 county, city, or multiple county unit.

6 (b) "Local health department", for purposes of IC 16-41-7.5, has
 7 the meaning set forth in IC 16-41-7.5-1.

8 (c) **"Local health department", for purposes of IC 16-42-1,
 9 refers to:**

10 (1) **a local health department established under IC 16-20; or**
 11 (2) **the health and hospital corporation created under
 12 IC 16-22-8.**

13 (e) (d) "Local health department", for purposes of IC 16-42-5.1,
 14 has the meaning set forth in IC 16-42-5.1-1. This subsection expires
 15 January 1, 2027.

16 (d) (e) "Local health department", for purposes of IC 16-42-28, has
 17 the meaning set forth in IC 16-42-28-1.

18 SECTION 9. IC 16-18-2-240.1 IS ADDED TO THE INDIANA
 19 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 20 [EFFECTIVE JULY 1, 2026]: **Sec. 240.1. "Mortuary", for purposes
 21 of IC 16-41-16, has the meaning set forth in IC 16-41-16-4.6.**

22 SECTION 10. IC 16-18-2-244.6 IS ADDED TO THE INDIANA
 23 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 24 [EFFECTIVE JULY 1, 2026]: **Sec. 244.6. "National EMS
 25 Information System", for purposes of IC 16-38-7, has the meaning
 26 set forth in IC 16-38-7-2.**

27 SECTION 11. IC 16-18-2-313.4 IS ADDED TO THE INDIANA
 28 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 29 [EFFECTIVE JULY 1, 2026]: **Sec. 313.4. "Rehabilitation hospital",
 30 for purposes of IC 16-38-7, has the meaning set forth in
 31 IC 16-38-7-3.**

32 SECTION 12. IC 16-18-2-313.5 IS ADDED TO THE INDIANA
 33 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 34 [EFFECTIVE JULY 1, 2026]: **Sec. 313.5. "Rehabilitation hospital
 35 registry data dictionary" for purposes of IC 16-38-7, has the
 36 meaning set forth in IC 16-38-7-4.**

37 SECTION 13. IC 16-18-2-338.3, AS AMENDED BY
 38 P.L.114-2020, SECTION 3, IS AMENDED TO READ AS FOLLOWS
 39 [EFFECTIVE JULY 1, 2026]: Sec. 338.3. (a) "Standing order", for
 40 purposes of IC 16-31 and IC 16-42-27, means:

41 (1) a written order; or
 42 (2) an order transmitted by other means of communication;



1 that is prepared by a person authorized to write a prescription for the
 2 distribution and administration of an overdose intervention drug,
 3 including any actions and interventions to be used in order to ensure
 4 timely access to treatment.

5 (b) "Standing order", for purposes of IC 16-41-43, means:

6 (1) a written order; or

7 (2) an order transmitted by other means of communication;

8 that is prepared by a person authorized to write a prescription for the
 9 distribution and administration of ~~auto-injectable~~ epinephrine,
 10 including any actions and interventions to be used in order to ensure
 11 timely access to treatment.

12 SECTION 14. IC 16-18-2-354.6 IS ADDED TO THE INDIANA
 13 CODE AS A NEW SECTION TO READ AS FOLLOWS
 14 [EFFECTIVE JULY 1, 2026]: **Sec. 354.6. "Trauma center", for**
 15 **purposes of IC 16-38-7, has the meaning set forth in IC 16-38-7-5.**

16 SECTION 15. IC 16-18-2-354.9 IS ADDED TO THE INDIANA
 17 CODE AS A NEW SECTION TO READ AS FOLLOWS
 18 [EFFECTIVE JULY 1, 2026]: **Sec. 354.9. "Trauma data dictionary",**
 19 **for purposes of IC 16-38-7, has the meaning set forth in**
 20 **IC 16-38-7-6.**

21 SECTION 16. IC 16-18-2-370.6 IS ADDED TO THE INDIANA
 22 CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
 23 JULY 1, 2026]: **Sec. 370.6. "Waste handler", for**
 24 **purposes of IC 16-41-16, has the meaning set forth in**
 25 **IC 16-41-16-6.**

26 SECTION 17. IC 16-19-4-11, AS AMENDED BY P.L.1-2022,
 27 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2026]: Sec. 11. (a) The state health commissioner or the
 29 commissioner's designated public health authority who is a licensed
 30 prescriber may, as part of the individual's official capacity, issue a
 31 standing order, prescription, or protocol that allows a pharmacist to
 32 administer or dispense any of the following:

33 (1) An immunization that is recommended by the federal Centers
 34 for Disease Control and Prevention Advisory Committee on
 35 Immunization Practices for individuals who are not less than
 36 eleven (11) years of age.

37 (2) A ~~tobacco, vaping, or nicotine~~ **smoking cessation product.** However, the pharmacist must inform the
 38 patient that the patient must have a follow-up consultation with
 39 the patient's licensed prescriber.

40 (b) This subsection does not apply to a pharmacist. The state
 41 health commissioner or the commissioner's designated public health



1 authority who is a licensed prescriber may, as part of the individual's
 2 official capacity, issue a standing order, prescription, or protocol that
 3 allows an individual who is licensed, certified, or registered by a board
 4 (as defined in IC 25-1-9-1), and if within the individual's scope of
 5 practice, to administer or dispense an immunization that is
 6 recommended by the federal Centers for Disease Control and
 7 Prevention Advisory Committee on Immunization Practices for
 8 individuals who are not less than eleven (11) years of age.

9 (c) A standing order described in subsection (a), (b), or (e) must
 10 include the following:

- 11 (1) The purpose of the order.
- 12 (2) The eligible recipients.
- 13 (3) The geographic area covered by the standing order.
- 14 (4) The procedure for administering or dispensing the
 15 immunization or product.
- 16 (5) A timeline for renewing or updating the standing order.

17 (d) The state health commissioner or designated public health
 18 authority who issues a standing order, prescription, or protocol under
 19 subsection (a), (b), or (e) is immune from civil liability related to the
 20 issuing of the standing order, prescription, or protocol.

21 (e) Notwithstanding subsection (a) and subsection (b), the state
 22 health commissioner or the commissioner's designated public health
 23 authority may issue a standing order, prescription, or protocol to
 24 administer or dispense an immunization that is recommended by the
 25 federal Centers for Disease Control and Prevention Advisory
 26 Committee on Immunization Practices for individuals who are at least
 27 five (5) years of age. Nothing in this subsection authorizes the state
 28 health commissioner or the commissioner's designated public health
 29 authority to:

- 30 (1) require an individual to receive an immunization for
 31 COVID-19; or
- 32 (2) waive or otherwise allow a minor to receive an immunization
 33 without the consent of the parent or guardian as required under
 34 IC 16-36-1.

35 This subsection expires at the conclusion of the federal public health
 36 emergency concerning COVID-19 that was renewed on October 15,
 37 2021, or any subsequent renewal of the declared federal public health
 38 emergency concerning COVID-19.

39 SECTION 18. IC 16-20-1-23.5 IS ADDED TO THE INDIANA
 40 CODE AS A NEW SECTION TO READ AS FOLLOWS
 41 [EFFECTIVE JULY 1, 2026]: **Sec. 23.5. A local health department,
 42 including the health and hospital corporation created under**

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1 **IC 16-22-8, may conduct an inspection permitted under**
 2 **IC 16-42-1-13(b).**

3 SECTION 19. IC 16-21-2-12.5, AS ADDED BY P.L.171-2025,
 4 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2026]: Sec. 12.5. (a) Except as provided in subsections (d)
 6 and (e), in regulating the licensure of hospitals and ambulatory
 7 outpatient surgical centers under this article, the state department shall
 8 use the following for purposes of enforcement:

9 (1) The most recent published version of the Facility Guidelines
 10 Institute (FGI) **Guidelines for Design and Construction of**
 11 **Hospitals, planning codes**, except to the extent the **guidelines**
 12 **codes** conflict with subdivision **(3) or (4)**. **(2) or (3)**.

13 (2) The most recent published version of the Facility Guidelines
 14 Institute (FGI) **Guidelines for Design and Construction of**
 15 **Outpatient Facilities**, except to the extent the **guidelines** conflict
 16 with subdivision **(3) or (4)**.

17 **(3) (2)** The National Fire Protection Association (NFPA) 101,
 18 Life Safety Code Handbook and Tentative Interim Amendments
 19 (TIAs), as adopted by the federal Centers for Medicare and
 20 Medicaid Services regulations, as part of the Conditions of
 21 Participation for Medicare and Medicaid.

22 **(4) (3)** The National Fire Protection Association (NFPA) 99,
 23 Health Care Facilities Code Handbook and Tentative Interim
 24 Amendments (TIAs), as adopted by the federal Centers for
 25 Medicare and Medicaid Services regulations, as part of the
 26 Conditions of Participation for Medicare and Medicaid.

27 (b) The state department shall list the version of each publication
 28 described in subsection (a) being utilized by the state department on
 29 the state department's website.

30 (c) The state department shall meet the following requirements
 31 when a new version of a publication described in subsection (a)(1) **and**
 32 (a)(2) is published:

33 (1) Not later than ninety (90) days from the publication of the
 34 new version, post a notice of the publication on the state
 35 department's website, stating the state department's intent to
 36 adopt the new version.

37 (2) Set forth as part of the notice a date that is:

38 (A) not earlier than two hundred seventy (270) days; and
 39 (B) not later than three hundred sixty (360) days;

40 from the posting of the notice in which the state department may
 41 take action using the new version of the publication.

42 (d) The following apply for a plan review submitted to the state



1 department concerning the construction, renovation, or addition to a
 2 hospital or ambulatory outpatient surgical center:

3 (1) For a plan review submitted before July 1, 2025, the state
 4 department shall utilize, for purposes of enforcement, the version
 5 of each publication described in subsection (a) that was in effect
 6 at the time the plan review was submitted.

7 (2) For a plan review submitted on July 1, 2025, and thereafter,
 8 the state department shall utilize, for purposes of enforcement,
 9 the version of each publication that was in place on the date that
 10 the plan review was submitted and complying with the
 11 limitations set forth in subsection (c)(2).

12 (e) The following are void:

13 (1) 410 IAC 15-1.5-8(c)(1).
 14 (2) 410 IAC 15-1.5-8(c)(3).
 15 (3) 410 IAC 15-2.5-7(a)(4)(A).
 16 (4) 410 IAC 15-2.5-7(a)(4)(C).

17 The publisher of the Indiana Code and Indiana Register shall remove
 18 these provisions from the Indiana Administrative Code.

19 SECTION 20. IC 16-21-6-3, AS AMENDED BY P.L.216-2025,
 20 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2026]: Sec. 3. (a) Each hospital shall file with the state
 22 department a report for the preceding fiscal year ~~within one hundred~~
 23 ~~twenty (120) days after not later than October 1 of the year~~
 24 ~~following~~ the end of the hospital's fiscal year. For the filing of a report,
 25 the state department may grant an extension of the time to file the
 26 report if the hospital shows good cause for the extension. The report
 27 must contain the following:

28 (1) A copy of the hospital's balance sheet, including a statement
 29 describing the hospital's total assets and total liabilities.
 30 (2) A copy of the hospital's income statement.
 31 (3) A statement of changes in financial position.
 32 (4) A statement of changes in fund balance.
 33 (5) Accountant notes pertaining to the report.
 34 (6) A copy of the hospital's report required to be filed annually
 35 under 42 U.S.C. 1395g, and other appropriate utilization and
 36 financial reports required to be filed under federal statutory law.
 37 (7) Net patient revenue and total number of paid claims,
 38 including providing the information as follows:
 39 (A) The net patient revenue and total number of paid claims
 40 for inpatient services for:
 41 (i) Medicare;
 42 (ii) Medicaid;



- (iii) commercial insurance, including inpatient services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;
- (iv) self-pay; and
- (v) any other category of payer.

(B) The net patient revenue and total number of paid claims for outpatient services for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including outpatient services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(C) The total net patient revenue and total number of paid claims for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue for services provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(8) Net patient revenue and total number of paid claims from facility fees, including providing the information as follows:

(A) The net patient revenue and total number of paid claims for inpatient services from facility fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including inpatient services from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

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(i) Medicare;

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- (iii) commercial insurance, including outpatient services from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;
- (iv) self-pay; and
- (v) any other category of payer

(C) The total net patient revenue and total number of paid claims from facility fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue from facility fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

(9) Net patient revenue and total number of paid claims from professional fees, including providing the information as follows:

(A) The net patient revenue and total number of paid claims for inpatient services from professional fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including inpatient services from professional fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

30 (B) The net patient revenue and total number of paid claims
31 for outpatient services from professional fees for:

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including outpatient services from professional fees provided to patients participating in a fully-funded health insurance plan or a self-funded health insurance plan;

(iv) self-pay; and

(v) any other category of payer.

40 (C) The total net patient revenue and total number of paid
41 claims from professional fees for:

(i) Medicare;

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1 this chapter, each hospital shall, ~~not more than one hundred twenty~~
 2 ~~(120)~~ days after the end of each calendar quarter, ~~not later than~~
 3 **October 1 of the year following the end of the hospital's fiscal**
 4 **year,**L file with the state department, or the state department's
 5 designated contractor, inpatient and outpatient discharge information
 6 at the patient level, in a format prescribed by the state health
 7 commissioner, including the following:

8 (1) The patient's:
 9 (A) length of stay;
 10 (B) diagnoses and surgical procedures performed during the
 11 patient's stay;
 12 (C) date of:
 13 (i) admission;
 14 (ii) discharge; and
 15 (iii) birth;
 16 (D) type of admission;
 17 (E) admission source;
 18 (F) gender;
 19 (G) race;
 20 (H) discharge disposition; and
 21 (I) payor, including:
 22 (i) Medicare;
 23 (ii) Medicaid;
 24 (iii) a local government program;
 25 (iv) commercial insurance;
 26 (v) self-pay; and
 27 (vi) charity care.

28 (2) The total charge for the patient's stay.
 29 (3) The ZIP code of the patient's residence.
 30 (4) Beginning October 1, 2013, all diagnosed external causes of
 31 injury codes.

32 [SECTION 22. IC 16-27.5-5-5, AS ADDED BY P.L.143-2025,
 33 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 34 SEPTEMBER 1, 2025 (RETROACTIVE)]: Sec. 5. (a) A home health
 35 aide competency evaluation program must:

36 (1) operate in accordance with 42 CFR 484.80; and
 37 (2) address each topic described in section 4(a) of this chapter.
 38 (b) A home health aide competency evaluation program must
 39 include at least seventy-five (75) hours of training. At least sixteen (16)
 40 hours of classroom training must occur before supervised practical
 41 training.

42 [1 SECTION 222[3]. IC 16-29-7-13, AS AMENDED BY



1 P.L.93-2024, SECTION 130, IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The state
 3 department shall establish a review period for certificate of need
 4 applications beginning July 1, 2019, and every July 1 thereafter, and
 5 lasting until the following June 30.

6 (b) The state department shall accept certificate of need
 7 applications until July 31 of the review period.

8 (c) The state department shall publish any certificate of need
 9 applications accepted for review on the state department's website
 10 before August 15 of the review period.

11 (d) The state department shall accept public comments on the
 12 certificate of need applications accepted for review through October 15
 13 of the review period. **Public comments may be submitted to the state**
 14 **department by mail or electronic mail as specified on the state**
 15 **department's website.**

16 (e) The commissioner or the commissioner's designee shall issue
 17 any decision on an accepted certificate of need application not later
 18 than April 30 of the review period.

19 (f) The state department shall adopt rules under IC 4-22-2 to
 20 implement a system for the submission of public comments under
 21 subsection (d).

22 SECTION 2~~3~~4. IC 16-38-7 IS ADDED TO THE INDIANA
 23 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 24 [EFFECTIVE JULY 1, 2026]:

25 **Chapter 7. State Trauma Registry**

26 **Sec. 1. As used in this chapter, "EMS data dictionary" means**
 27 **the collection of descriptions of the data objects in the data base of**
 28 **fire and emergent run data maintained by the Indiana EMS**
 29 **program at the department of homeland security.**

30 **Sec. 2. As used in this chapter, "National EMS Information**
 31 **System" means the national repository for EMS data maintained**
 32 **by the University of Utah School of Medicine.**

33 **Sec. 3. As used in this chapter, "rehabilitation hospital" means**
 34 **a hospital that is excluded from a prospective payment system**
 35 **under 42 CFR 412.**

36 **Sec. 4. As used in this chapter, "rehabilitation hospital registry**
 37 **data dictionary" means the collection of descriptions of the data**
 38 **objects in the data base maintained by the state department.**

39 **Sec. 5. As used in this chapter, "trauma center" means a**
 40 **hospital that:**

41 **(1) provides trauma care and has been verified as a trauma**
 42 **center by the American College of Surgeons;**



- (2) has been designated a trauma center under a state designation system that is substantially equivalent to the American College of Surgeons verification process, as determined by the state department; or
- (3) has been deemed to be in the process of American College of Surgeons verification pursuant to 836 IAC 1-2-1.

Sec. 6. As used in this chapter, "trauma data dictionary" means the collection of descriptions of the data objects in the data base maintained by the trauma registry under this chapter.

Sec. 7. (a) The state department shall maintain a trauma registry to collect and analyze data that is necessary to evaluate the delivery of trauma care in Indiana.

(b) The data collected by the registry must allow the state department to identify and evaluate the following:

(1) Frequency, type, severity, and outcome of trauma injuries.

(2) Criteria used to establish triage protocols.

(3) Geographic patterns of injury, including areas or regions of Indiana where improvements are needed in the delivery of trauma care.

(4) Other factors to consider in recommending, designing, or implementing the statewide trauma care delivery system, including:

- (A) public education on trauma and injury prevention;
- (B) access to trauma care;
- (C) prehospital availability; and
- (D) the cost of trauma care.

(c) Registry data must be linked between emergency medical services providers, health care facilities, and other agencies to assess the quality of the entire continuum of trauma care.

Sec. 8. The following shall submit data concerning trauma care to the state department for inclusion in the registry:

(1) A hospital.

(2) A trauma center.

(3) A rehabilitation hospital.

(4) An emergency medical services provider, both basic life support and advanced life support, that transports patients.

(5) At the request of the state department, any state agency possessing data or information regarding trauma care.

Sec. 9. (a) Data submitted to the registry must include information that allows the state department to identify and evaluate the following:



Sec. 10. (a) An entity required to submit data under section 8 of this chapter shall submit data to the registry by direct data entry or by electronic data transfer using an .xml format and data scheme that is based on the trauma data dictionary.

(c) A rehabilitation hospital shall submit data to the registry using the rehabilitation hospital registry data dictionary.

27 Sec. 11. (a) A hospital, trauma center, and rehabilitation
28 hospital shall report data to the registry as follows:



1 required under this chapter.

2 (b) The state department may deem a facility or EMS provider
 3 that fails to submit data as required under this chapter ineligible
 4 for state department programs, grants, or other sources of state
 5 department funding.

6 Sec. 13. (a) Information in the trauma registry is confidential
 7 and may be released in a statistical form that does not provide
 8 personally identifiable information.

9 (b) Information in the trauma registry may be released in
 10 accordance with IC 4-1-6-8.6.

11 SECTION 2~~↔~~[\[5\]](#) IC 16-41-7.5-12 IS REPEALED [EFFECTIVE
 12 JULY 1, 2026]. See: 12. (a) Before November 1 of each year, the state
 13 department shall submit a report concerning syringe exchange
 14 programs operated under this chapter to the governor and to the general
 15 assembly in an electronic format under IC 5-14-6.

16 (b) Before November 1, 2020, as part of the report to the general
 17 assembly required under subsection (a), the state department shall
 18 ensure the report includes the following additional information
 19 concerning the program:

20 (1) The number of programs operating in Indiana;

21 (2) The data, compiled for each program, reported to the state
 22 department under section 10 of this chapter;

23 (3) Any other information the state department deems relevant
 24 to the general assembly in assessing the effectiveness of having
 25 a program in the state;

26 SECTION 2~~↔~~[\[6\]](#) IC 16-41-16-1.5 IS ADDED TO THE
 27 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 28 [EFFECTIVE JULY 1, 2026]: Sec. 1.5. As used in this chapter,
 29 "blood and blood products in liquid or semiliquid form" means
 30 blood and blood products that have intermediate fluid properties
 31 and are capable of flowing in a manner similar to a liquid.

32 SECTION 2~~↔~~[\[7\]](#) IC 16-41-16-1.6 IS ADDED TO THE
 33 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 34 [EFFECTIVE JULY 1, 2026]: Sec. 1.6. As used in this chapter,
 35 "container" means any portable device or material in which
 36 infectious waste is:

37 (1) stored;

38 (2) transported;

39 (3) treated;

40 (4) disposed of; or

41 (5) otherwise handled.

42 SECTION 2~~↔~~[\[8\]](#) IC 16-41-16-3 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this
 2 chapter, "effective treatment" means treatment that meets the following
 3 conditions:

4 (1) Reduces the pathogenic qualities of infectious waste to a
 5 point where the waste is safe to handle.
 6 (2) Is designed for the specific waste involved.
 7 (3) Is carried out in a manner consistent with rules adopted by
 8 the state department under section 8 of this chapter.

9 (b) The term includes the following:

10 (1) Incineration.
 11 (2) Steam sterilization.
 12 (3) Chemical disinfection.
 13 (4) Thermal inactivation.
 14 (5) Irradiation.

15 **(6) Discharge in a sanitary sewer or septic system that is
 16 properly installed and operates in accordance with local and
 17 state laws.**

18 SECTION 2~~↔~~^[9] IC 16-41-16-4.5 IS ADDED TO THE
 19 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2026]: Sec. 4.5. As used in this chapter,
 21 "laboratory animal carcasses, body parts, blood and body fluids,
 22 and bedding" means carcasses, body parts, blood and blood
 23 products in liquid or semiliquid form, and bedding of animals that
 24 have been intentionally or are suspected of having been exposed to
 25 pathogens in:

26 (1) research;
 27 (2) production of biologicals;
 28 (3) the in vivo testing of pharmaceuticals; or
 29 (4) other procedures.

30 SECTION ~~↔~~^[30] IC 16-41-16-4.6 IS ADDED TO THE
 31 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 32 [EFFECTIVE JULY 1, 2026]: Sec. 4.6. As used in this chapter,
 33 "mortuary" means a funeral home (as defined in IC 25-15-2-15).

34 SECTION 3~~↔~~^[11] IC 16-41-16-6.6 IS ADDED TO THE
 35 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 36 [EFFECTIVE JULY 1, 2026]: Sec. 6.6. As used in this chapter,
 37 "waste handler" means a person who handles infectious waste.

38 SECTION 3~~↔~~^[2] IC 16-41-16-6.9 IS ADDED TO THE
 39 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2026]: Sec. 6.9. (a) A person who generates
 41 infectious waste is responsible for the:

42 (1) appropriate containment;



- (2) appropriate labeling;
- (3) effective treatment;
- (4) transport; and
- (5) disposal of;

infectious waste as required by this chapter.

(b) A person may provide services to the person who generates infectious waste, including the responsibilities described in subsection (a)(1) through (a)(5). A person described in this section shall comply with the requirements of this chapter.

SECTION 3 ~~3~~ [3]. IC 16-41-16-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) Before infectious waste is placed in an area that is not a secure area and before the waste is sent for final disposal, ~~all infectious waste must be~~: a person shall:

(1) effectively treated conduct effective treatment on the infectious waste on site; or

(2) transported/transport the infectious waste off site for effective treatment;

according to rules adopted under section 8 of this chapter. this chapter.

(b) A facility shall treat liquid infectious waste or excreta that are infectious waste as required by subsection (a) or flush the liquid infectious waste or excreta that are infectious waste in compliance with rules adopted under IC 4-22-2.

SECTION 3~~3~~4. IC 16-41-16-7.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 7.7. (a) A person shall ensure that infectious waste is, at all times, contained in a manner that will reasonably protect:**

(1) a waste handler; and

(2) the public;

from contracting a dangerous communicable disease that may result from exposure to the infectious waste.

(b) A person shall place a contaminated sharp or a contaminated object that could potentially become a contaminated sharp, infectious biological culture, infectious associated biological, and infectious agent stock in a container that:

(1) is leak proof, rigid, and puncture resistant;

(2) is tightly sealed to prevent expulsion;

(3) is labeled with the biohazard symbol; and

(4) undergoes effective treatment before being stored in an unsecured area and sent for final disposal.

(c) A person shall place pathological waste, laboratory animal



1 **carcasses, body parts, blood and body fluids, and bedding, blood**
 2 **and blood products in liquid or semiliquid form, and human body**
 3 **fluids that are visibly contaminated with blood, in a container that:**
 4 **(1) is impervious to moisture;**
 5 **(2) is sufficiently strong and thick to prevent expulsion;**
 6 **(3) is secured in a manner that prevents leakage or**
 7 **expulsion;**
 8 **(4) is labeled with the biohazard symbol; and**
 9 **(5) undergoes effective treatment before being stored in an**
 10 **unsecured area and sent for final disposal.**

11 SECTION 3~~↔~~^[5] IC 16-41-16-7.8 IS ADDED TO THE
 12 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 13 [EFFECTIVE JULY 1, 2026]: **Sec. 7.8. A person shall have written**
 14 **policies and procedures that include at least the following:**

- 15 **(1) The requirements of this chapter.**
- 16 **(2) The sanctions for failing to comply with the requirements**
 17 **of this chapter, including the discipline and dismissal of a**
 18 **person.**
- 19 **(3) The instruction and materials concerning this chapter to**
 20 **a person before the person is likely to be exposed to**
 21 **infectious waste.**
- 22 **(4) Documentation concerning instruction provided under**
 23 **subdivision (3).**
- 24 **(5) A procedure for providing records to the state**
 25 **department for inspection under section 9 of this chapter.**

26 SECTION 3~~↔~~^[6] IC 16-41-16-7.9 IS ADDED TO THE
 27 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 28 [EFFECTIVE JULY 1, 2026]: **Sec. 7.9. (a) If infectious waste is**
 29 **stored before final disposal, a person shall do the following:**

- 30 **(1) Store the infectious waste in a secure area that:**
 - 31 **(A) is locked or otherwise secured to eliminate access by**
 32 **or exposure to the public;**
 - 33 **(B) affords protection from adverse environmental**
 34 **conditions and vermin; and**
 - 35 **(C) prominently displays a biohazard symbol.**
- 36 **(2) Store the infectious waste in manner that:**
 - 37 **(A) preserves the integrity of the container in which the**
 38 **infectious waste is stored; and**
 - 39 **(B) is not conducive to rapid microbial growth and**
 40 **putrefaction.**
- 41 **(3) Except as provided in subsection (b), disinfect a reusable**
 42 **container for infectious waste each time the container is**



1 emptied.

6 SECTION 3~~7~~7. IC 16-41-16-8 IS AMENDED TO READ AS
7 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) After consulting
8 with an advisory committee composed of representatives of persons or
9 facilities that handle infectious wastes, the state department ~~shall~~ may
10 adopt rules under IC 4-22-2 necessary to carry out this chapter.

11 (b) The state department ~~shall~~ may adopt rules under this section
12 after considering the guidelines of the following:

13 (1) United States Environmental Protection Agency.
14 (2) United States Centers for Disease Control.
15 (3) United States Occupational Safety and Health
16 Administration.
17 (4) State department of labor.
18 (5) State department of environmental management.

23 (1) does not specifically identify the generating facility or
24 treatment facility; and
25 (2) ensures that the identity of the generating facility or
26 treatment facility may be readily obtained based on the label
27 information.

28 SECTION 3~~↔~~[8]. IC 16-41-16-8.5 IS ADDED TO THE
29 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
30 [EFFECTIVE JULY 1, 2026]: **Sec. 8.5. (a) A person shall:**

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waste.

(2) Provide a form that contains:

(A) the information for each facility described in subdivision (1):

(B) a brief description of the:

(i) infectious waste; and

(ii) method of effective treatment of the infectious waste; and

(C) the signature of the person responsible for transporting the infectious waste.

SECTION 3 [9]. IC 16-41-16-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state department may commence an action under IC 4-21.5-3-6 or IC 4-21.5-4 for issuance of an order of compliance and a civil penalty not to exceed one thousand dollars (\$1,000) per violation per day against a person who:

(1) fails to comply with this chapter or a rule adopted under this chapter; or

(2) interferes with or obstructs the state department or the state department's designated agent in the performance of official duties under this chapter or a rule adopted under this chapter.

(b) The state department may commence an action against a facility licensed by the state department under either subsection (a) or the licensure statute for that facility, but the state department may not bring an action arising out of one (1) incident under both statutes.

(c) In determining the nature of a violation and the amount of a civil penalty under subsection (a), the state department shall consider the following factors:

- (1) The potential harm or imminent threat to public health.**
- (2) The extent of a deviation from the requirements of this chapter.**

(3) The degree of willfulness, recklessness, or negligence.

(4) Whether the person who committed the violation has previously failed to comply with the requirements of this chapter.

(5) Whether the person who committed the violation engaged in any of the following:

(A) Obstruction of the state department's duties under this chapter.

(B) Failure to cooperate with the state department.

(C) Fraudulent conduct.

SECTION ~~39~~[40]. IC 16-41-39.4-5. AS AMENDED BY

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1 P.L.147-2023, SECTION 25, IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The state
 3 department shall, in cooperation with other state agencies, collect data
 4 under this chapter and before June 1 of each year, report the results to
 5 the general assembly for the previous calendar year. A copy of the
 6 report shall be transmitted in an electronic format under IC 5-14-6 to
 7 the executive director of the legislative services agency for distribution
 8 to the members of the general assembly. **make the data available on**
 9 **the state department's website.**

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

- 13 (1) The number of children who received a blood lead test.
- 14 (2) The number of children who had a blood test result of at least
 15 ten (10) micrograms of lead per deciliter of blood.
- 16 (3) The number of children identified under subdivision (2) who
 17 received a blood test to confirm that they had lead poisoning.
- 18 (4) The number of children identified under subdivision (3) who
 19 had lead poisoning.
- 20 (5) The number of children identified under subdivision (4) who
 21 had a blood test result of less than ten (10) micrograms of lead
 22 per deciliter of blood.
- 23 (6) The average number of days taken to confirm a blood lead
 24 test.
- 25 (7) The number of risk assessments performed for children
 26 identified under subdivision (4) and the average number of days
 27 taken to perform the risk assessment.
- 28 (8) The number of housing units in which risk assessments
 29 performed under subdivision (7) documented lead hazards as
 30 defined by 40 CFR 745.
- 31 (9) The number of housing units identified under subdivision (8)
 32 that were covered by orders issued under IC 13-14-10-2 or by
 33 another governmental authority to eliminate lead hazards.
- 34 (10) The number of housing units identified under subdivision
 35 (9) for which lead hazards have been eliminated within thirty
 36 (30) days, three (3) months, and six (6) months.

37 SECTION 4~~⑩~~^⑪ [1]. IC 16-41-39.4-10, AS ADDED BY
 38 P.L.80-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS
 39 [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state department shall
 40 establish guidance and standards for health care providers for screening
 41 children in Indiana for lead poisoning. When developing the guidance
 42 and standards, the state department shall consult with the American



1 Academy of Pediatrics.

2 (b) The state department shall make the guidance and standards
 3 established under subsection (a) available on the state department's [
 4 ~~Internet web site~~: website.

5 (c) ~~This section expires December 31, 2026.~~

6 SECTION 4~~↔~~[2]. IC 16-41-39.4-11, AS ADDED BY
 7 P.L.80-2022, SECTION 2, IS AMENDED TO READ AS FOLLOWS
 8 [EFFECTIVE JULY 1, 2026]: Sec. 11. (a) A health care provider who
 9 provides health care services to a child who is less than six (6) years of
 10 age shall do the following:

11 (1) Determine whether the child has had a blood lead screening
 12 test.

13 (2) If the child has had a blood lead screening test, determine at
 14 what age the child was tested and the results of the blood lead
 15 screening test.

16 (3) If the child has not had a blood lead screening test and is:

17 (A) at least nine (9) months old; and

18 (B) less than seventy-two (72) months old;

19 offer a lead poisoning screening in accordance with guidance
 20 and standards established by the state department under section
 21 10 of this chapter.

22 (b) Nothing in this section shall be construed to require a parent
 23 or guardian to have their child receive a blood lead screening test.

24 (c) ~~This section expires December 31, 2026.~~

25 SECTION 4~~↔~~[3]. IC 16-41-43-2.3, AS ADDED BY
 26 P.L.114-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS
 27 [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) A pharmacist may, by
 28 standing order, dispense ~~auto-injectable~~ epinephrine without examining
 29 the individual to whom it may be administered if all of the following
 30 conditions are met:

31 (1) The ~~auto-injectable~~ epinephrine is dispensed to a person
 32 who:

33 (A) presents a certificate of completion issued under section
 34 2.5(c) of this chapter to the pharmacist before the [
 35 ~~auto-injectable~~ epinephrine is dispensed; and

36 (B) is an individual who is or may be in a position to assist
 37 an individual who is at risk of experiencing anaphylaxis.

38 (2) The pharmacist provides instruction concerning how to
 39 properly administer ~~auto-injectable~~ epinephrine from the specific
 40 device being dispensed at the time of the device's dispensing.

41 (3) The pharmacist instructs the individual receiving the [
 42 ~~auto-injectable~~ epinephrine to summon emergency medical



1 services either immediately before or immediately after
 2 administering the ~~auto-injectable~~ epinephrine to an individual
 3 experiencing anaphylaxis.

4 (b) A person wishing to receive ~~auto-injectable~~ epinephrine by
 5 standing order must do the following:

6 (1) Successfully complete the course described in section 2.5(a)
 7 of this chapter.

8 (2) Present a certificate of completion issued under section
 9 2.5(c) of this chapter to a pharmacist at the time the
 10 ~~auto-injectable~~ epinephrine is requested.

11 (c) An individual described in subsection (a)(1) may administer ~~auto-injectable~~
 12 epinephrine to an individual that the person reasonably
 13 believes is experiencing anaphylaxis.

14 (d) An individual described in subsection (a)(1) may not be
 15 considered to be practicing medicine without a license in violation of
 16 IC 25-22.5-8-2 if the individual, acting in good faith:

17 (1) obtains ~~auto-injectable~~ epinephrine from a pharmacist by
 18 standing order;

19 (2) administers ~~auto-injectable~~ epinephrine to an individual that
 20 the person reasonably believes is experiencing anaphylaxis in a
 21 manner that is consistent with:

22 (A) the training provided during the course described in
 23 section 2.5(a) of this chapter; or

24 (B) the instruction provided to the person by a pharmacist
 25 at the time the ~~auto-injectable~~ epinephrine was dispensed;
 26 and

27 (3) attempts to summon emergency medical services either
 28 immediately before or immediately after administering the ~~auto-injectable~~
 29 epinephrine.

30 (e) The state department shall ensure that a statewide standing
 31 order for the dispensing of ~~auto-injectable~~ epinephrine in Indiana is
 32 issued under this section. The state health commissioner may, as part
 33 of the individual's official capacity, issue a statewide standing order
 34 that may be used for the dispensing of ~~auto-injectable~~ epinephrine
 35 under this section. The immunity provided in IC 34-13-3-3 applies to
 36 an individual described in this subsection.

37 SECTION 4~~3~~4. IC 16-41-43-2.5, AS AMENDED BY
 38 P.L.171-2025, SECTION 15, IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.5. (a) The state
 40 department shall approve courses concerning allergies and the
 41 administration of ~~auto-injectable~~ epinephrine that meet criteria
 42 established by the state department.

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26 SECTION 4-4-5-5. IC 16-41-43-3, AS AMENDED BY
27 P.L.28-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS
28 [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) An entity may fill a
29 prescription for auto-injectable epinephrine and store the
30 auto-injectable epinephrine on the premises of the entity if a health care
31 provider who is licensed in Indiana and whose scope of practice
32 includes the prescribing of medication writes or electronically transmits
33 the prescription for auto-injectable epinephrine for the entity.

(b) The entity shall store the ~~auto-injectable~~ epinephrine in a safe location in which only the entity's personnel or agents have access.

36 SECTION 4~~6~~[6]. IC 16-41-43-3.5, AS AMENDED BY
37 P.L.114-2020, SECTION 6, IS AMENDED TO READ AS FOLLOWS
38 [EFFECTIVE JULY 1, 2026]: Sec. 3.5. ~~Injectable~~ Epinephrine that is
39 filled and used in accordance with this chapter must have an expiration
40 date of not less than twelve (12) months from the date that the
41 pharmacy dispenses the~~Injectable~~ epinephrine to the entity or person,
42 as applicable.



1 SECTION 4~~6~~7. IC 16-41-43-4, AS ADDED BY P.L.59-2015,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 4. (a) A nurse employed by an entity may
4 administer ~~auto-injectable~~ epinephrine obtained under section 3 of this
5 chapter to any of the following individuals if the individual is
6 demonstrating signs or symptoms of life threatening anaphylaxis and
7 the individual does not have epinephrine at the entity or the individual's
8 prescription is not available:

9 (1) Employees or agents of the entity.
10 (2) Visitors at the entity.
11 (b) An entity's employees and agents may administer
12 ~~auto-injectable~~ epinephrine obtained under section 3 of this chapter if
13 the following are met:
14 (1) The entity employee or agent has voluntarily received
15 training in:
16 (A) recognizing anaphylaxis; and
17 (B) the proper administration of ~~auto-injectable~~
18 epinephrine;
19 by a health care provider who is licensed or certified in Indiana,
20 for whom the administration of ~~auto-injectable~~ epinephrine is
21 within the health care provider's scope of practice, who has
22 received training in the administration of ~~auto-injectable~~
23 epinephrine, and who is knowledgeable in recognizing the
24 symptoms of anaphylaxis and the administration of I
25 ~~auto-injectable~~ epinephrine.
26 (2) The individual to whom the epinephrine is being
27 administered is:
28 (A) an employee or agent of the entity; or
29 (B) a visitor at the entity.

30 SECTION 4~~7~~8. IC 16-41-43-5, AS AMENDED BY
31 P.L.28-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS
32 [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) A health care provider who
33 is licensed in Indiana and whose scope of practice includes the
34 prescribing of medication may write or electronically transmit a
35 prescription, drug order, or protocol for ~~auto-injectable~~ epinephrine for
36 the entity.

37 (b) A pharmacist licensed under IC 25-26 may dispense a valid
38 prescription, drug order, or protocol for ~~auto-injectable~~ epinephrine
39 issued in the name of an entity.

40 SECTION 4~~8~~9. IC 16-41-43-5.5, AS ADDED BY
41 P.L.114-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS
42 [EFFECTIVE JULY 1, 2026]: Sec. 5.5. (a) This chapter does not apply



1 to a person who is eligible for immunity specified in one (1) or more of
2 the following sections:

- 3 (1) Section 6 of this chapter.
- 4 (2) IC 20-34-4.5-4.
- 5 (3) IC 21-44.5-2-6.

(b) Except as provided in subsection (d), a person who meets all of the following criteria is not liable for civil damages for any act or omission related to the administration of ~~auto-injectable~~ epinephrine:

(1) The person has successfully completed a course described in section 2.5(a) of this chapter before administering ~~auto-injectable~~ epinephrine to a person.

12 (2) The person administered the ~~auto-injectable~~ epinephrine in
13 a manner that was consistent with:

14 (A) the training provided during the course described in
15 section 2.5(a) of this chapter; or
16 (B) the instruction provided to the person by the pharmacist
17 at the time the ~~auto-injectable~~ epinephrine was dispensed to
18 the person.

18 the person.
19 (3) The person reasonably believed that the recipient of the [
20 ~~auto-injectable~~ epinephrine was suffering from anaphylaxis at
21 the time the ~~auto-injectable~~ epinephrine was administered.

(c) A pharmacist who complies with section 2.3(a) of this chapter is not liable for civil damages resulting from the administration of ~~auto-injectable~~ epinephrine.

25 (d) The immunity described in subsection (b) or (c) does not apply
26 to any act or omission that constitutes gross negligence or willful and
27 wanton misconduct.

28 SECTION ~~49~~[50]. IC 16-41-43-6, AS AMENDED BY
29 P.L.28-2019, SECTION 3, IS AMENDED TO READ AS FOLLOWS
30 [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A nurse employed by an
31 entity or an employee of the entity who administers ~~auto-injectable~~
32 epinephrine in accordance with the manufacturer's guidelines and with
33 this chapter is not liable for civil damages resulting from the
34 administration of ~~auto-injectable~~ epinephrine under this chapter
35 unless the act or omission constitutes gross negligence or willful or
36 wanton misconduct.

37 (b) A licensed health care provider who:

38 (1) writes a prescription, drug order, or protocol under this
39 chapter:

40 (2) transmits in an electronic format a prescription, drug order,
41 or protocol for an electronically transmitted prescription under
42 this chapter; or



(3) provides training to an entity's personnel under this chapter;
is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter.

4 SECTION 5~~⑩~~[1]. IC 16-42-1-6 IS AMENDED TO READ AS
5 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A manufacturer,
6 processor, repackager, or wholesale distributor of food, drugs, or
7 cosmetics who maintains a place of business in Indiana shall file with
8 the state department, upon forms to be furnished by the state
9 department, a written statement of the name and address of the owner,
10 the character of the business, and the business address of each place of
11 business in Indiana.

16 (c) If ownership of a registered place of business changes, the new
17 owner shall reregister the place of business before operating the same.

22 (e) The state department may terminate the registration of a
23 registered manufacturer, processor, repackager, or wholesale
24 distributor of food, drugs, or cosmetics for a violation of this
25 section. The state department's termination of a registration under
26 this subsection is subject to IC 4-21.5.

27 SECTION 5-~~2~~2. IC 16-42-1-13, AS AMENDED BY
28 P.L.101-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS
29 [EFFECTIVE JULY 1, 2026]: Sec. 13. **(a)** For the purpose of enforcing
30 IC 16-42-1 through IC 16-42-4, the state health commissioner or the
31 commissioner's authorized representative may do the following:

(1) Enter, at reasonable times, any produce farm, factory, warehouse, place of production, or establishment subject to IC 16-42-1 through IC 16-42-4 or enter any vehicle being used to transport or hold food, drugs, devices, or cosmetics.

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(b) A local health department may inspect a manufacturer, processor, repackager, or wholesale distributor that:

(1) is registered under section 6 of this chapter; and

(2) engages in less than twenty-five percent (25%) of wholesale business in gross annual food sales in Indiana.

(c) The state department may inspect a manufacturer, processor, repackager, or wholesale distributor described in subsection (b) to enforce this article or rules adopted by the state department.

SECTION 5 ~~3~~ [3]. IC 16-46-6-11 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 11. The council shall submit a report in an electronic format under IC 5-14-6 to the general assembly before November 1 of each year. The report must include the following:

(1) The findings and conclusions of the council.

(2) Recommendations of the council:

SECTION 5~~4~~⁴. IC 16-46-7-10, AS ADDED BY P.L.55-2019, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) Before July 1, 2019, and on a biennial basis thereafter, the state department, with the assistance of:

(1) the Indiana minority health coalition;

(2) health care providers that treat individuals with sickle cell disease;

(3) individuals diagnosed with sickle cell disease; and

(4) representatives of community based organizations that serve individuals with sickle cell disease;

shall perform a study to determine the prevalence, impact, and needs of individuals with sickle cell disease and sickle cell trait in Indiana.

(b) The study must include the following:

(1) The prevalence, by geographic location, diagnosed with sickle cell disease in Indiana

(2) The prevalence, by geographic location, of individuals diagnosed as sickle cell trait carriers in Indiana.

(3) The availability and affordability of screening services in Indiana for sickle cell trait.

(4) The location and capacity of the following for the treatment of sickle cell disease and sickle cell trait carriers:

(A) Treatment centers

(B) Clinics

(C) Community based social service organizations

(D) Medical specialists

(5) The unmet medical, psychological, and social needs encountered by individuals in Indiana with sickle cell disease

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(6) The underserved areas of Indiana for the treatment of sickle cell disease.

(7) Recommendations for actions to address any shortcomings in Indiana identified under this section.

(c) The state department shall transmit a study performed under this section in an electronic format under IC 5-14-6 to the general assembly. ~~make information from a study performed under this section available on the state department's website.~~

9 SECTION 5~~4~~5. IC 16-49-3-3, AS AMENDED BY
10 P.L.56-2023, SECTION 173, IS AMENDED TO READ AS
11 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A local child
12 fatality review team:

(1) shall review the death of a child whose death incident occurred in the area served by the local child fatality review team and may review the death of a child whose death occurred in the area served by the local child fatality review team if:

17 (A) the death of the child is:

(i) sudden;

(ii) unexpected;

(iii) unexplained; or

(iv) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or

(B) the coroner in the area where the death occurred determines that the cause of the death of the child is:

(i) undetermined; or

(ii) the result of a homicide, suicide, or accident; and

(2) may, at its discretion, review the near fatality of a child whose incident or injury occurred in the area served by the local child fatality review team.

(b) In conducting a child fatality review under subsection (a), the local child fatality review team may review all applicable records and information related to the death or near fatality of the child, including the following:

(1) Records held by the:

(A) state department or local health department; and

(B) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Records of the coroner.

(6) Mental health reports.

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(7) Emergency medical services and fire department run reports.

(c) Except as otherwise provided under this article, information and records acquired by the local child fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(d) Records, information, documents, and reports acquired or produced by a local child fatality review team are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before a local child fatality review team.

SECTION 5~~5~~[6]. IC 16-49-4-5, AS AMENDED BY P.L.56-2023, SECTION 174, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) Upon request by a local child fatality review team or the department of child services ombudsman established by IC 4-13-19-3, the statewide child fatality review committee shall assist a local child fatality review team or conduct a review of the death of a child that occurred in Indiana if:

(1) the death of the child is:

- (A) sudden;
- (B) unexpected;
- (C) unexplained; or
- (D) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or

abuse or neglect that resulted in the death of the child, or (2) the coroner in the area in which the child's death occurred determines that the cause of the death of the child is:

(A) undetermined; or

(B) the result of a homicide, suicide, or accident.

(b) In conducting a child fatality review under subsection (a), the statewide child fatality review committee may review all applicable records and information related to the death of the child, including the following:

(1) Records held by the:

- (A) state department or local health department; and
- (B) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.



- (5) Records of the coroner.
- (6) Mental health reports.

(7) Emergency medical services and fire department run reports.

(c) Subject to IC 34-30-15, if the statewide child fatality review committee requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death that the statewide child fatality review committee is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the statewide child fatality review committee.

(d) A person who provides records in accordance with subsection

(c) in good faith is not subject to liability in:

- (1) a civil;
- (2) an administrative;
- (3) a disciplinary; or
- (4) a criminal;

action that might otherwise be imposed as a result of such disclosure.

(e) Except as otherwise provided in this article, information and records acquired by the statewide child fatality review committee in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(f) Records, information, documents, and reports acquired or produced by the statewide child fatality review committee are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the statewide child fatality review committee.

SECTION 5 [7]. IC 16-49-6-8, AS ADDED BY P.L.31-2019, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Before July 1 of each year, a local fetal-infant mortality review team shall submit a report to the state department that includes the following information:

- (1) A summary of the data collected concerning the reviews conducted by the local fetal-infant mortality review team for the previous calendar year.
- (2) Actions recommended by the local fetal-infant mortality review team to improve systems of care and community resources to reduce fetal deaths and infant deaths in the area



served by the review team.

(3) Solutions proposed for any system inadequacies.

(b) The report described in subsection (a) may not contain identifying information relating to the deaths reviewed by the local fetal-infant mortality review team.

(c) Review data concerning a fetal death or an infant death is confidential and may not be released.

(d) The local fetal-infant mortality review team may provide the state department with data concerning the reviews of a death under this chapter, **including any records held or maintained by the local fetal-infant mortality review team.**

(e) The state department shall maintain the confidentiality of any data received under subsection (d).

SECTION 5~~8~~8. IC 16-49.5-2-2, AS ADDED BY P.L.112-2020, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) A SOFR team shall do the following:

(1) Identify similarities, trends, and factual patterns concerning suicides and overdose fatalities in the area served by the SOFR team.

(2) Identify reasons for any higher minority suicide and overdose fatality rate in the area served by the SOER team.

(3) Create strategies and make recommendations for the prevention and reduction of suicides and overdose fatalities, including minority suicides and overdose fatalities, in the area served by the SOFR team.

(b) A SOFR team may do any of the following:

(1) Determine factors contributing to suicides and overdose fatalities.

(2) Identify public health and clinical interventions to improve systems of care and enhance coordination.

(3) Develop strategies for the prevention of suicides and overdose fatalities.

overdose fatalities.

(c) The state department shall maintain the confidentiality of any data received under subsection (b).

any data received under subsection (b).

SECTION 5~~8~~[9]. IC 16-50-1-9, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. (a) The statewide maternal mortality review committee, ~~through the state department~~, shall before July 1 of each

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1 year, submit a report to the state department that includes make
 2 maternal mortality information available on the state department's
 3 website, including the following information:

4 (1) A summary of the data collected regarding the reviews
 5 conducted by the statewide maternal mortality review
 6 committee.

7 (2) Actions recommended by the statewide maternal mortality
 8 review committee to improve systems of care and enhance
 9 coordination to reduce maternal morbidity and maternal
 10 mortality in Indiana.

11 (3) Legislative recommendations for consideration by the
 12 general assembly.

13 (b) A report released Information made available under this
 14 section must not contain identifying information relating to the deaths
 15 reviewed by the statewide maternal mortality review committee.

16 (c) The state department shall make a report prepared under this
 17 section available to public inspection and post the report on the state
 18 department's website.

19 SECTION ~~69~~⁶⁰. IC 21-44-5-19 IS ADDED TO THE
 20 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2026]: Sec. 19. (a) As used in this section,
 22 "medical school" means a postsecondary educational institution
 23 that:

24 (1) operates in Indiana; and
 25 (2) offers a health education program leading to a graduate
 26 or postgraduate degree in medicine.

27 (b) Not later than July 1, 2030, a medical school shall do the
 28 following:

29 (1) Include nutrition education as part of the medical
 30 school's curriculum.

31 (2) Require a medical student to complete a rural health
 32 rotation.

33 SECTION 6~~6~~¹¹. IC 34-30-2.1-253, AS ADDED BY
 34 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS
 35 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 253. IC 16-41-43-2.3
 36 (Concerning a statewide standing order issued by the state health
 37 commissioner for dispensing~~auto-injectable~~ epinephrine).

38 SECTION 6~~6~~². IC 34-30-2.1-254, AS ADDED BY
 39 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 254. IC 16-41-43-5.5
 41 (Concerning the administration of ~~auto-injectable~~ epinephrine by
 42 laypersons and the dispensing of ~~auto-injectable~~ epinephrine by



1 pharmacists).

2 SECTION 6~~↔~~³. IC 34-30-2.1-255, AS ADDED BY
3 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS
4 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 255. IC 16-41-43-6
5 (Concerning nurses, an entity's personnel, and health care providers
6 and the administration of~~auto~~-injectable epinephrine).

7 SECTION 6~~↔~~⁴. [EFFECTIVE JULY 1, 2026] (a) The
8 following are void:

9 (1) 410 IAC 1-3.
10 (2) 410 IAC 34.

11 The publisher of the Indiana Administrative Code and Indiana
12 Register shall remove these rules from the Indiana Administrative
13 Code.

14 (b) This SECTION expires July 1, 2027.

15 I SECTION 65. An emergency is declared for this act.

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