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HOUSE BILL No. 1358

Proposed Changes to introduced printing by AM135802

DIGEST OF PROPOSED AMENDMENT

Chronic disease registry. Adds Parkinson's disease to the definition of "chronic disease" for provisions concerning the chronic disease registry.

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

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

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

SECTION 3. IC 16-18-2-69.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 69.1. "Container", for purposes**

of IC 16-41-16, has the meaning set forth in IC 16-41-16-1.6.

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

(1) during an emergency response;

(2) while transporting a patient in a ground or air ambulance outside of a hospital, a health care facility, a mental health facility, or an urgent care facility (as defined in IC 16-24.5-1-1); or

(3) as part of a mobile integrated healthcare program described in IC 16-31-12.

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

SECTION 6. IC 16-18-2-179, AS AMENDED BY P.L.147-2023, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 179. (a) "Hospital", except as provided in subsections (b) through ~~(g),~~ **(h),** 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 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 16-38-7, 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) Long term acute care hospitals.

(3) Hospitals that do not provide emergency services.

(4) Hospitals or institutions specifically intended to diagnose, care, and treat the following:

(A) Individuals with a mental illness.

(B) Individuals with developmental disabilities.

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

(6) Convalescent homes, boarding homes, or homes for the aged.

(7) Rehabilitation facilities.

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

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

SECTION 8. IC 16-18-2-211, AS AMENDED BY P.L.235-2025, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 211. (a) "Local health department", except as

provided in subsections ~~(b),~~ ~~(c),~~ ~~and~~ ~~(d),~~ **(b) through (e),** means a department organized by a county or city executive with a board, a health officer, and an operational staff to provide health services to a county, city, or multiple county unit.

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

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

(1) a local health department established under IC 16-20; or

(2) the health and hospital corporation created under IC 16-22-8.

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

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

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

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

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

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

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

(1) a written order; or

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

that is prepared by a person authorized to write a prescription for the

distribution and administration of an overdose intervention drug, including any actions and interventions to be used in order to ensure timely access to treatment.

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

(1) a written order; or

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

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

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

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

SECTION 16. IC 16-18-2-370.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 370.6. "Waste handler", for purposes of IC 16-41-16, has the meaning set forth in IC 16-41-16-6.6.**

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

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

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

(b) This subsection does not apply to a pharmacist. The state health commissioner or the commissioner's designated public health authority who is a licensed prescriber may, as part of the individual's

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

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

(1) The purpose of the order.

(2) The eligible recipients.

(3) The geographic area covered by the standing order.

(4) The procedure for administering or dispensing the immunization or product.

(5) A timeline for renewing or updating the standing order.

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

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

(1) require an individual to receive an immunization for COVID-19; or

(2) waive or otherwise allow a minor to receive an immunization without the consent of the parent or guardian as required under IC 16-36-1.

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

SECTION 18. IC 16-20-1-23.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 23.5. A local health department, including the health and hospital corporation created under IC 16-22-8, may conduct an inspection permitted under**

IC 16-42-1-13(b).

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

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

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

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

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

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

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

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

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

(A) not earlier than two hundred seventy (270) days; and

(B) not later than three hundred sixty (360) days;

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

(d) The following apply for a plan review submitted to the state department concerning the construction, renovation, or addition to a

hospital or ambulatory outpatient surgical center:

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

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

(e) The following are void:

(1) 410 IAC 15-1.5-8(c)(1).

(2) 410 IAC 15-1.5-8(c)(3).

(3) 410 IAC 15-2.5-7(a)(4)(A).

(4) 410 IAC 15-2.5-7(a)(4)(C).

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

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

(1) A copy of the hospital's balance sheet, including a statement describing the hospital's total assets and total liabilities.

(2) A copy of the hospital's income statement.

(3) A statement of changes in financial position.

(4) A statement of changes in fund balance.

(5) Accountant notes pertaining to the report.

(6) A copy of the hospital's report required to be filed annually under 42 U.S.C. 1395g, and other appropriate utilization and financial reports required to be filed under federal statutory law.

(7) Net patient revenue and total number of paid claims, including providing the information as follows:

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

(i) Medicare;

(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.

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

(i) Medicare;

(ii) Medicaid;

(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.

(B) The net patient revenue and total number of paid claims 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.

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

(i) Medicare;

(ii) Medicaid;

(iii) commercial insurance, including the total net patient revenue 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.

(10) A statement including:

(A) Medicare gross revenue;

(B) Medicaid gross revenue;

(C) other revenue from state programs;

(D) revenue from local government programs;

(E) local tax support;

(F) charitable contributions;

(G) other third party payments;

(H) gross inpatient revenue;

(I) gross outpatient revenue;

(J) contractual allowance;

(K) any other deductions from revenue;

(L) charity care provided;

(M) itemization of bad debt expense; and

(N) an estimation of the unreimbursed cost of subsidized health services.

(11) A statement itemizing donations.

(12) A statement describing the total cost of reimbursed and unreimbursed research.

(13) A statement describing the total cost of reimbursed and unreimbursed education separated into the following categories:

(A) Education of physicians, nurses, technicians, and other medical professionals and health care providers.

(B) Scholarships and funding to medical schools, and other postsecondary educational institutions for health professions education.

(C) Education of patients concerning diseases and home care in response to community needs.

(D) Community health education through informational programs, publications, and outreach activities in response to community needs.

(E) Other educational services resulting in education related costs.

(14) The name of each person or entity that has:

(A) either:

(i) an ownership interest of at least five percent (5%);

or

(ii) if the person is a practitioner of the hospital, any ownership interest;

(B) a controlling interest; or

(C) an interest as a private equity partner;

in the hospital.

(15) The business address of each person or entity identified under subdivision (14). The business address must include a:

(A) building number;

(B) street name;

(C) city name;

(D) ZIP code; and

(E) country name.

The business address may not include a post office box number.

(16) The business website, if applicable, of each person or entity identified under subdivision (14).

(17) Any of the following identification numbers, if applicable, for a person or entity identified under subdivision (14):

(A) National provider identifier (NPI).

(B) Taxpayer identification number (TIN).

(C) Employer identification number (EIN).

(D) CMS certification number (CCN).

(E) National Association of Insurance Commissioners (NAIC) identification number.

(F) A personal identification number associated with a license issued by the department of insurance.

A hospital may not include the Social Security number of any individual.

(18) The ownership stake of each person or entity identified under subdivision (14).

(b) The information in the report filed under subsection (a) must be provided from reports or audits certified by an independent certified public accountant or by the state board of accounts.

(c) A hospital that fails to file the report required under subsection (a) by the date required shall pay to the state department a fine of ten thousand dollars ($10,000) per day for which the report is past due. A fine under this subsection shall be deposited into the payer affordability penalty fund established by IC 12-15-1-18.5.

SECTION 21. IC 16-21-6-6, AS AMENDED BY P.L.156-2011, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. In addition to the report filed under section 3 of this chapter, each hospital shall, ~~not more than one hundred twenty~~

~~(120) days after the end of each calendar quarter,~~ **not later than October 1 of the year following the end of the hospital's fiscal year,**[ ]file with the state department, or the state department's designated contractor, inpatient and outpatient discharge information at the patient level, in a format prescribed by the state health commissioner, including the following:

(1) The patient's:

(A) length of stay;

(B) diagnoses and surgical procedures performed during the patient's stay;

(C) date of:

(i) admission;

(ii) discharge; and

(iii) birth;

(D) type of admission;

(E) admission source;

(F) gender;

(G) race;

(H) discharge disposition; and

(I) payor, including:

(i) Medicare;

(ii) Medicaid;

(iii) a local government program;

(iv) commercial insurance;

(v) self-pay; and

(vi) charity care.

(2) The total charge for the patient's stay.

(3) The ZIP code of the patient's residence.

(4) Beginning October 1, 2013, all diagnosed external causes of injury codes.

SECTION 22. IC 16-29-7-13, AS AMENDED BY P.L.93-2024, SECTION 130, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The state department shall establish a review period for certificate of need applications beginning July 1, 2019, and every July 1 thereafter, and lasting until the following June 30.

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

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

(d) The state department shall accept public comments on the

certificate of need applications accepted for review through October 15 of the review period. **Public comments may be submitted to the state department by mail or electronic mail as specified on the state department's website.**

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

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

[SECTION 23. IC 16-38-6-1, AS AMENDED BY P.L.48-2005, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "chronic disease" means one (1) of the following conditions:

(1) Asthma.

(2) Diabetes.

(3) Congestive heart failure or coronary heart disease.

(4) Hypertension.

(5) Kidney disease.

(6) Parkinson's disease.

~~(6)~~ **(7)** A condition that the state department:

(A) determines should be included on the registry; and

(B) chooses to add to the registry by rule under IC 4-22-2.

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

Chapter 7. State Trauma Registry

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

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

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

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

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

(1) provides trauma care and has been verified as a trauma 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:

(1) Incidence, mechanism, type, severity, and outcome of traumatic injuries.

(2) Criteria used to establish or refine triage and transport guidelines.

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

(b) Data submitted to and maintained by the registry must be in a format that:

(1) protects the identity of specific patients to whom medical care has been rendered;

(2) identifies specific health care facilities by a code or other designation; and

(3) avoids or minimizes duplication of entries.

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.

(b) A hospital shall submit data to the registry using the criteria in the trauma data dictionary.

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

(d) An emergency medical services provider shall submit data to the registry using the most current version of the National EMS Information System data elements and the criteria in the Indiana EMS Data Dictionary.

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

(1) For a patient admitted to the facility between January 1 and March 31, not later than June 30.

(2) For a patient admitted to the facility between April 1 and June 30, not later than September 30.

(3) For a patient admitted to the facility between July 1 and September 30, not later than January 15 of the following year.

(4) For a patient admitted to the facility between October 1 and December 31, not later than May 1 of the following year.

(b) Not later than the fifteenth day of each month in which an incident occurred, an EMS provider shall report the data to the state department.

Sec. 12. (a) The state department may remove a facility's designation as a trauma center if the facility fails to submit data as required under this chapter.

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

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

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

SECTION 2~~<4>~~[5]. IC 16-41-7.5-12 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 12. (a) Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.~~

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

~~(1) The number of programs operating in Indiana.~~

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

~~(3) Any other information the state department deems relevant to the general assembly in assessing the effectiveness of having a program in the state.~~

SECTION 2~~<5>~~[6]. IC 16-41-16-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 1.5. As used in this chapter, "blood and blood products in liquid or semiliquid form" means blood and blood products that have intermediate fluid properties and are capable of flowing in a manner similar to a liquid.**

SECTION 2~~<6>~~[7]. IC 16-41-16-1.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 1.6. As used in this chapter, "container" means any portable device or material in which infectious waste is:**

(1) stored;

(2) transported;

(3) treated;

(4) disposed of; or

(5) otherwise handled.

SECTION 2~~<7>~~[8]. IC 16-41-16-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this chapter, "effective treatment" means treatment that meets the following conditions:

(1) Reduces the pathogenic qualities of infectious waste to a point where the waste is safe to handle.

(2) Is designed for the specific waste involved.

(3) Is carried out in a manner consistent with rules adopted by the state department under section 8 of this chapter.

(b) The term includes the following:

(1) Incineration.

(2) Steam sterilization.

(3) Chemical disinfection.

(4) Thermal inactivation.

(5) Irradiation.

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

SECTION 2~~<8>~~[9]. IC 16-41-16-4.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 4.5. As used in this chapter, "laboratory animal carcasses, body parts, blood and body fluids, and bedding" means carcasses, body parts, blood and blood products in liquid or semiliquid form, and bedding of animals that have been intentionally or are suspected of having been exposed to pathogens in:**

(1) research;

(2) production of biologicals;

(3) the in vivo testing of pharmaceuticals; or

(4) other procedures.

SECTION ~~<29>~~[30]. IC 16-41-16-4.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 4.6. As used in this chapter, "mortuary" means a funeral home (as defined in IC 25-15-2-15).**

SECTION 3~~<0>~~[1]. IC 16-41-16-6.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 6.6. As used in this chapter, "waste handler" means a person who handles infectious waste.**

SECTION 3~~<1>~~[2]. IC 16-41-16-6.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 6.9. (a) A person who generates**

infectious waste is responsible for the:

(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~~<2>~~[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 carcasses, body parts, blood and body fluids, and bedding, blood and blood products in liquid or semiliquid form, and human body fluids that are visibly contaminated with blood, in a container that:

(1) is impervious to moisture;

(2) is sufficiently strong and thick to prevent expulsion;

(3) is secured in a manner that prevents leakage or expulsion;

(4) is labeled with the biohazard symbol; and

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

SECTION 3~~<4>~~[5]. IC 16-41-16-7.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 7.8. A person shall have written policies and procedures that include at least the following:**

(1) The requirements of this chapter.

(2) The sanctions for failing to comply with the requirements of this chapter, including the discipline and dismissal of a person.

(3) The instruction and materials concerning this chapter to a person before the person is likely to be exposed to infectious waste.

(4) Documentation concerning instruction provided under subdivision (3).

(5) A procedure for providing records to the state department for inspection under section 9 of this chapter.

SECTION 3~~<5>~~[6]. IC 16-41-16-7.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 7.9. (a) If infectious waste is stored before final disposal, a person shall do the following:**

(1) Store the infectious waste in a secure area that:

(A) is locked or otherwise secured to eliminate access by or exposure to the public;

(B) affords protection from adverse environmental conditions and vermin; and

(C) prominently displays a biohazard symbol.

(2) Store the infectious waste in manner that:

(A) preserves the integrity of the container in which the infectious waste is stored; and

(B) is not conducive to rapid microbial growth and putrefaction.

(3) Except as provided in subsection (b), disinfect a reusable container for infectious waste each time the container is emptied.

(b) A person is not required to disinfect a reusable container under subsection (a)(3) if the reusable container was protected from contamination by a disposable liner, bag, or other device that was removed with the infectious waste.

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

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

(1) United States Environmental Protection Agency.

(2) United States Centers for Disease Control.

(3) United States Occupational Safety and Health Administration.

(4) State department of labor.

(5) State department of environmental management.

(c) The state department shall adopt rules under this section that establish an alternative to 410 IAC 1-3-28 to allow a person or facility that transports infectious waste offsite to label each container of infectious waste in a manner that:

(1) does not specifically identify the generating facility or treatment facility; and

(2) ensures that the identity of the generating facility or treatment facility may be readily obtained based on the label information.

SECTION 3~~<7>~~[8]. IC 16-41-16-8.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 8.5. (a) A person shall:**

(1) transport infectious waste in a manner that reasonably protects waste handlers and the public from contracting a dangerous communicable disease; and

(2) before the infectious waste in compacted, conduct effective treatment of the infectious waste.

(b) A person who transports infectious waste offsite shall do the following:

(1) Label the container of infectious waste with the name, address, and telephone number of the following facilities, if applicable:

(A) The facility that generated the infectious waste.

(B) The facility that treated or will treat the infectious 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~~<8>~~[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 P.L.147-2023, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The state department shall, in cooperation with other state agencies, collect data under this chapter and ~~before June 1 of each year, report the results to the general assembly for the previous 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.~~ **make the data available on the state department's website.**

(b) The ~~report transmitted~~ **data made available** 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 4~~<0>~~[1]. IC 16-41-39.4-10, AS ADDED BY P.L.80-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state department shall establish guidance and standards for health care providers for screening

children in Indiana for lead poisoning. When developing the guidance and standards, the state department shall consult with the American Academy of Pediatrics.

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

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

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

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

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

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

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

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

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

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

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

SECTION 4~~<2>~~[3]. IC 16-41-43-2.3, AS ADDED BY P.L.114-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) A pharmacist may, by standing order, dispense ~~auto-injectable~~ epinephrine without examining the individual to whom it may be administered if all of the following conditions are met:

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

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

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

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

(3) The pharmacist instructs the individual receiving the[ ]~~auto-injectable~~ epinephrine to summon emergency medical services either immediately before or immediately after administering the ~~auto-injectable~~ epinephrine to an individual experiencing anaphylaxis.

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

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

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

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

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

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

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

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

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

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

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

SECTION 4~~<3>~~[4]. IC 16-41-43-2.5, AS AMENDED BY P.L.171-2025, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.5. (a) The state department shall approve courses concerning allergies and the

administration of ~~auto-injectable~~ epinephrine that meet criteria established by the state department.

(b) The state department shall do the following:

(1) Publish and maintain, on its website, the following:

(A) The criteria established by the state department under subsection (a).

(B) A list of all approved courses.

(2) Prescribe the certification process for the course described in subsection (a).

(3) Revoke the approval of a course if it does not comply with the criteria specified by the state department.

(c) A person who successfully completes a certified course shall receive a certificate of completion issued by the entity providing the course.

(d) A certificate of completion issued under subsection (c) must:

(1) have dimensions that permit the certificate of completion to be carried in a wallet; and

(2) display the following information:

(A) The first and last name of the person.

(B) The first and last name of the course instructor.

(C) The name of the entity responsible for providing the course, if applicable.

(D) The date the course described in subsection (a) was completed.

(E) Any other information required by the state department.

(e) The state department may adopt rules under IC 4-22-2 to implement this section.

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

SECTION 4~~<5>~~[6]. IC 16-41-43-3.5, AS AMENDED BY P.L.114-2020, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3.5. ~~Injectable~~ Epinephrine that is filled and used in accordance with this chapter must have an expiration date of not less than twelve (12) months from the date that the

pharmacy dispenses the[ ]~~injectable~~ epinephrine to the entity or person, as applicable.

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

(1) Employees or agents of the entity.

(2) Visitors at the entity.

(b) An entity's employees and agents may administer ~~auto-injectable~~ epinephrine obtained under section 3 of this chapter if the following are met:

(1) The entity employee or agent has voluntarily received training in:

(A) recognizing anaphylaxis; and

(B) the proper administration of ~~auto-injectable~~ epinephrine;

by a health care provider who is licensed or certified in Indiana, for whom the administration of ~~auto-injectable~~ epinephrine is within the health care provider's scope of practice, who has received training in the administration of ~~auto-injectable~~ epinephrine, and who is knowledgeable in recognizing the symptoms of anaphylaxis and the administration of[ ]~~auto-injectable~~ epinephrine.

(2) The individual to whom the epinephrine is being administered is:

(A) an employee or agent of the entity; or

(B) a visitor at the entity.

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

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

SECTION 4~~<8>~~[9]. IC 16-41-43-5.5, AS ADDED BY

P.L.114-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5.5. (a) This chapter does not apply to a person who is eligible for immunity specified in one (1) or more of the following sections:

(1) Section 6 of this chapter.

(2) IC 20-34-4.5-4.

(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.

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

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

(B) the instruction provided to the person by the pharmacist at the time the ~~auto-injectable~~ epinephrine was dispensed to the person.

(3) The person reasonably believed that the recipient of the[ ]~~auto-injectable~~ epinephrine was suffering from anaphylaxis at 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.

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

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

(b) A licensed health care provider who:

(1) writes a prescription, drug order, or protocol under this chapter;

(2) transmits in an electronic format a prescription, drug order,

or protocol for an electronically transmitted prescription under 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.

SECTION 5~~<0>~~[1]. IC 16-42-1-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A manufacturer, processor, repackager, or wholesale distributor of food, drugs, or cosmetics who maintains a place of business in Indiana shall file with the state department, upon forms to be furnished by the state department, a written statement of the name and address of the owner, the character of the business, and the business address of each place of business in Indiana.

(b) A new place of business for the manufacture, processing, repacking, or wholesale distribution of food, drugs, or cosmetics may not be established in Indiana until the place of business has been registered as provided in this chapter.

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

(d) A manufacturer, processor, repackager, or wholesale distributor registered under this section shall comply with the current good manufacturing practice, hazard analysis, and risk-based preventive controls for human food (21 CFR 117).

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

SECTION 5~~<1>~~[2]. IC 16-42-1-13, AS AMENDED BY P.L.101-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. **(a)** For the purpose of enforcing IC 16-42-1 through IC 16-42-4, the state health commissioner or the 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.

(2) Inspect, at reasonable times, the produce farm, factory, warehouse, place of production, establishment, or vehicle and all pertinent equipment, finished and unfinished materials, containers, labeling, and advertisements.

(3) Enter and inspect, at reasonable times, the premises of a

manufacturer, processor, repackager, or wholesale distributor registered under section 6 of this chapter.

(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~~<2>~~[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~~<3>~~[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, of individuals 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.

(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.**

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

(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.

(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

(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~~<6>~~[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~~<7>~~[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 SOFR 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.

(4) Provide the state department with records held or maintained by the SOFR team.

(c) The state department shall maintain the confidentiality of 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 year, submit a report to the state department that includes~~ **make maternal mortality information available on the state department's website, including** the following information:

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

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

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

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

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

SECTION ~~59~~[60]. IC 21-44-5-19 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 19. (a) As used in this section, "medical school" means a postsecondary educational institution that:**

(1) operates in Indiana; and

(2) offers a health education program leading to a graduate or postgraduate degree in medicine.

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

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

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

SECTION 6~~0~~[1]. IC 34-30-2.1-253, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 253. IC 16-41-43-2.3 (Concerning a statewide standing order issued by the state health commissioner for dispensing[ ]~~auto-injectable~~ epinephrine).

SECTION 6~~1~~[2]. IC 34-30-2.1-254, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 254. IC 16-41-43-5.5

(Concerning the administration of ~~auto-injectable~~ epinephrine by laypersons and the dispensing of ~~auto-injectable~~ epinephrine by pharmacists).

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

SECTION 6~~<3>~~[4]. [EFFECTIVE JULY 1, 2026] **(a) The following are void:**

(1) 410 IAC 1-3.

(2) 410 IAC 34.

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

(b) This SECTION expires July 1, 2027.