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## HOUSE BILL No. 1358

AM135805 has been incorporated into introduced printing.

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**Synopsis:** Indiana department of health.

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2026

IN 1358—LS 7050/DI 147



**DOCUMENT HAS NOT BEEN CHECKED FOR ACCURACY**

Introduced

Second Regular Session of the 124th General Assembly (2026)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

## HOUSE BILL No. 1358

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**

2026

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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).



- 1 (B) Individuals with developmental disabilities (as defined  
 2 in IC 12-7-2-61).  
 3 (3) Offices of physicians where patients are not regularly kept as  
 4 bed patients.  
 5 (4) Convalescent homes, boarding homes, or homes for the aged.  
 6 (5) Rural emergency hospitals.  
 7 (c) "Hospital", for purposes of IC 16-22-8, has the meaning set  
 8 forth in IC 16-22-8-5.  
 9 (d) "Hospital", for purposes of IC 16-23.5, has the meaning set  
 10 forth in IC 16-23.5-1-9.  
 11 (e) "Hospital" or "tuberculosis hospital", for purposes of IC 16-24,  
 12 means an institution or a facility for the treatment of individuals with  
 13 tuberculosis.  
 14 (f) "Hospital", for purposes of IC 16-34, means a hospital (as  
 15 defined in subsection (b)) that:  
 16 (1) is required to be licensed under IC 16-21-2; or  
 17 (2) is operated by an agency of the United States.  
 18 **(g) "Hospital", for purposes of IC 16-38-7, means an**  
 19 **institution, a place, a building, or an agency that holds out to the**  
 20 **general public that it is operated for hospital purposes and that it**  
 21 **provides care, accommodations, facilities, and equipment, in**  
 22 **connection with the services of a physician, to individuals who may**  
 23 **need medical or surgical services. The term does not include the**  
 24 **following:**  
 25 **(1) Freestanding health facilities.**  
 26 **(2) Long term acute care hospitals.**  
 27 **(3) Hospitals that do not provide emergency services.**  
 28 **(4) Hospitals or institutions specifically intended to diagnose,**  
 29 **care, and treat the following:**  
 30 **(A) Individuals with a mental illness.**  
 31 **(B) Individuals with developmental disabilities.**  
 32 **(5) Offices of physicians where patients are not regularly**  
 33 **kept as bed patients.**  
 34 **(6) Convalescent homes, boarding homes, or homes for the**  
 35 **aged.**  
 36 **(7) Rehabilitation facilities.**  
 37 ~~(g)~~ **(h) "Hospital", for purposes of IC 16-41-12, has the meaning**  
 38 **set forth in IC 16-41-12-6.**  
 39 **SECTION 7. IC 16-18-2-198.1 IS ADDED TO THE INDIANA**  
 40 **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
 41 **[EFFECTIVE JULY 1, 2026]: Sec. 198.1. "Laboratory animal**  
 42 **carcasses, body parts, blood and body fluids, and bedding", for**

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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



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[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



1 patient that the patient must have a follow-up consultation with  
2 the patient's licensed prescriber.

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

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

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

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

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

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

39 This subsection expires at the conclusion of the federal public health  
40 emergency concerning COVID-19 that was renewed on October 15,  
41 2021, or any subsequent renewal of the declared federal public health  
42 emergency concerning COVID-19.

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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





1 (B) not later than three hundred sixty (360) days;  
 2 from the posting of the notice in which the state department may  
 3 take action using the new version of the publication.

4 (d) The following apply for a plan review submitted to the state  
 5 department concerning the construction, renovation, or addition to a  
 6 hospital or ambulatory outpatient surgical center:

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

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

16 (e) The following are void:

17 (1) 410 IAC 15-1.5-8(c)(1).

18 (2) 410 IAC 15-1.5-8(c)(3).

19 (3) 410 IAC 15-2.5-7(a)(4)(A).

20 (4) 410 IAC 15-2.5-7(a)(4)(C).

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

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

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

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

35 (3) A statement of changes in financial position.

36 (4) A statement of changes in fund balance.

37 (5) Accountant notes pertaining to the report.

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

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



- 1 (A) The net patient revenue and total number of paid claims  
 2 for inpatient services for:  
 3 (i) Medicare;  
 4 (ii) Medicaid;  
 5 (iii) commercial insurance, including inpatient services  
 6 provided to patients participating in a fully-funded  
 7 health insurance plan or a self-funded health insurance  
 8 plan;  
 9 (iv) self-pay; and  
 10 (v) any other category of payer.  
 11 (B) The net patient revenue and total number of paid claims  
 12 for outpatient services for:  
 13 (i) Medicare;  
 14 (ii) Medicaid;  
 15 (iii) commercial insurance, including outpatient  
 16 services provided to patients participating in a  
 17 fully-funded health insurance plan or a self-funded  
 18 health insurance plan;  
 19 (iv) self-pay; and  
 20 (v) any other category of payer.  
 21 (C) The total net patient revenue and total number of paid  
 22 claims for:  
 23 (i) Medicare;  
 24 (ii) Medicaid;  
 25 (iii) commercial insurance, including the total net  
 26 patient revenue for services provided to patients  
 27 participating in a fully-funded health insurance plan or  
 28 a self-funded health insurance plan;  
 29 (iv) self-pay; and  
 30 (v) any other category of payer.  
 31 (8) Net patient revenue and total number of paid claims from  
 32 facility fees, including providing the information as follows:  
 33 (A) The net patient revenue and total number of paid claims  
 34 for inpatient services from facility fees for:  
 35 (i) Medicare;  
 36 (ii) Medicaid;  
 37 (iii) commercial insurance, including inpatient services  
 38 from facility fees provided to patients participating in  
 39 a fully-funded health insurance plan or a self-funded  
 40 health insurance plan;  
 41 (iv) self-pay; and  
 42 (v) any other category of payer.

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(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



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- 1 (v) any other category of payer.
- 2 (C) The total net patient revenue and total number of paid
- 3 claims from professional fees for:
- 4 (i) Medicare;
- 5 (ii) Medicaid;
- 6 (iii) commercial insurance, including the total net
- 7 patient revenue from professional fees provided to
- 8 patients participating in a fully-funded health insurance
- 9 plan or a self-funded health insurance plan;
- 10 (iv) self-pay; and
- 11 (v) any other category of payer.
- 12 (10) A statement including:
- 13 (A) Medicare gross revenue;
- 14 (B) Medicaid gross revenue;
- 15 (C) other revenue from state programs;
- 16 (D) revenue from local government programs;
- 17 (E) local tax support;
- 18 (F) charitable contributions;
- 19 (G) other third party payments;
- 20 (H) gross inpatient revenue;
- 21 (I) gross outpatient revenue;
- 22 (J) contractual allowance;
- 23 (K) any other deductions from revenue;
- 24 (L) charity care provided;
- 25 (M) itemization of bad debt expense; and
- 26 (N) an estimation of the unreimbursed cost of subsidized
- 27 health services.
- 28 (11) A statement itemizing donations.
- 29 (12) A statement describing the total cost of reimbursed and
- 30 unreimbursed research.
- 31 (13) A statement describing the total cost of reimbursed and
- 32 unreimbursed education separated into the following categories:
- 33 (A) Education of physicians, nurses, technicians, and other
- 34 medical professionals and health care providers.
- 35 (B) Scholarships and funding to medical schools, and other
- 36 postsecondary educational institutions for health
- 37 professions education.
- 38 (C) Education of patients concerning diseases and home
- 39 care in response to community needs.
- 40 (D) Community health education through informational
- 41 programs, publications, and outreach activities in response
- 42 to community needs.

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- 1 (E) Other educational services resulting in education related  
 2 costs.  
 3 (14) The name of each person or entity that has:  
 4 (A) either:  
 5 (i) an ownership interest of at least five percent (5%);  
 6 or  
 7 (ii) if the person is a practitioner of the hospital, any  
 8 ownership interest;  
 9 (B) a controlling interest; or  
 10 (C) an interest as a private equity partner;  
 11 in the hospital.  
 12 (15) The business address of each person or entity identified  
 13 under subdivision (14). The business address must include a:  
 14 (A) building number;  
 15 (B) street name;  
 16 (C) city name;  
 17 (D) ZIP code; and  
 18 (E) country name.  
 19 The business address may not include a post office box number.  
 20 (16) The business website, if applicable, of each person or entity  
 21 identified under subdivision (14).  
 22 (17) Any of the following identification numbers, if applicable,  
 23 for a person or entity identified under subdivision (14):  
 24 (A) National provider identifier (NPI).  
 25 (B) Taxpayer identification number (TIN).  
 26 (C) Employer identification number (EIN).  
 27 (D) CMS certification number (CCN).  
 28 (E) National Association of Insurance Commissioners  
 29 (NAIC) identification number.  
 30 (F) A personal identification number associated with a  
 31 license issued by the department of insurance.  
 32 A hospital may not include the Social Security number of any  
 33 individual.  
 34 (18) The ownership stake of each person or entity identified  
 35 under subdivision (14).  
 36 (b) The information in the report filed under subsection (a) must  
 37 be provided from reports or audits certified by an independent certified  
 38 public accountant or by the state board of accounts.  
 39 (c) A hospital that fails to file the report required under subsection  
 40 (a) by the date required shall pay to the state department a fine of ten  
 41 thousand dollars (\$10,000) per day for which the report is past due. A  
 42 fine under this subsection shall be deposited into the payer affordability

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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



1 applications until July 31 of the review period.

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

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

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

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

16 SECTION 23. IC 16-38-7 IS ADDED TO THE INDIANA CODE  
17 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
18 JULY 1, 2026]:

19 **Chapter 7. State Trauma Registry**

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

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

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

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

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

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

37 **(2) has been designated a trauma center under a state**  
38 **designation system that is substantially equivalent to the**  
39 **American College of Surgeons verification process, as**  
40 **determined by the state department; or**

41 **(3) has been deemed to be in the process of American College**  
42 **of Surgeons verification pursuant to 836 IAC 1-2.1.**



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

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

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

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

11              **(2) Criteria used to establish triage protocols.**

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

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

18                      **(A) public education on trauma and injury prevention;**

19                      **(B) access to trauma care;**

20                      **(C) prehospital availability; and**

21                      **(D) the cost of trauma care.**

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

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

27              **(1) A hospital.**

28              **(2) A trauma center.**

29              **(3) A rehabilitation hospital.**

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

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

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

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

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

41              **(3) Geographic patterns of injury, including areas or regions**  
 42              **of Indiana where improvements are needed in the delivery of**





1 trauma care.

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

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

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

8 (3) avoids or minimizes duplication of entries.

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

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

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

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

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

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

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

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

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

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

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

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

42 Sec. 13. (a) Information in the trauma registry is confidential



1 and may be released in a statistical form that does not provide  
2 personally identifiable information.

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

5 SECTION 24. IC 16-41-16-1.5 IS ADDED TO THE INDIANA  
6 CODE AS A NEW SECTION TO READ AS FOLLOWS  
7 [EFFECTIVE JULY 1, 2026]: Sec. 1.5. As used in this chapter,  
8 "blood and blood products in liquid or semiliquid form" means  
9 blood and blood products that have intermediate fluid properties  
10 and are capable of flowing in a manner similar to a liquid.

11 SECTION 25. IC 16-41-16-1.6 IS ADDED TO THE INDIANA  
12 CODE AS A NEW SECTION TO READ AS FOLLOWS  
13 [EFFECTIVE JULY 1, 2026]: Sec. 1.6. As used in this chapter,  
14 "container" means any portable device or material in which  
15 infectious waste is:

- 16 (1) stored;
- 17 (2) transported;
- 18 (3) treated;
- 19 (4) disposed of; or
- 20 (5) otherwise handled.

21 SECTION 26. IC 16-41-16-3 IS AMENDED TO READ AS  
22 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this  
23 chapter, "effective treatment" means treatment that meets the following  
24 conditions:

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

30 (b) The term includes the following:

- 31 (1) Incineration.
- 32 (2) Steam sterilization.
- 33 (3) Chemical disinfection.
- 34 (4) Thermal inactivation.
- 35 (5) Irradiation.
- 36 (6) Discharge in a sanitary sewer or septic system that is  
37 properly installed and operates in accordance with local and  
38 state laws.

39 SECTION 27. IC 16-41-16-4.5 IS ADDED TO THE INDIANA  
40 CODE AS A NEW SECTION TO READ AS FOLLOWS  
41 [EFFECTIVE JULY 1, 2026]: Sec. 4.5. As used in this chapter,  
42 "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 28. 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 29. 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 30. 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 31. 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 32. 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 33. 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 34. 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 35. 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

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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 36. 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 37. 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 38. 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



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- 1 per deciliter of blood.
- 2 (6) The average number of days taken to confirm a blood lead
- 3 test.
- 4 (7) The number of risk assessments performed for children
- 5 identified under subdivision (4) and the average number of days
- 6 taken to perform the risk assessment.
- 7 (8) The number of housing units in which risk assessments
- 8 performed under subdivision (7) documented lead hazards as
- 9 defined by 40 CFR 745.
- 10 (9) The number of housing units identified under subdivision (8)
- 11 that were covered by orders issued under IC 13-14-10-2 or by
- 12 another governmental authority to eliminate lead hazards.
- 13 (10) The number of housing units identified under subdivision
- 14 (9) for which lead hazards have been eliminated within thirty
- 15 (30) days, three (3) months, and six (6) months.
- 16 SECTION 39. IC 16-41-39.4-10, AS ADDED BY P.L.80-2022,
- 17 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 18 JULY 1, 2026]: Sec. 10. (a) The state department shall establish
- 19 guidance and standards for health care providers for screening children
- 20 in Indiana for lead poisoning. When developing the guidance and
- 21 standards, the state department shall consult with the American
- 22 Academy of Pediatrics.
- 23 (b) The state department shall make the guidance and standards
- 24 established under subsection (a) available on the state department's
- 25 ~~Internet web site:~~ **website.**
- 26 ~~(c) This section expires December 31, 2026:~~
- 27 SECTION 40. IC 16-41-39.4-11, AS ADDED BY P.L.80-2022,
- 28 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 11. (a) A health care provider who provides health
- 30 care services to a child who is less than six (6) years of age shall do the
- 31 following:
- 32 (1) Determine whether the child has had a blood lead screening
- 33 test.
- 34 (2) If the child has had a blood lead screening test, determine at
- 35 what age the child was tested and the results of the blood lead
- 36 screening test.
- 37 (3) If the child has not had a blood lead screening test and is:
- 38 (A) at least nine (9) months old; and
- 39 (B) less than seventy-two (72) months old;
- 40 offer a lead poisoning screening in accordance with guidance
- 41 and standards established by the state department under section
- 42 10 of this chapter.

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(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 41. 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:

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- 1 (A) the training provided during the course described in  
 2 section 2.5(a) of this chapter; or  
 3 (B) the instruction provided to the person by a pharmacist  
 4 at the time the ~~auto-injectable~~ epinephrine was dispensed;  
 5 and

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

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

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

- 22 (b) The state department shall do the following:  
 23 (1) Publish and maintain, on its website, the following:  
 24 (A) The criteria established by the state department under  
 25 subsection (a).  
 26 (B) A list of all approved courses.  
 27 (2) Prescribe the certification process for the course described in  
 28 subsection (a).  
 29 (3) Revoke the approval of a course if it does not comply with  
 30 the criteria specified by the state department.

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

- 34 (d) A certificate of completion issued under subsection (c) must:  
 35 (1) have dimensions that permit the certificate of completion to  
 36 be carried in a wallet; and  
 37 (2) display the following information:  
 38 (A) The first and last name of the person.  
 39 (B) The first and last name of the course instructor.  
 40 (C) The name of the entity responsible for providing the  
 41 course, if applicable.  
 42 (D) The date the course described in subsection (a) was



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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 43. 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 44. 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 45. 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

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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 46. 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 47. 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



1 is not liable for civil damages resulting from the administration of  
2 ~~auto-injectable~~ epinephrine.

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

6 SECTION 48. IC 16-41-43-6, AS AMENDED BY P.L.28-2019,  
7 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
8 JULY 1, 2026]: Sec. 6. (a) A nurse employed by an entity or an  
9 employee of the entity who administers ~~auto-injectable~~ epinephrine in  
10 accordance with the manufacturer's guidelines and with this chapter is  
11 not liable for civil damages resulting from the administration of  
12 ~~auto-injectable~~ epinephrine under this chapter unless the act or  
13 omission constitutes gross negligence or willful or wanton misconduct.

14 (b) A licensed health care provider who:

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

17 (2) transmits in an electronic format a prescription, drug order,  
18 or protocol for an electronically transmitted prescription under  
19 this chapter; or

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

23 SECTION 49. IC 16-42-1-6 IS AMENDED TO READ AS  
24 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A manufacturer,  
25 processor, repackager, or wholesale distributor of food, drugs, or  
26 cosmetics who maintains a place of business in Indiana shall file with  
27 the state department, upon forms to be furnished by the state  
28 department, a written statement of the name and address of the owner,  
29 the character of the business, and the business address of each place of  
30 business in Indiana.

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

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

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

41 (e) **The state department may terminate the registration of a**  
42 **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 50. 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 51. 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

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1 diagnosed with sickle cell disease in Indiana.

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

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

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

8 (A) Treatment centers.

9 (B) Clinics.

10 (C) Community based social service organizations.

11 (D) Medical specialists.

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

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

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

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

22 SECTION 52. IC 16-49-3-3, AS AMENDED BY P.L.56-2023,  
23 SECTION 173, IS AMENDED TO READ AS FOLLOWS  
24 [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A local child fatality review  
25 team:

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

30 (A) the death of the child is:

31 (i) sudden;

32 (ii) unexpected;

33 (iii) unexplained; or

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

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

39 (i) undetermined; or

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

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



- 1 child fatality review team.
- 2 (b) In conducting a child fatality review under subsection (a), the
- 3 local child fatality review team may review all applicable records and
- 4 information related to the death or near fatality of the child, including
- 5 the following:
- 6 (1) Records held by the:
- 7 (A) state department or local health department; and
- 8 (B) department of child services.
- 9 (2) Medical records.
- 10 (3) Law enforcement records.
- 11 (4) Autopsy reports.
- 12 (5) Records of the coroner.
- 13 (6) Mental health reports.
- 14 **(7) Emergency medical services and fire department run**
- 15 **reports.**
- 16 (c) Except as otherwise provided under this article, information
- 17 and records acquired by the local child fatality review team in the
- 18 exercise of its duties under this chapter are confidential and exempt
- 19 from disclosure.
- 20 (d) Records, information, documents, and reports acquired or
- 21 produced by a local child fatality review team are not:
- 22 (1) subject to subpoena or discovery; or
- 23 (2) admissible as evidence;
- 24 in any judicial or administrative proceeding. Information that is
- 25 otherwise discoverable or admissible from original sources is not
- 26 immune from discovery or use in any proceeding merely because the
- 27 information was presented during proceedings before a local child
- 28 fatality review team.
- 29 SECTION 53. IC 16-49-4-5, AS AMENDED BY P.L.56-2023,
- 30 SECTION 174, IS AMENDED TO READ AS FOLLOWS
- 31 [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) Upon request by a local child
- 32 fatality review team or the department of child services ombudsman
- 33 established by IC 4-13-19-3, the statewide child fatality review
- 34 committee shall assist a local child fatality review team or conduct a
- 35 review of the death of a child that occurred in Indiana if:
- 36 (1) the death of the child is:
- 37 (A) sudden;
- 38 (B) unexpected;
- 39 (C) unexplained; or
- 40 (D) assessed by the department of child services for alleged
- 41 abuse or neglect that resulted in the death of the child; or
- 42 (2) the coroner in the area in which the child's death occurred

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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

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1 information was presented during proceedings before the statewide  
2 child fatality review committee.

3 SECTION 54. IC 16-49-6-8, AS ADDED BY P.L.31-2019,  
4 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
5 JULY 1, 2026]: Sec. 8. (a) Before July 1 of each year, a local  
6 fetal-infant mortality review team shall submit a report to the state  
7 department that includes the following information:

8 (1) A summary of the data collected concerning the reviews  
9 conducted by the local fetal-infant mortality review team for the  
10 previous calendar year.

11 (2) Actions recommended by the local fetal-infant mortality  
12 review team to improve systems of care and community  
13 resources to reduce fetal deaths and infant deaths in the area  
14 served by the review team.

15 (3) Solutions proposed for any system inadequacies.

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

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

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

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

27 SECTION 55. IC 16-49.5-2-2, AS ADDED BY P.L.112-2020,  
28 SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
29 JULY 1, 2026]: Sec. 2. (a) A SOFR team shall do the following:

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

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

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

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

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

42 (2) Identify public health and clinical interventions to improve



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1 systems of care and enhance coordination.

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

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

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

8 SECTION 56. IC 16-50-1-9, AS AMENDED BY THE  
9 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL  
10 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
11 JULY 1, 2026]: Sec. 9. (a) The statewide maternal mortality review  
12 committee, **through the state department**, shall ~~before July 1 of each~~  
13 ~~year, submit a report to the state department that includes~~ **make**  
14 **maternal mortality information available on the state department's**  
15 **website, including** the following information:

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

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

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

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

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

31 SECTION 57. IC 21-44-5-19 IS ADDED TO THE INDIANA  
32 CODE AS A NEW SECTION TO READ AS FOLLOWS  
33 [EFFECTIVE JULY 1, 2026]: Sec. 19. (a) As used in this section,  
34 "medical school" means a postsecondary educational institution  
35 that:

36 (1) operates in Indiana; and

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

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

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



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

3           SECTION 58. IC 34-30-2.1-253, AS ADDED BY P.L.105-2022,  
 4           SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 5           JULY 1, 2026]: Sec. 253. IC 16-41-43-2.3 (Concerning a statewide  
 6           standing order issued by the state health commissioner for dispensing  
 7           ~~auto-injectable~~ epinephrine).

8           SECTION 59. IC 34-30-2.1-254, AS ADDED BY P.L.105-2022,  
 9           SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 10          JULY 1, 2026]: Sec. 254. IC 16-41-43-5.5 (Concerning the  
 11          administration of ~~auto-injectable~~ epinephrine by laypersons and the  
 12          dispensing of ~~auto-injectable~~ epinephrine by pharmacists).

13          SECTION 60. IC 34-30-2.1-255, AS ADDED BY P.L.105-2022,  
 14          SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 15          JULY 1, 2026]: Sec. 255. IC 16-41-43-6 (Concerning nurses, an  
 16          entity's personnel, and health care providers and the administration of  
 17          ~~auto-injectable~~ epinephrine).

18          SECTION 61. [EFFECTIVE JULY 1, 2026] **(a) The following**  
 19          **are void:**

20               **(1) 410 IAC 1-3.**

21               **(2) 410 IAC 34.**

22          **The publisher of the Indiana Administrative Code and Indiana**  
 23          **Register shall remove these rules from the Indiana Administrative**  
 24          **Code.**

25               **(b) This SECTION expires July 1, 2027.**

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