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# HOUSE BILL No. 1358

Proposed Changes to introduced printing by AM135805

## DIGEST OF PROPOSED AMENDMENT

Reporting. Removes language in the bill that repeals a reporting requirement for the: (1) Indiana department of health; and (2) interagency state council on black and minority health.

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

40                   (1) a written order; or  
 41                   (2) an order transmitted by other means of communication;  
 42                   that is prepared by a person authorized to write a prescription for the



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

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

5 (1) a written order; or

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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1      **IC 16-42-1-13(b).**

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

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

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

16             ~~(3) (2) The National Fire Protection Association (NFPA) 101,~~  
 17             ~~Life Safety Code Handbook and Tentative Interim Amendments~~  
 18             ~~(TIAs), as adopted by the federal Centers for Medicare and~~  
 19             ~~Medicaid Services regulations, as part of the Conditions of~~  
 20             ~~Participation for Medicare and Medicaid.~~

21             ~~(4) (3) The National Fire Protection Association (NFPA) 99,~~  
 22             ~~Health Care Facilities Code Handbook and Tentative Interim~~  
 23             ~~Amendments (TIAs), as adopted by the federal Centers for~~  
 24             ~~Medicare and Medicaid Services regulations, as part of the~~  
 25             ~~Conditions of Participation for Medicare and Medicaid.~~

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

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

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

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

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

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

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

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



1        hospital or ambulatory outpatient surgical center:

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

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

11            (e) The following are void:

12                (1) 410 IAC 15-1.5-8(c)(1).

13                (2) 410 IAC 15-1.5-8(c)(3).

14                (3) 410 IAC 15-2.5-7(a)(4)(A).

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

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

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

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

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

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

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

32                (5) Accountant notes pertaining to the report.

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

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

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

40                        (i) Medicare;

41                        (ii) Medicaid;

42                        (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:

19 (A) The net patient revenue and total number of paid claims  
20 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.

29 (B) The net patient revenue and total number of paid claims  
30 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.

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

- (i) Medicare;
- (ii) Medicaid;

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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.

7 (15) The business address of each person or entity identified  
8 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.

15 (16) The business website, if applicable, of each person or entity  
16 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.

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

27 A hospital may not include the Social Security number of any  
28 individual.  
29 (18) The ownership stake of each person or entity identified

30 under subdivision (14).  
31 (b) The information in the report filed under subsection (a) must  
32 be provided from reports or audits certified by an independent certified  
33 public accountant or by the state board of accounts.

33 public accountant or by the state board of accounts.

34 (c) A hospital that fails to file the report required under subsection

35 (a) by the date required shall pay to the state department a fine of ten

36 thousand dollars (\$10,000) per day for which the report is past due. A

37 fine under this subsection shall be deposited into the payer affordability

38 penalty fund established by IC 12-15-1-18.5.

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

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

7       (1) The patient's:  
8               (A) length of stay;  
9               (B) diagnoses and surgical procedures performed during the  
10          patient's stay;  
11          (C) date of:  
12                (i) admission;  
13                (ii) discharge; and  
14                (iii) birth;  
15                (D) type of admission;  
16                (E) admission source;  
17                (F) gender;  
18                (G) race;  
19                (H) discharge disposition; and  
20          (I) payor, including:  
21                (i) Medicare;  
22                (ii) Medicaid;  
23                (iii) a local government program;  
24                (iv) commercial insurance;  
25                (v) self-pay; and  
26                (vi) charity care.  
27       (2) The total charge for the patient's stay.  
28       (3) The ZIP code of the patient's residence.  
29       (4) Beginning October 1, 2013, all diagnosed external causes of  
30          injury codes.

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

37       (b) The state department shall accept certificate of need  
38       applications until July 31 of the review period.  
39       (c) The state department shall publish any certificate of need  
40       applications accepted for review on the state department's website  
41       before August 15 of the review period.  
42       (d) The state department shall accept public comments on the



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

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

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

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

14 **Chapter 7. State Trauma Registry**

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

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

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

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

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

- 30 **(1) provides trauma care and has been verified as a trauma**  
 31 **center by the American College of Surgeons;**
- 32 **(2) has been designated a trauma center under a state**  
 33 **designation system that is substantially equivalent to the**  
 34 **American College of Surgeons verification process, as**  
 35 **determined by the state department; or**
- 36 **(3) has been deemed to be in the process of American College**  
 37 **of Surgeons verification pursuant to 836 IAC 1-2.1.**

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

41 **Sec. 7. (a) The state department shall maintain a trauma**  
 42 **registry to collect and analyze data that is necessary to evaluate the**



1           **delivery of trauma care in Indiana.**

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

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

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

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

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

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

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

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

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

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

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

22           **(1) A hospital.**

23           **(2) A trauma center.**

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

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

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

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

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

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

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

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

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





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

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

9 ~~— (1) The number of programs operating in Indiana;~~  
 10 ~~— (2) The data, compiled for each program, reported to the state~~  
 11 ~~department under section 10 of this chapter;~~  
 12 ~~— (3) Any other information the state department deems relevant~~  
 13 ~~to the general assembly in assessing the effectiveness of having~~  
 14 ~~a program in the state.~~

15 ➤ SECTION 2~~↔~~<sup>4</sup>. IC 16-41-16-1.5 IS ADDED TO THE  
 16 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 17 [EFFECTIVE JULY 1, 2026]: Sec. 1.5. As used in this chapter,  
 18 "blood and blood products in liquid or semiliquid form" means  
 19 blood and blood products that have intermediate fluid properties  
 20 and are capable of flowing in a manner similar to a liquid.

21 SECTION 2~~↔~~<sup>5</sup>. IC 16-41-16-1.6 IS ADDED TO THE  
 22 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 23 [EFFECTIVE JULY 1, 2026]: Sec. 1.6. As used in this chapter,  
 24 "container" means any portable device or material in which  
 25 infectious waste is:

26 (1) stored;  
 27 (2) transported;  
 28 (3) treated;  
 29 (4) disposed of; or  
 30 (5) otherwise handled.

31 SECTION 2~~↔~~<sup>6</sup>. IC 16-41-16-3 IS AMENDED TO READ AS  
 32 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this  
 33 chapter, "effective treatment" means treatment that meets the following  
 34 conditions:

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

40 (b) The term includes the following:  
 41 (1) Incineration.  
 42 (2) Steam sterilization.



19 SECTION 2~~↔~~[8]. IC 16-41-16-4.6 IS ADDED TO THE  
20 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
21 [EFFECTIVE JULY 1, 2026]: **Sec. 4.6. As used in this chapter,**  
22 **"mortuary" means a funeral home (as defined in IC 25-15-2-15).**

22        "mortuary" means a funeral home (as defined in IC 25-15-2-15).  
23        SECTION ~~20~~<sup>29</sup>. IC 16-41-16-6.6 IS ADDED TO THE  
24 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
25 [EFFECTIVE JULY 1, 2026]: Sec. 6.6. As used in this chapter,  
26 "waste handler" means a person who handles infectious waste.

26        "waste handler" means a person who handles infectious waste.  
27        SECTION 3~~↔[0]~~ IC 16-41-16-6.9 IS ADDED TO THE  
28        INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
29        [EFFECTIVE JULY 1, 2026]: Sec. 6.9. (a) A person who generates  
30        infectious waste is responsible for the:

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

36 infectious waste as required by this chapter.

41 SECTION 3 ~~☞~~ [1]. IC 16-41-16-7 IS AMENDED TO READ AS  
42 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) Before infectious

2026

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1 waste is placed in an area that is not a secure area and before the waste  
 2 is sent for final disposal, ~~all infectious waste must be a person shall:~~

3                   (1) ~~effectively treated~~ **conduct effective treatment on the**  
 4 **infectious waste** on site; or

5                   (2) ~~transported~~ **transport the infectious waste** off site for  
 6 effective treatment;

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

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

13                   SECTION 3~~↔~~[2]. IC 16-41-16-7.7 IS ADDED TO THE  
 14 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 15 [EFFECTIVE JULY 1, 2026]: Sec. 7.7. **(a) A person shall ensure that**  
 16 **infectious waste is, at all times, contained in a manner that will**  
 17 **reasonably protect:**

18                   (1) **a waste handler; and**  
 19                   (2) **the public;**

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

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

26                   (1) **is leak proof, rigid, and puncture resistant;**  
 27                   (2) **is tightly sealed to prevent expulsion;**  
 28                   (3) **is labeled with the biohazard symbol; and**  
 29                   (4) **undergoes effective treatment before being stored in an**  
 30 **unsecured area and sent for final disposal.**

31                   (c) A person shall place pathological waste, laboratory animal  
 32 carcasses, body parts, blood and body fluids, and bedding, blood  
 33 and blood products in liquid or semiliquid form, and human body  
 34 fluids that are visibly contaminated with blood, in a container that:

35                   (1) **is impervious to moisture;**  
 36                   (2) **is sufficiently strong and thick to prevent expulsion;**  
 37                   (3) **is secured in a manner that prevents leakage or**  
 38 **expulsion;**  
 39                   (4) **is labeled with the biohazard symbol; and**  
 40                   (5) **undergoes effective treatment before being stored in an**  
 41 **unsecured area and sent for final disposal.**

42                   SECTION 3~~↔~~[3]. IC 16-41-16-7.8 IS ADDED TO THE



1 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 2 [EFFECTIVE JULY 1, 2026]: Sec. 7.8. A person shall have written  
 3 policies and procedures that include at least the following:

- 4 (1) The requirements of this chapter.
- 5 (2) The sanctions for failing to comply with the requirements  
     6 of this chapter, including the discipline and dismissal of a  
     7 person.
- 8 (3) The instruction and materials concerning this chapter to  
     9 a person before the person is likely to be exposed to  
     10 infectious waste.
- 11 (4) Documentation concerning instruction provided under  
     12 subdivision (3).
- 13 (5) A procedure for providing records to the state  
     14 department for inspection under section 9 of this chapter.

15 SECTION 3~~↔~~[4]. IC 16-41-16-7.9 IS ADDED TO THE  
 16 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 17 [EFFECTIVE JULY 1, 2026]: Sec. 7.9. (a) If infectious waste is  
 18 stored before final disposal, a person shall do the following:

- 19 (1) Store the infectious waste in a secure area that:
  - 20 (A) is locked or otherwise secured to eliminate access by  
     21 or exposure to the public;
  - 22 (B) affords protection from adverse environmental  
     23 conditions and vermin; and
  - 24 (C) prominently displays a biohazard symbol.
- 25 (2) Store the infectious waste in manner that:
  - 26 (A) preserves the integrity of the container in which the  
     27 infectious waste is stored; and
  - 28 (B) is not conducive to rapid microbial growth and  
     29 putrefaction.
- 30 (3) Except as provided in subsection (b), disinfect a reusable  
     31 container for infectious waste each time the container is  
     32 emptied.
- 33 (b) A person is not required to disinfect a reusable container  
     34 under subsection (a)(3) if the reusable container was protected  
     35 from contamination by a disposable liner, bag, or other device that  
     36 was removed with the infectious waste.

37 SECTION 3~~↔~~[5]. IC 16-41-16-8 IS AMENDED TO READ AS  
 38 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) After consulting  
 39 with an advisory committee composed of representatives of persons or  
 40 facilities that handle infectious wastes, the state department ~~shall~~ may  
 41 I adopt rules under IC 4-22-2 necessary to carry out this chapter.

- 42 (b) The state department ~~shall~~ may adopt rules under this section



1       after considering the guidelines of the following:

2           (1) United States Environmental Protection Agency.

3           (2) United States Centers for Disease Control.

4           (3) United States Occupational Safety and Health

5           Administration.

6           (4) State department of labor.

7           (5) State department of environmental management.

8           (c) The state department shall adopt rules under this section that

9        establish an alternative to 410 IAC 1-3-28 to allow a person or facility

10      that transports infectious waste offsite to label each container of

11      infectious waste in a manner that:

12           (1) does not specifically identify the generating facility or

13           treatment facility; and

14           (2) ensures that the identity of the generating facility or

15           treatment facility may be readily obtained based on the label

16           information.

17      SECTION 3~~7~~<sup>[6]</sup>. IC 16-41-16-8.5 IS ADDED TO THE

18      INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

19      [EFFECTIVE JULY 1, 2026]: **Sec. 8.5. (a) A person shall:**

20           **(1) transport infectious waste in a manner that reasonably**

21           **protects waste handlers and the public from contracting a**

22           **dangerous communicable disease; and**

23           **(2) before the infectious waste is compacted, conduct**

24           **effective treatment of the infectious waste.**

25           **(b) A person who transports infectious waste offsite shall do**

26           **the following:**

27           **(1) Label the container of infectious waste with the name,**

28           **address, and telephone number of the following facilities, if**

29           **applicable:**

30            **(A) The facility that generated the infectious waste.**

31            **(B) The facility that treated or will treat the infectious**

32           **waste.**

33           **(2) Provide a form that contains:**

34            **(A) the information for each facility described in**

35           **subdivision (1);**

36            **(B) a brief description of the:**

37              **(i) infectious waste; and**

38              **(ii) method of effective treatment of the infectious**

39              **waste; and**

40            **(C) the signature of the person responsible for**

41           **transporting the infectious waste.**

42      SECTION 3~~8~~<sup>[7]</sup>. IC 16-41-16-10 IS AMENDED TO READ AS



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

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

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

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

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

18               **(1) The potential harm or imminent threat to public health.**

19               **(2) The extent of a deviation from the requirements of this  
 20          chapter.**

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

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

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

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

29                       **(B) Failure to cooperate with the state department.**

30                       **(C) Fraudulent conduct.**

31          SECTION 3~~9~~8. IC 16-41-39.4-5, AS AMENDED BY  
 32          P.L.147-2023, SECTION 25, IS AMENDED TO READ AS  
 33          FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The state  
 34          department shall, in cooperation with other state agencies, collect data  
 35          under this chapter and before June 1 of each year, report the results to  
 36          the general assembly for the previous calendar year. A copy of the  
 37          report shall be transmitted in an electronic format under IC 5-14-6 to  
 38          the executive director of the legislative services agency for distribution  
 39          to the members of the general assembly. make the data available on  
 40          the state department's website.

41          (b) The report transmitted data made available under subsection  
 42          (a) must include for each county the following information concerning



1       children who are less than seven (7) years of age:

2           (1) The number of children who received a blood lead test.

3           (2) The number of children who had a blood test result of at least

4           ten (10) micrograms of lead per deciliter of blood.

5           (3) The number of children identified under subdivision (2) who

6           received a blood test to confirm that they had lead poisoning.

7           (4) The number of children identified under subdivision (3) who

8           had lead poisoning.

9           (5) The number of children identified under subdivision (4) who

10          had a blood test result of less than ten (10) micrograms of lead

11          per deciliter of blood.

12          (6) The average number of days taken to confirm a blood lead

13          test.

14          (7) The number of risk assessments performed for children

15          identified under subdivision (4) and the average number of days

16          taken to perform the risk assessment.

17          (8) The number of housing units in which risk assessments

18          performed under subdivision (7) documented lead hazards as

19          defined by 40 CFR 745.

20          (9) The number of housing units identified under subdivision (8)

21          that were covered by orders issued under IC 13-14-10-2 or by

22          another governmental authority to eliminate lead hazards.

23          (10) The number of housing units identified under subdivision

24          (9) for which lead hazards have been eliminated within thirty

25          (30) days, three (3) months, and six (6) months.

26       SECTION ~~40~~[39]. IC 16-41-39.4-10, AS ADDED BY

27       P.L.80-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS

28       [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state department shall

29       establish guidance and standards for health care providers for screening

30       children in Indiana for lead poisoning. When developing the guidance

31       and standards, the state department shall consult with the American

32       Academy of Pediatrics.

33       (b) The state department shall make the guidance and standards

34       established under subsection (a) available on the state department's [\[Internet web site\]](#) [website](#).

35       (c) [This section expires December 31, 2026.](#)

36       SECTION 4~~40~~[0]. IC 16-41-39.4-11, AS ADDED BY

37       P.L.80-2022, SECTION 2, IS AMENDED TO READ AS FOLLOWS

38       [EFFECTIVE JULY 1, 2026]: Sec. 11. (a) A health care provider who

39       provides health care services to a child who is less than six (6) years of

40       age shall do the following:

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



1 test.

2 (2) If the child has had a blood lead screening test, determine at

3 what age the child was tested and the results of the blood lead

4 screening test.

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

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

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

8 offer a lead poisoning screening in accordance with guidance

9 and standards established by the state department under section

10 of this chapter.

11 (b) Nothing in this section shall be construed to require a parent

12 or guardian to have their child receive a blood lead screening test.

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

14 SECTION 4~~2~~<sup>11</sup>. IC 16-41-43-2.3, AS ADDED BY

15 P.L.114-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS

16 [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) A pharmacist may, by

17 standing order, dispense ~~auto-injectable~~ epinephrine without examining

18 the individual to whom it may be administered if all of the following

19 conditions are met:

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

21 who:

22 (A) presents a certificate of completion issued under section

23 2.5(c) of this chapter to the pharmacist before the~~1~~<sup>1</sup> ~~auto-injectable~~ epinephrine is dispensed; and

24 (B) is an individual who is or may be in a position to assist

25 an individual who is at risk of experiencing anaphylaxis.

26 (2) The pharmacist provides instruction concerning how to

27 properly administer ~~auto-injectable~~ epinephrine from the specific

28 device being dispensed at the time of the device's dispensing.

29 (3) The pharmacist instructs the individual receiving the~~1~~<sup>1</sup> ~~auto-injectable~~ epinephrine to summon emergency medical

30 services either immediately before or immediately after

31 administering the ~~auto-injectable~~ epinephrine to an individual

32 experiencing anaphylaxis.

33 (b) A person wishing to receive ~~auto-injectable~~ epinephrine by

34 standing order must do the following:

35 (1) Successfully complete the course described in section 2.5(a)

36 of this chapter.

37 (2) Present a certificate of completion issued under section

38 2.5(c) of this chapter to a pharmacist at the time the

39 ~~auto-injectable~~ epinephrine is requested.

40 (c) An individual described in subsection (a)(1) may administer~~1~~<sup>1</sup>



1 ~~auto-injectable~~ epinephrine to an individual that the person reasonably  
 2 believes is experiencing anaphylaxis.

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

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

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

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

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

16 (3) attempts to summon emergency medical services either  
 17 immediately before or immediately after administering the ~~l~~  
 18 ~~auto-injectable~~ epinephrine.

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

26 SECTION 4~~3~~<sup>2</sup>[2]. IC 16-41-43-2.5, AS AMENDED BY  
 27 P.L.171-2025, SECTION 15, IS AMENDED TO READ AS  
 28 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.5. (a) The state  
 29 department shall approve courses concerning allergies and the  
 30 administration of ~~auto-injectable~~ epinephrine that meet criteria  
 31 established by the state department.

32 (b) The state department shall do the following:

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

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

36 (B) A list of all approved courses.

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

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

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



1 course.

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

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

5 (2) display the following information:

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

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

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

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

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

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

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

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

25 SECTION 4~~4~~<sup>5</sup>[4]. IC 16-41-43-3.5, AS AMENDED BY  
26 P.L.114-2020, SECTION 6, IS AMENDED TO READ AS FOLLOWS  
27 [EFFECTIVE JULY 1, 2026]: Sec. 3.5. ~~Injectable~~ Epinephrine that is  
28 filled and used in accordance with this chapter must have an expiration  
29 date of not less than twelve (12) months from the date that the  
30 pharmacy dispenses the~~H~~injectable epinephrine to the entity or person,  
31 as applicable.

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

40 (1) Employees or agents of the entity.

41 (2) Visitors at the entity.

42 (b) An entity's employees and agents may administer



1       auto-injectable epinephrine obtained under section 3 of this chapter if  
 2       the following are met:

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

5               (A) recognizing anaphylaxis; and  
 6               (B) the proper administration of auto-injectable  
 7        epinephrine;

8        by a health care provider who is licensed or certified in Indiana,  
 9        for whom the administration of auto-injectable epinephrine is  
 10      within the health care provider's scope of practice, who has  
 11      received training in the administration of auto-injectable  
 12      epinephrine, and who is knowledgeable in recognizing the  
 13      symptoms of anaphylaxis and the administration of 1  
 14      auto-injectable epinephrine.

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

17               (A) an employee or agent of the entity; or  
 18               (B) a visitor at the entity.

19        SECTION 4~~7~~6. IC 16-41-43-5, AS AMENDED BY  
 20      P.L.28-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS  
 21      [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) A health care provider who  
 22      is licensed in Indiana and whose scope of practice includes the  
 23      prescribing of medication may write or electronically transmit a  
 24      prescription, drug order, or protocol for auto-injectable epinephrine for  
 25      the entity.

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

29        SECTION 4~~8~~7. IC 16-41-43-5.5, AS ADDED BY  
 30      P.L.114-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS  
 31      [EFFECTIVE JULY 1, 2026]: Sec. 5.5. (a) This chapter does not apply  
 32      to a person who is eligible for immunity specified in one (1) or more of  
 33      the following sections:

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

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

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



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

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

8 (3) The person reasonably believed that the recipient of the [  
9 ~~auto-injectable~~ epinephrine was suffering from anaphylaxis at  
10 the time the ~~auto-injectable~~ epinephrine was administered.

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

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

17 SECTION 4~~9~~8. IC 16-41-43-6, AS AMENDED BY  
18 P.L.28-2019, SECTION 3, IS AMENDED TO READ AS FOLLOWS  
19 [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A nurse employed by an  
20 entity or an employee of the entity who administers ~~auto-injectable~~  
21 epinephrine in accordance with the manufacturer's guidelines and with  
22 this chapter is not liable for civil damages resulting from the  
23 administration of ~~auto-injectable~~ epinephrine under this chapter  
24 unless the act or omission constitutes gross negligence or willful or  
25 wanton misconduct.

26 (b) A licensed health care provider who:

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

29 (2) transmits in an electronic format a prescription, drug order,  
30 or protocol for an electronically transmitted prescription under  
31 this chapter; or

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

35 SECTION ~~50~~<sup>49</sup> [49]. IC 16-42-1-6 IS AMENDED TO READ AS  
36 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A manufacturer,  
37 processor, repackager, or wholesale distributor of food, drugs, or  
38 cosmetics who maintains a place of business in Indiana shall file with  
39 the state department, upon forms to be furnished by the state  
40 department, a written statement of the name and address of the owner,  
41 the character of the business, and the business address of each place of  
42 business in Indiana.

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1 format under IC 5-14-6 to the general assembly before November 1 of  
 2 each year. The report must include the following:

3       (1) The findings and conclusions of the council;  
 4       (2) Recommendations of the council.

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

9       (1) the Indiana minority health coalition;  
 10      (2) health care providers that treat individuals with sickle cell  
 11      disease;  
 12      (3) individuals diagnosed with sickle cell disease; and  
 13      (4) representatives of community based organizations that serve  
 14      individuals with sickle cell disease;

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

17       (b) The study must include the following:

18       (1) The prevalence, by geographic location, of individuals  
 19      diagnosed with sickle cell disease in Indiana.  
 20       (2) The prevalence, by geographic location, of individuals  
 21      diagnosed as sickle cell trait carriers in Indiana.  
 22       (3) The availability and affordability of screening services in  
 23      Indiana for sickle cell trait.  
 24       (4) The location and capacity of the following for the treatment  
 25      of sickle cell disease and sickle cell trait carriers:

26           (A) Treatment centers.  
 27           (B) Clinics.  
 28           (C) Community based social service organizations.  
 29           (D) Medical specialists.  
 30       (5) The unmet medical, psychological, and social needs  
 31      encountered by individuals in Indiana with sickle cell disease.  
 32       (6) The underserved areas of Indiana for the treatment of sickle  
 33      cell disease.  
 34       (7) Recommendations for actions to address any shortcomings  
 35      in Indiana identified under this section.

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

40       SECTION 5~~↔~~[2]. IC 16-49-3-3, AS AMENDED BY  
 41      P.L.56-2023, SECTION 173, IS AMENDED TO READ AS  
 42      FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A local child



1                   fatality review team:

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

6                   (A) the death of the child is:

7                   (i) sudden;

8                   (ii) unexpected;

9                   (iii) unexplained; or

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

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

15                   (i) undetermined; or

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

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

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

24                   (1) Records held by the:

25                   (A) state department or local health department; and

26                   (B) department of child services.

27                   (2) Medical records.

28                   (3) Law enforcement records.

29                   (4) Autopsy reports.

30                   (5) Records of the coroner.

31                   (6) Mental health reports.

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

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

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

40                   (1) subject to subpoena or discovery; or

41                   (2) admissible as evidence;

42                   in any judicial or administrative proceeding. Information that is



1       otherwise discoverable or admissible from original sources is not  
 2       immune from discovery or use in any proceeding merely because the  
 3       information was presented during proceedings before a local child  
 4       fatality review team.

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

12       (1) the death of the child is:  
 13           (A) sudden;  
 14           (B) unexpected;  
 15           (C) unexplained; or  
 16           (D) assessed by the department of child services for alleged  
 17           abuse or neglect that resulted in the death of the child; or  
 18       (2) the coroner in the area in which the child's death occurred  
 19       determines that the cause of the death of the child is:  
 20           (A) undetermined; or  
 21           (B) the result of a homicide, suicide, or accident.

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

26       (1) Records held by the:  
 27           (A) state department or local health department; and  
 28           (B) department of child services.  
 29       (2) Medical records.  
 30       (3) Law enforcement records.  
 31       (4) Autopsy reports.  
 32       (5) Records of the coroner.  
 33       (6) Mental health reports.

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

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

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

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

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

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

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

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

29 (2) Actions recommended by the local fetal-infant mortality  
30 review team to improve systems of care and community  
31 resources to reduce fetal deaths and infant deaths in the area  
32 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.

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

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

SECTION 5~~5~~5. 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~~6~~[6]. 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



1 general assembly.

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

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

8 SECTION 5~~9~~<sup>[7]</sup>. IC 21-44-5-19 IS ADDED TO THE  
 9 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 10 [EFFECTIVE JULY 1, 2026]: Sec. 19. (a) As used in this section,  
 11 "medical school" means a postsecondary educational institution  
 12 that:

13 (1) operates in Indiana; and  
 14 (2) offers a health education program leading to a graduate  
 15 or postgraduate degree in medicine.

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

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

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

22 SECTION ~~60~~<sup>[58]</sup>. IC 34-30-2.1-253, AS ADDED BY  
 23 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS  
 24 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 253. IC 16-41-43-2.3  
 25 (Concerning a statewide standing order issued by the state health  
 26 commissioner for dispensing~~auto-injectable~~ epinephrine).

27 SECTION ~~61~~<sup>[59]</sup>. IC 34-30-2.1-254, AS ADDED BY  
 28 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS  
 29 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 254. IC 16-41-43-5.5  
 30 (Concerning the administration of ~~auto-injectable~~ epinephrine by  
 31 laypersons and the dispensing of ~~auto-injectable~~ epinephrine by  
 32 pharmacists).

33 SECTION 6~~2~~<sup>[0]</sup>. IC 34-30-2.1-255, AS ADDED BY  
 34 P.L.105-2022, SECTION 12, IS AMENDED TO READ AS  
 35 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 255. IC 16-41-43-6  
 36 (Concerning nurses, an entity's personnel, and health care providers  
 37 and the administration of~~auto-injectable~~ epinephrine).

38 SECTION 6~~3~~<sup>[1]</sup>. [EFFECTIVE JULY 1, 2026] (a) The  
 39 following are void:

40 (1) 410 IAC 1-3.  
 41 (2) 410 IAC 34.

42 The publisher of the Indiana Administrative Code and Indiana



- 1      **Register shall remove these rules from the Indiana Administrative**
- 2      **Code.**
- 3      **(b) This SECTION expires July 1, 2027.**

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