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# HOUSE BILL No. 1358

Proposed Changes to January 20, 2026 printing by AM135808

## DIGEST OF PROPOSED AMENDMENT

Health care resources and infrastructure for veterans. Adds the enhancement of health care resources and infrastructure for veterans as a program that may be included in a subsidiary corporation established by the Indiana department of health for soliciting and accepting private funding, gifts, donations, bequests, devises, and contributions.

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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

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1       CODE AS A **NEW SECTION TO READ AS FOLLOWS**  
2       [EFFECTIVE JULY 1, 2026]: **Sec. 69.1. "Container", for purposes**  
3       **of IC 16-41-16, has the meaning set forth in IC 16-41-16-1.6.**

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

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

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

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

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

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

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1 bed patients.

2 (4) Convalescent homes, boarding homes, or homes for the aged.

### 3 (5) Rural emergency hospitals.

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

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

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

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

13 (1) is required to be licensed under IC 16-21-2; or

14 (2) is operated by an agency of the United States.

## 22 (1) Freestanding health facilities.

## 23 (2) Long term acute care hospitals.

### 24 (3) Hospitals that do not provide emergency services.

### 27 (A) Individuals with a mental illness

**(B) Individuals with developmental disabilities.**

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

### 33 (7) Rehabilitation facilities.

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

42 SECTION 8. IC 16-18-2-211, AS AMENDED BY P.L.235-2025,

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

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

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

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

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

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

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

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

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

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

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

42 (1) a written order; or

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

7 (1) a written order; or

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

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

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

[ SECTION 17. IC 16-19-3-30, AS AMENDED BY P.L.181-2015, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 30. (a) The state department may establish a nonprofit subsidiary corporation that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code, to solicit and accept private funding, gifts, donations, bequests, devises, and contributions.

(A) reduce infant mortality:

**(B) increase childhood immunizations:**

(C) reduce obesity; and

**(D) reduce smoking rates; and**

**(D) Reduce smoking rates, and**  
**(E) enhance health care resources**

## (E) enhance health care resources and infrastructure for

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veterans;

(2) shall report to the budget committee each year concerning:

(A) the use of money received under subsection (a); and

(B) the balances in any accounts or funds established by the subsidiary corporation; and

(3) may deposit money received under subsection (a) in an account or fund that is:

(A) administered by the subsidiary corporation; and

(B) not part of the state treasury.

(c) A subsidiary corporation established under this section is governed by a board of directors comprised of members appointed by the governor. Employees of the state department may serve on the board of directors.

(d) Employees of the state department shall provide administrative support for a subsidiary corporation established under this section. Employees of the state department directly involved in the subsidiary corporation established under this section may engage in fundraising activities on behalf of the subsidiary corporation.

(e) The state board of accounts shall audit a subsidiary corporation established under this section.

1 SECTION 1~~↔~~[8]. IC 16-19-4-11, AS AMENDED BY  
2 P.L.1-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2026]: Sec. 11. (a) The state health  
4 commissioner or the commissioner's designated public health authority  
5 who is a licensed prescriber may, as part of the individual's official  
6 capacity, issue a standing order, prescription, or protocol that allows a  
7 pharmacist to administer or dispense any of the following:

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

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

(b) This subsection does not apply to a pharmacist. The state  
14 health commissioner or the commissioner's designated public health  
15 authority who is a licensed prescriber may, as part of the individual's  
16 official capacity, issue a standing order, prescription, or protocol that  
17 allows an individual who is licensed, certified, or registered by a board  
18 (as defined in IC 25-1-9-1), and if within the individual's scope of  
19 practice, to administer or dispense an immunization that is

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

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

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

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

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

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

30 This subsection expires at the conclusion of the federal public health  
 31 emergency concerning COVID-19 that was renewed on October 15,  
 32 2021, or any subsequent renewal of the declared federal public health  
 33 emergency concerning COVID-19.

34 SECTION ~~18~~<sup>19</sup> [9]. IC 16-20-1-23.5 IS ADDED TO THE  
 35 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 36 [EFFECTIVE JULY 1, 2026]: **Sec. 23.5. A local health department,  
 37 including the health and hospital corporation created under  
 38 IC 16-22-8, may conduct an inspection permitted under  
 39 IC 16-42-1-13(b).**

40 SECTION ~~19~~<sup>19</sup> [20]. IC 16-21-2-12.5, AS ADDED BY  
 41 P.L.171-2025, SECTION 3, IS AMENDED TO READ AS FOLLOWS  
 42 [EFFECTIVE JULY 1, 2026]: Sec. 12.5. (a) Except as provided in

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1 subsections (d) and (e), in regulating the licensure of hospitals and  
 2 ambulatory outpatient surgical centers under this article, the state  
 3 department shall use the following for purposes of enforcement:

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

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

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

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

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

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

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

32 (2) Set forth as part of the notice a date that is:  
 33 (A) not earlier than two hundred seventy (270) days; and  
 34 (B) not later than three hundred sixty (360) days;  
 35 from the posting of the notice in which the state department may  
 36 take action using the new version of the publication.

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

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

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1 at the time the plan review was submitted.

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

7 (e) The following are void:

- 8 (1) 410 IAC 15-1.5-8(c)(1).
- 9 (2) 410 IAC 15-1.5-8(c)(3).
- 10 (3) 410 IAC 15-2.5-7(a)(4)(A).
- 11 (4) 410 IAC 15-2.5-7(a)(4)(C).

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

14 SECTION 2~~↔~~<sup>11</sup> IC 16-21-6-3, AS AMENDED BY  
 15 P.L.216-2025, SECTION 17, IS AMENDED TO READ AS  
 16 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) Each hospital  
 17 shall file with the state department a report for the preceding fiscal year  
 18 **within one hundred twenty (120) days after not later than October 1**  
 19 **of the year following** the end of the hospital's fiscal year. For the filing  
 20 of a report, the state department may grant an extension of the time to  
 21 file the report if the hospital shows good cause for the extension. The  
 22 report must contain the following:

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

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

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

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

28 (5) Accountant notes pertaining to the report.

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

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

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

36 (i) Medicare;

37 (ii) Medicaid;

38 (iii) commercial insurance, including inpatient services  
 39 provided to patients participating in a fully-funded  
 40 health insurance plan or a self-funded health insurance  
 41 plan;

42 (iv) self-pay; and

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(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.

Net patient revenue and total number of paid claims from  
uity 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

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(v) any other category of payer.

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

(i) Medicare;

(ii) Medicaid;

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

(iv) self-pay; and

(v) any other category of payer.

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

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

(i) Medicare;

(ii) Medicaid;

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

(iv) self-pay; and

(v) any other category of payer.

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

(i) Medicare;

(ii) Medicaid;

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

(iv) self-pay; and

(v) any other category of payer.

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

(i) Medicare;

(ii) Medicaid;

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

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- (iv) self-pay; and
- (v) any other category of payer.

(10) A statement including:

- (A) Medicare gross revenue;
- (B) Medicaid gross revenue;
- (C) other revenue from state programs;
- (D) revenue from local government programs;
- (E) local tax support;
- (F) charitable contributions;
- (G) other third party payments;
- (H) gross inpatient revenue;
- (I) gross outpatient revenue;
- (J) contractual allowance;
- (K) any other deductions from revenue;
- (L) charity care provided;
- (M) itemization of bad debt expense; and
- (N) an estimation of the unreimbursed cost of health services.

(11) A statement itemizing donations.

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

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

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

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

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

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

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

① The name of each person or entity that has:

(A) either:

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

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

(B) a controlling interest; or

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(C) an interest as a private equity partner; in the hospital.

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

- (A) building number;
- (B) street name;
- (C) city name;
- (D) ZIP code; and
- (E) country name.

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

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

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

- (A) National provider identifier (NPI).
- (B) Taxpayer identification number (TIN).
- (C) Employer identification number (EIN).
- (D) CMS certification number (CCN).
- (E) National Association of Insurance Commissioners (NAIC) identification number.
- (F) A personal identification number associated with a license issued by the department of insurance.

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

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

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

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

SECTION 2~~2~~[2]. 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,~~[1] file with the state department, or the state department's designated contractor, inpatient and outpatient

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1        discharge information at the patient level, in a format prescribed by the  
 2        state health commissioner, including the following:

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

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

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

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

27                SECTION 2~~2~~<sup>3</sup>. IC 16-27.5-5-5, AS ADDED BY  
 28                P.L.143-2025, SECTION 24, IS AMENDED TO READ AS  
 29                        FOLLOWS [EFFECTIVE SEPTEMBER 1, 2025 (RETROACTIVE)]:

30                Sec. 5. (a) A home health aide competency evaluation program must:

31                        (1) operate in accordance with 42 CFR 484.80; and  
 32                        (2) address each topic described in section 4(a) of this chapter.

33                (b) A home health aide competency evaluation program must  
 34                        include at least seventy-five (75) hours of training. At least sixteen (16)  
 35                        hours of classroom training must occur before supervised practical  
 36                        training.

37                SECTION 2~~2~~<sup>4</sup>. IC 16-29-7-13, AS AMENDED BY  
 38                P.L.93-2024, SECTION 130, IS AMENDED TO READ AS  
 39                        FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The state  
 40                        department shall establish a review period for certificate of need  
 41                        applications beginning July 1, 2019, and every July 1 thereafter, and  
 42                        lasting until the following June 30.

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

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

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

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

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

SECTION 2~~4~~5. IC 16-38-6-1, AS AMENDED BY P.L.48-2005, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "chronic disease" means one (1) of the following conditions:

- (1) Asthma.
- (2) Diabetes.
- (3) Congestive heart failure or coronary heart disease.
- (4) Hypertension.
- (5) Kidney disease.

## **(6) Parkinson's disease.**

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

- (A) determines should be included on the registry; and
- (B) chooses to add to the registry by rule under IC 4-22-2.

SECTION 2~~5~~[6]. IC 16-38-7 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

## Chapter 7. State Trauma Registry

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

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

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

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1       **under 42 CFR 412.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41       **(1) A hospital.**

42       **(2) A trauma center.**

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- (3) A rehabilitation hospital.
- (4) An emergency medical services provider, both basic life support and advanced life support, that transports patients.
- (5) At the request of the state department, any state agency possessing data or information regarding trauma care.

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

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

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

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

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

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

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

(3) avoids or minimizes duplication of entries.

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

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

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

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

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

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

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

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

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1                   year.

2                   **(4) For a patient admitted to the facility between October 1**  

3                   **and December 31, not later than May 1 of the following year.**

4                   **(b) Not later than the fifteenth day of each month in which an**  

5                   **incident occurred, an EMS provider shall report the data to the**  

6                   **state department.**

7                   **Sec. 12. (a) The state department may remove a facility's**  

8                   **designation as a trauma center if the facility fails to submit data as**  

9                   **required under this chapter.**

10                   **(b) The state department may deem a facility or EMS provider**  

11                   **that fails to submit data as required under this chapter ineligible**  

12                   **for state department programs, grants, or other sources of state**  

13                   **department funding.**

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

15                   **and may be released in a statistical form that does not provide**  

16                   **personally identifiable information.**

17                   **(b) Information in the trauma registry may be released in**  

18                   **accordance with IC 4-1-6-8.6.**

19                   **SECTION 2~~6~~<sup>7</sup>. IC 16-41-16-1.5 IS ADDED TO THE**  

20                   **INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS**  

21                   **[EFFECTIVE JULY 1, 2026]: Sec. 1.5. As used in this chapter,**  

22                   **"blood and blood products in liquid or semiliquid form" means**  

23                   **blood and blood products that have intermediate fluid properties**  

24                   **and are capable of flowing in a manner similar to a liquid.**

25                   **SECTION 2~~7~~<sup>8</sup>. IC 16-41-16-1.6 IS ADDED TO THE**  

26                   **INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS**  

27                   **[EFFECTIVE JULY 1, 2026]: Sec. 1.6. As used in this chapter,**  

28                   **"container" means any portable device or material in which**  

29                   **infectious waste is:**

- 30                   **(1) stored;**
- 31                   **(2) transported;**
- 32                   **(3) treated;**
- 33                   **(4) disposed of; or**
- 34                   **(5) otherwise handled.**

35                   **SECTION 2~~8~~<sup>9</sup>. IC 16-41-16-3 IS AMENDED TO READ AS**  

36                   **FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this**  

37                   **chapter, "effective treatment" means treatment that meets the following**  

38                   **conditions:**

39                   **(1) Reduces the pathogenic qualities of infectious waste to a**  

40                   **point where the waste is safe to handle.**

41                   **(2) Is designed for the specific waste involved.**

42                   **(3) Is carried out in a manner consistent with rules adopted by**

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1 the state department under section 8 of this chapter.

2 (b) The term includes the following:

3 (1) Incineration.  
 4 (2) Steam sterilization.  
 5 (3) Chemical disinfection.  
 6 (4) Thermal inactivation.  
 7 (5) Irradiation.

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

11 SECTION ~~29~~<sup>30</sup>. IC 16-41-16-4.5 IS ADDED TO THE  
 12 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 13 [EFFECTIVE JULY 1, 2026]: **Sec. 4.5. As used in this chapter,**  
 14 **"laboratory animal carcasses, body parts, blood and body fluids,**  
 15 **and bedding" means carcasses, body parts, blood and blood**  
 16 **products in liquid or semiliquid form, and bedding of animals that**  
 17 **have been intentionally or are suspected of having been exposed to**  
 18 **pathogens in:**

19 (1) research;  
 20 (2) production of biologicals;  
 21 (3) the in vivo testing of pharmaceuticals; or  
 22 (4) other procedures.

23 SECTION ~~3~~<sup>11</sup>. IC 16-41-16-4.6 IS ADDED TO THE  
 24 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 25 [EFFECTIVE JULY 1, 2026]: **Sec. 4.6. As used in this chapter,**  
 26 **"mortuary" means a funeral home (as defined in IC 25-15-2-15).**

27 SECTION ~~3~~<sup>2</sup>. IC 16-41-16-6.6 IS ADDED TO THE  
 28 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 29 [EFFECTIVE JULY 1, 2026]: **Sec. 6.6. As used in this chapter,**  
 30 **"waste handler" means a person who handles infectious waste.**

31 SECTION ~~3~~<sup>3</sup>. IC 16-41-16-6.9 IS ADDED TO THE  
 32 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 33 [EFFECTIVE JULY 1, 2026]: **Sec. 6.9. (a) A person who generates**  
 34 **infectious waste is responsible for the:**

35 (1) appropriate containment;  
 36 (2) appropriate labeling;  
 37 (3) effective treatment;  
 38 (4) transport; and  
 39 (5) disposal of;

40 infectious waste as required by this chapter.

41 **(b) A person may provide services to the person who generates**  
 42 **infectious waste, including the responsibilities described in**

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1       **subsection (a)(1) through (a)(5). A person described in this section**  
 2       **shall comply with the requirements of this chapter.**

3       SECTION 3~~3~~<sup>4</sup> [4]. IC 16-41-16-7 IS AMENDED TO READ AS  
 4       FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) Before infectious  
 5       waste is placed in an area that is not a secure area and before the waste  
 6       is sent for final disposal, all infectious waste must be: a person shall:

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

9           (2) **transported transport the infectious waste off site for**  
 10       **effective treatment;**

11       according to rules adopted under section 8 of this chapter: this  
 12       **chapter.**

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

17       SECTION 3~~4~~<sup>5</sup> [5]. IC 16-41-16-7.7 IS ADDED TO THE  
 18       INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 19       [EFFECTIVE JULY 1, 2026]: Sec. 7.7. (a) A person shall ensure that  
 20       **infectious waste is, at all times, contained in a manner that will**  
 21       **reasonably protect:**

22           (1) **a waste handler; and**

23           (2) **the public;**

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

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

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

31           (2) **is tightly sealed to prevent expulsion;**

32           (3) **is labeled with the biohazard symbol; and**

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

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

39           (1) **is impervious to moisture;**

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

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



- (4) is labeled with the biohazard symbol; and
- (5) undergoes effective treatment before being stored in an unsecured area and sent for final disposal.

SECTION 3~~6~~[6]. IC 16-41-16-7.8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 7.8. A person shall have written policies and procedures that include at least the following:**

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

SECTION 3~~6~~7. IC 16-41-16-7.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.9. (a) If infectious waste is stored before final disposal, a person shall do the following:

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

- (A) is locked or otherwise secured to eliminate access by or exposure to the public;
- (B) affords protection from adverse environmental conditions and vermin; and
- (C) prominently displays a biohazard symbol.

(2) Store the infectious waste in manner that:

- (A) preserves the integrity of the container in which the infectious waste is stored; and
- (B) is not conducive to rapid microbial growth and putrefaction.

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

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

SECTION 3 [8]. IC 16-41-16-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) After consulting

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1 with an advisory committee composed of representatives of persons or  
 2 facilities that handle infectious wastes, the state department ~~shall~~ may [1]  
 3 ]adopt rules under IC 4-22-2 necessary to carry out this chapter.

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

- 6 (1) United States Environmental Protection Agency.
- 7 (2) United States Centers for Disease Control.
- 8 (3) United States Occupational Safety and Health  
 9 Administration.
- 10 (4) State department of labor.
- 11 (5) State department of environmental management.

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

- 16 (1) does not specifically identify the generating facility or  
 17 treatment facility; and
- 18 (2) ensures that the identity of the generating facility or  
 19 treatment facility may be readily obtained based on the label  
 20 information.

21 SECTION 3~~↔~~[9]. IC 16-41-16-8.5 IS ADDED TO THE  
 22 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS  
 23 [EFFECTIVE JULY 1, 2026]: **Sec. 8.5. (a) A person shall:**

- (1) transport infectious waste in a manner that reasonably  
 25 protects waste handlers and the public from contracting a  
 26 dangerous communicable disease; and**
- (2) before the infectious waste is compacted, conduct  
 27 effective treatment of the infectious waste.**

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

- (1) Label the container of infectious waste with the name,  
 32 address, and telephone number of the following facilities, if  
 33 applicable:**
  - (A) The facility that generated the infectious waste.**
  - (B) The facility that treated or will treat the infectious  
 35 waste.**

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

- (A) the information for each facility described in  
 39 subdivision (1);**

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

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

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waste; and

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

SECTION ~~39~~[40]. 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 4~~↔~~[1]. 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.

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1 to the members of the general assembly. make the data available on  
 2 the state department's website.

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

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

30 SECTION 4~~↔~~<sup>[2]</sup>. IC 16-41-39.4-10, AS ADDED BY  
 31 P.L.80-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS  
 32 [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state department shall  
 33 establish guidance and standards for health care providers for screening  
 34 children in Indiana for lead poisoning. When developing the guidance  
 35 and standards, the state department shall consult with the American  
 36 Academy of Pediatrics.

37 (b) The state department shall make the guidance and standards  
 38 established under subsection (a) available on the state department's<sup>[</sup>  
 39 ~~Internet web site.~~ website.

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

41 SECTION 4~~↔~~<sup>[3]</sup>. IC 16-41-39.4-11, AS ADDED BY  
 42 P.L.80-2022, SECTION 2, IS AMENDED TO READ AS FOLLOWS

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1 [EFFECTIVE JULY 1, 2026]: Sec. 11. (a) A health care provider who  
 2 provides health care services to a child who is less than six (6) years of  
 3 age shall do the following:

4     (1) Determine whether the child has had a blood lead screening  
 5     test.  
 6     (2) If the child has had a blood lead screening test, determine at  
 7     what age the child was tested and the results of the blood lead  
 8     screening test.  
 9     (3) If the child has not had a blood lead screening test and is:  
 10       (A) at least nine (9) months old; and  
 11       (B) less than seventy-two (72) months old;  
 12       offer a lead poisoning screening in accordance with guidance  
 13       and standards established by the state department under section  
 14       10 of this chapter.  
 15     (b) Nothing in this section shall be construed to require a parent  
 16     or guardian to have their child receive a blood lead screening test.

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

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

24       (1) The ~~auto-injectable~~ epinephrine is dispensed to a person  
 25       who:  
 26           (A) presents a certificate of completion issued under section  
 27           2.5(c) of this chapter to the pharmacist before the~~l~~  
 28           ~~l~~<sup>1</sup>~~auto-injectable~~ epinephrine is dispensed; and  
 29           (B) is an individual who is or may be in a position to assist  
 30           an individual who is at risk of experiencing anaphylaxis.  
 31       (2) The pharmacist provides instruction concerning how to  
 32       properly administer ~~auto-injectable~~ epinephrine from the specific  
 33       device being dispensed at the time of the device's dispensing.  
 34       (3) The pharmacist instructs the individual receiving the~~l~~  
 35       ~~l~~<sup>1</sup>~~auto-injectable~~ epinephrine to summon emergency medical  
 36       services either immediately before or immediately after  
 37       administering the ~~auto-injectable~~ epinephrine to an individual  
 38       experiencing anaphylaxis.  
 39     (b) A person wishing to receive ~~auto-injectable~~ epinephrine by  
 40     standing order must do the following:  
 41       (1) Successfully complete the course described in section 2.5(a)  
 42       of this chapter.

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

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

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

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

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

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

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

30 SECTION 4~~44~~[5]. IC 16-41-43-2.5, AS AMENDED BY  
31 P.L.171-2025, SECTION 15, IS AMENDED TO READ AS  
32 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.5. (a) The state  
33 department shall approve courses concerning allergies and the  
34 administration of ~~auto-injectable~~ epinephrine that meet criteria  
35 established by the state department.

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

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

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

40 (B) A list of all approved courses.

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

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

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

9 (2) display the following information:

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

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

12 (C) The name of the  
13 course, if applicable.

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

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

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

19 SECTION 4~~5~~[6]. IC 16-41-43-3, AS AMENDED BY  
20 P.L.28-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS  
21 [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) An entity may fill a  
22 prescription for~~auto-injectable~~ epinephrine and store the  
23 ~~auto-injectable~~ epinephrine on the premises of the entity if a health care  
24 provider who is licensed in Indiana and whose scope of practice  
25 includes the prescribing of medication writes or electronically transmits  
26 the prescription for~~auto-injectable~~ epinephrine for the entity.

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

29 SECTION 4~~7~~ [7]. IC 16-41-43-3.5, AS AMENDED BY  
30 P.L.114-2020, SECTION 6, IS AMENDED TO READ AS FOLLOWS  
31 [EFFECTIVE JULY 1, 2026]: Sec. 3.5. ~~Injectable~~ Epinephrine that is  
32 filled and used in accordance with this chapter must have an expiration  
33 date of not less than twelve (12) months from the date that the  
34 pharmacy dispenses the~~Injectable~~ epinephrine to the entity or person,  
35 as applicable.

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

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1       prescription is not available:

2               (1) Employees or agents of the entity.

3               (2) Visitors at the entity.

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

5       auto-injectable epinephrine obtained under section 3 of this chapter if

6       the following are met:

7               (1) The entity employee or agent has voluntarily received

8       training in:

9                       (A) recognizing anaphylaxis; and

10                      (B) the proper administration of auto-injectable

11       epinephrine;

12       by a health care provider who is licensed or certified in Indiana,

13       for whom the administration of auto-injectable epinephrine is

14       within the health care provider's scope of practice, who has

15       received training in the administration of auto-injectable

16       epinephrine, and who is knowledgeable in recognizing the

17       symptoms of anaphylaxis and the administration of [

18       auto-injectable epinephrine.

19               (2) The individual to whom the epinephrine is being

20       administered is:

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

22                      (B) a visitor at the entity.

23       SECTION 4~~8~~[9]. IC 16-41-43-5, AS AMENDED BY

24       P.L.28-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS

25       [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) A health care provider who

26       is licensed in Indiana and whose scope of practice includes the

27       prescribing of medication may write or electronically transmit a

28       prescription, drug order, or protocol for auto-injectable epinephrine for

29       the entity.

30               (b) A pharmacist licensed under IC 25-26 may dispense a valid

31       prescription, drug order, or protocol for auto-injectable epinephrine

32       issued in the name of an entity.

33       SECTION ~~49~~[50]. IC 16-41-43-5.5, AS ADDED BY

34       P.L.114-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS

35       [EFFECTIVE JULY 1, 2026]: Sec. 5.5. (a) This chapter does not apply

36       to a person who is eligible for immunity specified in one (1) or more of

37       the following sections:

38                       (1) Section 6 of this chapter.

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

40                      (3) IC 21-44.5-2-6.

41               (b) Except as provided in subsection (d), a person who meets all

42       of the following criteria is not liable for civil damages for any act or

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1        omission related to the administration of ~~auto-injectable~~ epinephrine:  
 2            (1) The person has successfully completed a course described in  
 3            section 2.5(a) of this chapter before administering  
 4            ~~auto-injectable~~ epinephrine to a person.  
 5            (2) The person administered the ~~auto-injectable~~ epinephrine in  
 6            a manner that was consistent with:  
 7                (A) the training provided during the course described in  
 8                section 2.5(a) of this chapter; or  
 9                (B) the instruction provided to the person by the pharmacist  
 10              at the time the ~~auto-injectable~~ epinephrine was dispensed to  
 11              the person.  
 12            (3) The person reasonably believed that the recipient of the 1  
 13              ~~auto-injectable~~ epinephrine was suffering from anaphylaxis at  
 14              the time the ~~auto-injectable~~ epinephrine was administered.  
 15            (c) A pharmacist who complies with section 2.3(a) of this chapter  
 16              is not liable for civil damages resulting from the administration of 1  
 17              ~~auto-injectable~~ epinephrine.  
 18            (d) The immunity described in subsection (b) or (c) does not apply  
 19              to any act or omission that constitutes gross negligence or willful and  
 20              wanton misconduct.  
 21            SECTION 5~~①~~1. IC 16-41-43-6, AS AMENDED BY  
 22            P.L.28-2019, SECTION 3, IS AMENDED TO READ AS FOLLOWS  
 23            [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A nurse employed by an  
 24            entity or an employee of the entity who administers ~~auto-injectable~~  
 25            epinephrine in accordance with the manufacturer's guidelines and with  
 26            this chapter is not liable for civil damages resulting from the  
 27            administration of ~~auto-injectable~~ epinephrine under this chapter  
 28            unless the act or omission constitutes gross negligence or willful or  
 29            wanton misconduct.  
 30            (b) A licensed health care provider who:  
 31                (1) writes a prescription, drug order, or protocol under this  
 32                chapter;  
 33                (2) transmits in an electronic format a prescription, drug order,  
 34                or protocol for an electronically transmitted prescription under  
 35                this chapter; or  
 36                (3) provides training to an entity's personnel under this chapter;  
 37              is not liable for civil damages resulting from the administration of 1  
 38              ~~auto-injectable~~ epinephrine under this chapter.  
 39            SECTION 5~~①~~2. IC 16-42-1-6 IS AMENDED TO READ AS  
 40            FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A manufacturer,  
 41            processor, repackager, or wholesale distributor of food, drugs, or  
 42            cosmetics who maintains a place of business in Indiana shall file with

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1 the state department, upon forms to be furnished by the state  
 2 department, a written statement of the name and address of the owner,  
 3 the character of the business, and the business address of each place of  
 4 business in Indiana.

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

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

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

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

20 SECTION 5~~2~~[3]. IC 16-42-1-13, AS AMENDED BY  
 21 P.L.101-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS  
 22 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) For the purpose of enforcing  
 23 IC 16-42-1 through IC 16-42-4, the state health commissioner or the  
 24 commissioner's authorized representative may do the following:

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

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

33 (3) **Enter and inspect, at reasonable times, the premises of a**  
 34 **manufacturer, processor, repackager, or wholesale**  
 35 **distributor registered under section 6 of this chapter.**

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

38 (1) **is registered under section 6 of this chapter; and**  
 39 (2) **engages in less than twenty-five percent (25%) of**  
 40 **wholesale business in gross annual food sales in Indiana.**

41 (c) **The state department may inspect a manufacturer,**  
 42 **processor, repackager, or wholesale distributor described in**

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1       **subsection (b) to enforce this article or rules adopted by the state**  
 2       **department.**

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

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

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

15       (b) The study must include the following:

- 16       (1) The prevalence, by geographic location, of individuals  
 17       diagnosed with sickle cell disease in Indiana.
- 18       (2) The prevalence, by geographic location, of individuals  
 19       diagnosed as sickle cell trait carriers in Indiana.
- 20       (3) The availability and affordability of screening services in  
 21       Indiana for sickle cell trait.
- 22       (4) The location and capacity of the following for the treatment  
 23       of sickle cell disease and sickle cell trait carriers:
  - 24       (A) Treatment centers.
  - 25       (B) Clinics.
  - 26       (C) Community based social service organizations.
  - 27       (D) Medical specialists.

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

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

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

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

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

- 42       (1) shall review the death of a child whose death incident

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1       occurred in the area served by the local child fatality review  
 2       team and may review the death of a child whose death occurred  
 3       in the area served by the local child fatality review team if:

4       (A) the death of the child is:  
 5           (i) sudden;  
 6           (ii) unexpected;  
 7           (iii) unexplained; or  
 8           (iv) assessed by the department of child services for  
 9           alleged abuse or neglect that resulted in the death of  
 10          the child; or

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

13           (i) undetermined; or  
 14           (ii) the result of a homicide, suicide, or accident; and  
 15       (2) may, at its discretion, review the near fatality of a child  
 16          whose incident or injury occurred in the area served by the local  
 17          child fatality review team.

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

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

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

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

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

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

40       in any judicial or administrative proceeding. Information that is  
 41          otherwise discoverable or admissible from original sources is not  
 42          immune from discovery or use in any proceeding merely because the

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1 information was presented during proceedings before a local child  
 2 fatality review team.

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

10 (1) the death of the child is:

11 (A) sudden;  
 12 (B) unexpected;  
 13 (C) unexplained; or

14 (D) assessed by the department of child services for alleged  
 15 abuse or neglect that resulted in the death of the child; or  
 16 (2) the coroner in the area in which the child's death occurred  
 17 determines that the cause of the death of the child is:

18 (A) undetermined; or  
 19 (B) the result of a homicide, suicide, or accident.

20 (b) In conducting a child fatality review under subsection (a), the  
 21 statewide child fatality review committee may review all applicable  
 22 records and information related to the death of the child, including the  
 23 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) Subject to IC 34-30-15, if the statewide child fatality review  
 35 committee requests records from a hospital, physician, coroner, law  
 36 enforcement officer, or mental health professional regarding a death  
 37 that the statewide child fatality review committee is investigating, the  
 38 hospital, physician, coroner, law enforcement officer, or mental health  
 39 professional shall provide the requested records to the statewide child  
 40 fatality review committee.

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

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

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

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

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

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

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

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

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

26 previous sentence).

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

31 (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.

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1 SECTION 5~~7~~8. IC 16-49.5-2-2, AS ADDED BY  
 2 P.L.112-2020, SECTION 53, IS AMENDED TO READ AS  
 3 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) A SOFR team  
 4 shall do the following:

5 (1) Identify similarities, trends, and factual patterns concerning  
 6 suicides and overdose fatalities in the area served by the SOFR  
 7 team.  
 8 (2) Identify reasons for any higher minority suicide and overdose  
 9 fatality rate in the area served by the SOFR team.  
 10 (3) Create strategies and make recommendations for the  
 11 prevention and reduction of suicides and overdose fatalities,  
 12 including minority suicides and overdose fatalities, in the area  
 13 served by the SOFR team.  
 14 (b) A SOFR team may do any of the following:  
 15 (1) Determine factors contributing to suicides and overdose  
 16 fatalities.  
 17 (2) Identify public health and clinical interventions to improve  
 18 systems of care and enhance coordination.  
 19 (3) Develop strategies for the prevention of suicides and  
 20 overdose fatalities.  
 21 (4) **Provide the state department with records held or**  
 22 **maintained by the SOFR team.**

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

25 SECTION 5~~8~~9. IC 16-50-1-9, AS AMENDED BY THE  
 26 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL  
 27 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 28 JULY 1, 2026]: Sec. 9. (a) The statewide maternal mortality review  
 29 committee, **through the state department**, shall ~~before July 1 of each~~  
 30 ~~year, submit a report to the state department that includes make~~  
 31 ~~maternal mortality information available on the state department's~~  
 32 ~~website, including~~ the following information:

33 (1) A summary of the data collected regarding the reviews  
 34 conducted by the statewide maternal mortality review  
 35 committee.  
 36 (2) Actions recommended by the statewide maternal mortality  
 37 review committee to improve systems of care and enhance  
 38 coordination to reduce maternal morbidity and maternal  
 39 mortality in Indiana.  
 40 (3) Legislative recommendations for consideration by the  
 41 general assembly.

42 (b) **A report released Information made available under this**

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1 section must not contain identifying information relating to the deaths  
 2 reviewed by the statewide maternal mortality review committee.

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

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

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

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

16 **(1) Include nutrition education as part of the medical**  
 17 **school's curriculum.**  
 18 **(2) Require a medical student to complete a rural health**  
 19 **rotation.**

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

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

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

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

38 **(1) 410 IAC 1-3.**  
 39 **(2) 410 IAC 34.**

40 **The publisher of the Indiana Administrative Code and Indiana**  
 41 **Register shall remove these rules from the Indiana Administrative**  
 42 **Code.**

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1                   **(b) This SECTION expires July 1, 2027.**  
2                   SECTION 6~~4~~5. An emergency is declared for this act.

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