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SENATE BILL No. 222

Proposed Changes to introduced printing by AM022201

DIGEST OF PROPOSED AMENDMENT

FSSA matters. Modifies the definition of "certified peer" to include certification by an approved nationally accredited certification body. Deletes language that provides civil and criminal immunity for a 9-8-8 crisis response center, its employees, directors, officers, or agents, or a certified mobile crisis team. Removes the director of the bureau of better aging from being able to obtain a full copy of an autopsy report from a coroner. Makes a technical correction and removes an outdated reference.

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

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

- 1 SECTION 1. IC 1-1-3.5-5, AS AMENDED BY P.L.9-2024,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 5. (a) The governor shall forward a copy of the
4 executive order issued under section 3 of this chapter to:
5 (1) the director of the Indiana state library;
6 (2) the election division; and
7 (3) the Indiana Register.
8 (b) The director of the Indiana state library, or an employee of the
9 Indiana state library designated by the director to supervise a state data
10 center established under IC 4-23-7.1, shall notify each state agency
11 using population counts as a basis for the distribution of funds or
12 services of the effective date of the tabulation of population or
13 corrected population count.
14 (c) The agencies that the director of the Indiana state library must
15 notify under subsection (b) include the following:
16 (1) The state comptroller, for distribution of money from the
17 following:

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- 1 (A) The cigarette tax fund in accordance with
 2 IC 6-7-1-30.1.
 3 (B) Excise tax revenue allocated under IC 7.1-4-7-8.
 4 (C) The local road and street account in accordance with
 5 IC 8-14-2-4.
 6 (2) The board of trustees of Ivy Tech Community College for the
 7 board's division of Indiana into service regions under
 8 IC 21-22-6-1.
 9 (3) The division of disability, **aging**, and rehabilitative services,
 10 for establishing priorities for community residential facilities
 11 under IC 12-11-1.1 and IC 12-28-4-12.
 12 (4) The department of state revenue, for distribution of money
 13 from the motor vehicle highway account fund under IC 8-14-1-3.
 14 (5) The Indiana economic development corporation, for the
 15 evaluation of enterprise zone applications under IC 5-28-15.
 16 (6) The alcohol and tobacco commission, for the issuance of
 17 permits under IC 7.1.
 18 (7) The state board of accounts, for calculating the state share of
 19 salaries paid under IC 33-38-5, IC 33-39-6, and IC 33-41-2.
 20 SECTION 2. IC 4-1-8-1, AS AMENDED BY P.L.9-2024,
 21 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2026]: Sec. 1. (a) No individual may be compelled by any
 23 state agency, board, commission, department, bureau, or other entity of
 24 state government (referred to as "state agency" in this chapter) to
 25 provide the individual's Social Security number to the state agency
 26 against the individual's will, absent federal requirements to the
 27 contrary. However, the provisions of this chapter do not apply to the
 28 following:
 29 (1) Department of state revenue.
 30 (2) Department of workforce development.
 31 (3) The programs administered by:
 32 (A) the division of family resources;
 33 (B) the division of mental health and addiction;
 34 (C) the division of disability, **aging**, and rehabilitative
 35 services; **and**
 36 ~~(D) the division of aging; and~~
 37 ~~(E) (D)~~ the office of Medicaid policy and planning;
 38 of the office of the secretary of family and social services.
 39 (4) State comptroller.
 40 (5) State personnel department.
 41 (6) Secretary of state, with respect to the registration of
 42 broker-dealers, agents, and investment advisors.



(7) The lobby registration commission, with respect to the registration of lobbyists.

(8) Indiana department of administration, with respect to bidders on contracts.

(9) Indiana department of transportation, with respect to bidders on contracts.

(10) Indiana professional licensing agency.

(11) Department of insurance, with respect to licensing of insurance producers.

(12) The department of child services.

(13) A pension fund administered by the board of trustees of the Indiana public retirement system.

(14) The state police benefit system.

(15) The alcohol and tobacco commission.

(16) The Indiana department of health, for purposes of licensing radiologic technologists under IC 16-41-35-29(c).

(b) The bureau of motor vehicles may, notwithstanding this chapter, require the following:

(1) That an individual include the individual's Social Security number in an application for an official certificate of title for any vehicle required to be titled under IC 9-17.

(2) That an individual include the individual's Social Security number on an application for registration.

(3) That a corporation, limited liability company, firm, partnership, or other business entity include its federal tax identification number on an application for registration.

(4) That an individual include the individual's Social Security number on an application for a license, a permit, or an identification card.

(c) The Indiana department of administration, the Indiana department of transportation, and the Indiana professional licensing agency may require an employer to provide its federal employer identification number.

(d) The department of correction may require a committed offender to provide the offender's Social Security number for purposes of matching data with the Social Security Administration to determine benefit eligibility.

(e) The Indiana gaming commission may, notwithstanding this chapter, require the following:

(1) That an individual include the individual's Social Security number:

(A) in any application for a riverboat owner's license,



supplier's license, or occupational license; or
 (B) in any document submitted to the commission in the
 course of an investigation necessary to ensure that gaming
 under IC 4-32.3, IC 4-33, and IC 4-35 is conducted with
 credibility and integrity.

(2) That a sole proprietorship, a partnership, an association, a
 fiduciary, a corporation, a limited liability company, or any other
 business entity include its federal tax identification number on
 an application for a riverboat owner's license or supplier's
 license.

(f) Notwithstanding this chapter, the department of education
 established by IC 20-19-3-1 may require an individual who applies to
 the department for a license or an endorsement to provide the
 individual's Social Security number. The Social Security number may
 be used by the department only for conducting a background
 investigation, if the department is authorized by statute to conduct a
 background investigation of an individual for issuance of the license or
 endorsement.

SECTION 3. IC 4-15-2.2-33, AS ADDED BY P.L.229-2011,
 SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2026]: Sec. 33. (a) As used in this section, "individual with a
 disability" means an individual:

(1) with a physical or mental impairment that substantially limits
 one (1) or more of the major life activities of the individual; or

(2) who:

(A) has a record of; or

(B) is regarded as;

having an impairment described in subdivision (1).

(b) Notwithstanding any other provision of this chapter, an Indiana
 rehabilitation facility or the division of disability, **aging**, and
 rehabilitative services may certify that an individual:

(1) is an individual with a disability; and

(2) possesses the required knowledge, skill, and ability to
 perform the essential functions of a position classification:

(A) with or without reasonable accommodation; or

(B) with special accommodation for supported employment.

(c) An applicant with a disability who is certified under subsection
 (b) may be appointed to a position in a classification for which the
 applicant is certified.

SECTION 4. IC 4-21.5-3-6, AS AMENDED BY P.L.222-2025,
 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2026]: Sec. 6. (a) Notice shall be given under this section



concerning the following:

(1) A safety order under IC 22-8-1.1.

(2) Any order that:

(A) imposes a sanction on a person or terminates a legal right, duty, privilege, immunity, or other legal interest of a person;

(B) is not described in section 4 or 5 of this chapter or IC 4-21.5-4; and

(C) by statute becomes effective without a proceeding under this chapter if there is no request for a review of the order within a specified period after the order is issued or served.

(3) A notice of program reimbursement or equivalent determination or other notice regarding a hospital's reimbursement issued by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and planning regarding a hospital's year end cost settlement.

(4) A determination of audit findings or an equivalent determination by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and planning arising from a Medicaid postpayment or concurrent audit of a hospital's Medicaid claims.

(5) A license suspension or revocation under:

(A) IC 24-4.4-2;

(B) IC 24-4.5-3;

(C) IC 28-1-29;

(D) IC 28-7-5;

(E) IC 28-8-4.1;

(F) IC 28-8-5; or

(G) IC 28-8-6.

(6) An order issued by the secretary or the secretary's designee against providers regulated by the office of the secretary, the ~~division~~ bureau of better aging or the bureau of disabilities services and not licensed by the Indiana department of health under IC 16-27 or IC 16-28.

(b) When an agency issues an order described by subsection (a), the agency shall give notice to the following persons:

(1) Each person to whom the order is specifically directed.

(2) Each person to whom a law requires notice to be given.

A person who is entitled to notice under this subsection is not a party to any proceeding resulting from the grant of a petition for review under section 7 of this chapter unless the person is designated as a party in the record of the proceeding.



(c) The notice must include the following:

(1) A brief description of the order.

(2) A brief explanation of the available procedures and the time limit for seeking administrative review of the order under section 7 of this chapter.

(3) Any other information required by law.

(d) An order described in subsection (a) is effective fifteen (15) days after the order is served, unless a statute other than this article specifies a different date or the agency specifies a later date in its order. This subsection does not preclude an agency from issuing, under IC 4-21.5-4, an emergency or other temporary order concerning the subject of an order described in subsection (a).

(e) If a petition for review of an order described in subsection (a) is filed within the period set by section 7 of this chapter and a petition for stay of effectiveness of the order is filed by a party or another person who has a pending petition for intervention in the proceeding, an administrative law judge shall, as soon as practicable, conduct a preliminary hearing to determine whether the order should be stayed in whole or in part. The burden of proof in the preliminary hearing is on the person seeking the stay. The administrative law judge may stay the order in whole or in part. The order concerning the stay may be issued after an order described in subsection (a) becomes effective. The resulting order concerning the stay shall be served on the parties and any person who has a pending petition for intervention in the proceeding. It must include a statement of the facts and law on which it is based.

SECTION 5. IC 5-1.2-2-55, AS ADDED BY P.L.189-2018, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 55. "Participating provider", for purposes of financing a health facility and health facility property under IC 5-1.2-7, means a person, corporation, municipal corporation, political subdivision, or other entity, public or private, that:

(1) is located in Indiana or outside Indiana;

(2) contracts with the authority for the financing or refinancing of, or the lease or other acquisition of, health facility property that is located:

(A) in Indiana; or

(B) outside Indiana, if the financing, refinancing, lease, or other acquisition also includes a substantial component, as determined by the authority, for the benefit of a health facility or facilities located in Indiana;

(3) is:

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- 1 (A) licensed under IC 12-25, IC 16-21, IC 16-28, or
 2 corresponding laws of the state in which the property is
 3 located;
 4 (B) a regional blood center;
 5 (C) a community mental health center or community
 6 intellectual disability and other developmental disabilities
 7 center (as defined in IC 12-7-2-38 and IC 12-7-2-39 or
 8 corresponding provisions of laws of the state in which the
 9 property is located);
 10 (D) an entity that:
 11 (i) contracts with the division of disability, **aging**, and
 12 rehabilitative services or the division of mental health
 13 and addiction to provide the program described in
 14 IC 12-11-1.1-1(e) or IC 12-22-2; or
 15 (ii) provides a similar program under the laws of the
 16 state in which the entity is located;
 17 (E) a vocational rehabilitation center established under
 18 IC 12-12-1-4.1(a)(1) or corresponding provisions of the
 19 laws of the state in which the property is located;
 20 (F) the owner or operator of a facility that is utilized,
 21 directly or indirectly, to provide health care, habilitation,
 22 rehabilitation, therapeutic services, medical research, the
 23 training or teaching of health care personnel, or any related
 24 supporting services, or of a residential facility for
 25 individuals with a physical, mental, or emotional disability,
 26 individuals with a physical or mental illness, or the elderly;
 27 (G) a licensed child caring institution providing residential
 28 care described in IC 12-7-2-29(1) or corresponding
 29 provisions of the laws of the state in which the property is
 30 located;
 31 (H) an integrated health care system between or among
 32 providers, a health care purchasing alliance, a health insurer
 33 or third party administrator that is a participant in an
 34 integrated health care system, a health maintenance or
 35 preferred provider organization, or a foundation that
 36 supports a health care provider; or
 37 (I) an individual, business entity, or governmental entity
 38 that owns an equity or membership interest in any of the
 39 organizations described in clauses (A) through (H); and
 40 (4) in the case of a person, corporation, municipal corporation,
 41 political subdivision, or other entity located outside Indiana, is
 42 owned or controlled by, under common control with, affiliated



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with, or part of an obligated group that includes an entity that provides one (1) or more of the following services or facilities in Indiana:

(A) A facility that provides:

- (i) health care;
- (ii) habilitation, rehabilitation, or therapeutic services;
- (iii) medical research;
- (iv) training or teaching of health care personnel; or
- (v) any related supporting services.

(B) A residential facility for:

- (i) individuals with a physical, mental, or emotional disability;
- (ii) individuals with a physical or mental illness; or
- (iii) the elderly.

(C) A licensed child caring institution providing residential care described in IC 12-7-2-29(1).

SECTION 6. IC 5-10-8-7.3, AS AMENDED BY P.L.143-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.3. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "early intervention services" means services provided to a first steps child under IC 12-12.7-2 and 20 U.S.C. 1432(4).

(c) As used in this section, "first steps child" means an infant or toddler from birth through two (2) years of age who is enrolled in the Indiana first steps program and is a covered individual.

(d) As used in this section, "first steps program" refers to the program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to meet the needs of:

- (1) children who are eligible for early intervention services; and
- (2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

(e) As used in this section, "health benefits plan" means a:

- (1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or



(2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.

(h) The first steps program may pay required deductibles, copayments, or other out-of-pocket expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.

(i) A health benefits plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician, an advanced practice registered nurse, or a physician assistant.

(j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 7. IC 5-22-12-2, AS AMENDED BY P.L.141-2006, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. As used in this chapter, "bureau" refers to the rehabilitation services bureau of the division of disability, **aging**, and rehabilitative services established under by IC 12-12-1-1.

SECTION 8. IC 6-1.1-12-12, AS AMENDED BY P.L.68-2025, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 12. (a) Except as provided in section 17.8 of this chapter and subject to section 45 of this chapter, a person who desires to claim the deduction provided in section 11 of this chapter must file an application, on forms prescribed by the department of local government finance, with the auditor of the county in which the real property, mobile home not assessed as real property, or manufactured home not assessed as real property is located. To obtain the deduction for a desired calendar year in which property taxes are first due and payable, the application must be completed, dated, and filed with the county auditor on or before January 15 of the calendar year in which



the property taxes are first due and payable. The application may be filed in person or by mail. If mailed, the mailing must be postmarked on or before the last day for filing.

(b) Proof of blindness may be supported by:

(1) the records of the division of family resources or the division of disability, **aging**, and rehabilitative services; or

(2) the written statement of a physician who is licensed by this state and skilled in the diseases of the eye or of a licensed optometrist.

(c) The application required by this section must contain the record number and page where the contract or memorandum of the contract is recorded if the individual is buying the real property, mobile home, or manufactured home on a contract that provides that the individual is to pay property taxes on the real property, mobile home, or manufactured home.

(d) This section applies only to property taxes imposed for an assessment date before January 1, 2025.

(e) This section expires January 1, 2027.

SECTION 9. IC 10-10.5-1-2, AS ADDED BY P.L.113-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. "Indiana first responder" means an individual who:

(1) is employed by; ~~or~~

(2) is a member of; or

~~(2) (3)~~ serves as a volunteer for;

a public safety agency, **a 9-8-8 crisis response center (as defined in IC 12-21-8-1), or a mobile crisis team (as defined in IC 12-21-8-3) certified by the division of mental health and addiction under IC 12-21-8-10**, and whose duties include responding rapidly to an emergency.

SECTION 10. IC 10-10.5-2-1, AS AMENDED BY P.L.119-2022, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The state of Indiana designates the following individuals to be Indiana first responders:

(1) A law enforcement officer.

(2) A firefighter, including a volunteer firefighter.

(3) A corrections officer.

(4) A public safety telecommunicator.

(5) An emergency medical technician, emergency medical responder, or paramedic.

(6) An individual performing emergency management services subject to the order or control of, or under a request of, the state



or local government, including a volunteer health practitioner registered under IC 10-14-3.5.

(7) Any individual serving in an employee or volunteer capacity for a public safety agency whose duties include rapid emergency response.

(8) A county coroner or deputy county coroner.

(9) Any individual serving in an employee or volunteer capacity for a 9-8-8 crisis response center (as defined in IC 12-21-8-1).

(10) A member of a mobile crisis team (as defined in IC 12-21-8-3) certified by the division of mental health and addiction under IC 12-21-8-10.

SECTION 11. IC 11-13-1-8, AS AMENDED BY P.L.161-2018, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) As used in this section, "board" refers to the board of directors of the judicial conference of Indiana established by IC 33-38-9-3.

(b) The board shall adopt rules consistent with this chapter, prescribing minimum standards concerning:

- (1) educational and occupational qualifications for employment as a probation officer;
- (2) compensation of probation officers;
- (3) protection of probation records and disclosure of information contained in those records;
- (4) presentence investigation reports;
- (5) a schedule of progressive probation incentives and violation sanctions, including judicial review procedures; and
- (6) qualifications for probation officers to administer probation violation sanctions under IC 35-38-2-3(e).

(c) The conference shall prepare a written examination to be used in establishing lists of persons eligible for appointment as probation officers. The conference shall prescribe the qualifications for entrance to the examination and establish a minimum passing score and rules for the administration of the examination after obtaining recommendations on these matters from the probation standards and practices advisory committee. The examination must be offered at least once every other month.

(d) The conference shall, by its rules, establish an effective date for the minimum standards and written examination for probation officers.

(e) The conference shall provide probation departments with training and technical assistance for:



(1) the implementation and management of probation case classification; and

(2) the development and use of workload information.

The staff of the office of judicial administration may include a probation case management coordinator and probation case management assistant.

(f) The conference shall, in cooperation with the department of child services and the department of education, provide probation departments with training and technical assistance relating to special education services and programs that may be available for delinquent children or children in need of services. The subjects addressed by the training and technical assistance must include the following:

(1) Eligibility standards.

(2) Testing requirements and procedures.

(3) Procedures and requirements for placement in programs provided by school corporations or special education cooperatives under IC 20-35-5.

(4) Procedures and requirements for placement in residential special education institutions or facilities under IC 20-35-6-2.

(5) Development and implementation of individual education programs for eligible children in:

(A) accordance with applicable requirements of state and federal laws and rules; and

(B) coordination with:

(i) individual case plans; and

(ii) informal adjustment programs or dispositional decrees entered by courts having juvenile jurisdiction under IC 31-34 and IC 31-37.

(6) Sources of federal, state, and local funding that is or may be available to support special education programs for children for whom proceedings have been initiated under IC 31-34 and IC 31-37.

Training for probation departments may be provided jointly with training provided to child welfare caseworkers relating to the same subject matter.

(g) The conference shall, in cooperation with the division of mental health and addiction (IC[]12-21) and the division of disability, **aging**, and rehabilitative services (IC[]12-9-1), provide probation departments with training and technical assistance concerning mental illness, addictive disorders, intellectual disabilities, and developmental disabilities, including evidence based treatment programs for mental illness and addictive disorders and cognitive behavior treatment.



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(h) The conference shall make recommendations to courts and probation departments concerning:

(1) selection, training, distribution, and removal of probation officers;

(2) methods and procedure for the administration of probation, including investigation, supervision, workloads, record keeping, and reporting; and

(3) use of citizen volunteers and public and private agencies.

(i) The conference may delegate any of the functions described in this section to the advisory committee or the office of judicial administration.

SECTION 12. IC 12-7-2-24, AS AMENDED BY P.L.241-2023, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 24. "Bureau" means the following:

(1) For purposes of IC 12-10, the bureau of **better aging and in-home services** established by IC 12-10-1-1.

(2) For purposes of IC 12-11, the bureau of disabilities services established by IC 12-11-1.1-1.

(3) For purposes of IC 12-12, the rehabilitation services bureau of the division of disability, **aging**, and rehabilitative services established by IC 12-12-1-1.

SECTION 13. IC 12-7-2-24.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 24.8. "Caretaker", for purposes of ~~IC 12-10-5~~, IC 12-10, has the meaning set forth in ~~IC 12-10-5-1-1~~, IC 12-10-22-1.

SECTION 14. IC 12-7-2-26.4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 26.4. "Certified peer", for purposes of IC 12-21, means an individual who is trained and certified by the division of mental health and addiction for an approved nationally accredited certification body to provide ongoing support to individuals and families of individuals who are receiving mental health or substance use recovery supports and services.**

SECTION 15. IC 12-7-2-39, AS AMENDED BY P.L.117-2015, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 39. "Community intellectual disability and other developmental disabilities centers", for purposes of IC 12-29 (except as provided in IC 12-29-3-6), means a program of services that meets the following conditions:

(1) Is approved by the division of disability, **aging**, and rehabilitative services.



(2) Is organized for the purpose of providing multiple services for persons with developmental disabilities.

(3) Is operated by one (1) of the following or any combination of the following:

(A) A city, a town, a county, or another political subdivision of Indiana.

(B) An agency of the state.

(C) An agency of the United States.

(D) A political subdivision of another state.

(E) A hospital owned or operated by a unit of government described in clauses (A) through (D).

(F) A building authority organized for the purpose of constructing facilities to be leased to units of government.

(G) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.

(H) A nonprofit corporation incorporated in another state.

(I) A university or college.

(4) Is accredited for the services provided by one (1) of the following organizations:

(A) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.

(B) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.

(C) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(D) The National Commission on Quality Assurance, or its successor.

(E) An independent national accreditation organization approved by the secretary.

SECTION 16. IC 12-7-2-64, AS AMENDED BY P.L.149-2016, SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 64. "Director" refers to the following:

(1) With respect to a particular division, the director of the division.

(2) With respect to a particular state institution, the director who has administrative control of and responsibility for the state institution.

(3) For purposes of IC 12-10-15, the term refers to the director of the ~~division~~ **bureau** of ~~better~~ aging.

(4) For purposes of IC 12-25, the term refers to the director of the division of mental health and addiction.

(5) For purposes of IC 12-26, the term:

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(A) refers to the director who has administrative control of
and responsibility for the appropriate state institution; and
(B) includes the director's designee.

(6) If subdivisions (1) through (5) do not apply, the term refers
to the director of any of the divisions.

SECTION 17. IC 12-7-2-69, AS AMENDED BY THE
TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2026]: Sec. 69. (a) "Division", except as provided in
subsections (b), (c), and (d), refers to any of the following:

(1) The division of disability, **aging**, and rehabilitative services
established by IC 12-9-1-1.

~~(2) The division of aging established by IC 12-9-1-1-1.~~

~~(3)~~ (2) The division of family resources established by
IC 12-13-1-1.

~~(4)~~ (3) The division of mental health and addiction established
by IC 12-21-1-1.

(b) The term refers to the following:

(1) For purposes of the following statutes, the division of
disability, **aging**, and rehabilitative services established by
IC 12-9-1-1:

(A) IC 12-9.

(B) IC 12-10.

~~(B)~~ (C) IC 12-11.

~~(C)~~ (D) IC 12-12.

~~(D)~~ (E) IC 12-12.7.

~~(E)~~ (F) IC 12-28-5.

~~(2) For purposes of the following statutes, the division of aging
established by IC 12-9-1-1-1:~~

~~(A) IC 12-9-1.~~

~~(B) IC 12-10.~~

~~(C) IC 12-10-5.~~

~~(3)~~ (2) For purposes of the following statutes, the division of
family resources established by IC 12-13-1-1:

(A) IC 12-8-12.

(B) IC 12-13.

(C) IC 12-14.

(D) IC 12-15.

(E) IC 12-16.

(F) IC 12-17.

~~(F)~~ (G) IC 12-17.2.

~~(G)~~ (H) IC 12-18.



- 1 ~~(H)~~ **(I)** IC 12-19.
- 2 ~~(H)~~ **(J)** IC 12-20.
- 3 ~~(4)~~ **(3)** For purposes of the following statutes, the division of
- 4 mental health and addiction established by IC 12-21-1-1:
- 5 (A) IC 12-21.
- 6 (B) IC 12-22.
- 7 (C) IC 12-23.
- 8 (D) IC 12-25.
- 9 (c) With respect to a particular state institution, the term refers to
- 10 the division whose director has administrative control of and
- 11 responsibility for the state institution.
- 12 (d) For purposes of IC 12-24, IC 12-26, and IC 12-27, the term
- 13 refers to the division whose director has administrative control of and
- 14 responsibility for the appropriate state institution.
- 15 SECTION 18. IC 12-7-2-76.6 IS AMENDED TO READ AS
- 16 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 76.6. **(a)** "Emergency
- 17 medical condition", for purposes of IC 12-15-12, has the meaning set
- 18 forth in IC 12-15-12-0.3.
- 19 **(b) "Emergency medical responder", for purposes of**
- 20 **IC 12-10-21, has the meaning set forth in IC 12-10-21-1.**
- 21 SECTION 19. IC 12-7-2-99, AS AMENDED BY P.L.160-2012,
- 22 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 23 JULY 1, 2026]: Sec. 99. "A person with a disability" means, for
- 24 purposes of the following statutes, an individual who has a physical or
- 25 mental disability and meets the program eligibility requirements of the
- 26 division of disability, **aging**, and rehabilitative services:
- 27 (1) IC 12-8-1.5-10.
- 28 (2) IC 12-12-1.
- 29 (3) IC 12-12-6.
- 30 SECTION 20. IC 12-7-2-146, AS AMENDED BY P.L.174-2025,
- 31 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 32 JULY 1, 2026]: Sec. 146. "Program" refers to the following:
- 33 (1) For purposes of IC 12-10-5.7, the meaning set forth in
- 34 IC 12-10-5.7-2.
- 35 (2) For purposes of IC 12-10-7, the adult guardianship services
- 36 program established by IC 12-10-7-5.
- 37 (3) For purposes of IC 12-10-10, the meaning set forth in
- 38 IC 12-10-10-5.
- 39 **(4) For purposes of IC 12-10-21, the meaning set forth in**
- 40 **IC 12-10-21-3.**
- 41 ~~(4)~~ **(5)** For purposes of IC 12-15-12.7, the meaning set forth in
- 42 IC 12-15-12.7-1.



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~~(5)~~ (6) For purposes of IC 12-17.2-2-14.2, the meaning set forth in IC 12-17.2-2-14.2(a).

~~(6)~~ (7) For purposes of IC 12-17.6, the meaning set forth in IC 12-17.6-1-5.

SECTION 21. IC 12-7-2-146.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 146.2. "Program participant", for purposes of IC 12-10-21, has the meaning set forth in IC 12-10-21-4.**

SECTION 22. IC 12-7-2-155.4, AS ADDED BY P.L.35-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 155.4. "Qualified provider", **means the following:**

(1) For purposes of IC 12-15-1-16: ~~means:~~

~~(1)~~ (A) a school based nurse; or

~~(2)~~ (B) another provider who:

~~(A)~~ (i) is licensed and in good standing with the Indiana professional licensing agency; and

~~(B)~~ (ii) is employed by or contracts with a school corporation that participates in Medicaid.

(2) For purposes of IC 12-15-4, a provider who:

(A) is enrolled in the Indiana Medicaid program; and

(B) maintains a valid agreement, as prescribed by the office, to make determinations concerning presumptive eligibility.

SECTION 23. IC 12-7-2-180.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 180.1. "Special needs", for purposes of ~~IC 12-10-5;~~ IC 12-10, has the meaning set forth in ~~IC 12-10.5-1-2;~~ IC 12-10-22-2.

SECTION 24. IC 12-7-3-1, AS AMENDED BY P.L.168-2018, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) A rule adopted by the department of mental health concerning developmental disabilities under IC 16-13-1 (before its repeal by P.L.9-1991) is valid and effective until the division of disability, **aging**, and rehabilitative services adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the department of mental health rule; or

(2) repeals the department of mental health rule.

(b) Notwithstanding subsection (a), if a rule adopted by the department of mental health before January 1, 1992:

(1) has not been superseded or repealed as provided in



subsection (a); and
 (2) provides authority to the department of mental health that has
 been transferred to the division of disability, **aging**, and
 rehabilitative services under P.L.9-1991;
 that rule shall be interpreted to constitute an authorization to the
 division of disability, **aging**, and rehabilitative services and not the
 department of mental health.

SECTION 25. IC 12-7-3-2, AS AMENDED BY P.L.168-2018,
 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2026]: Sec. 2. (a) A rule adopted by the department of mental
 health concerning case management services for developmentally
 disabled persons under IC 16-14-31 (before its repeal by P.L.9-1991)
 is valid and effective until the division of disability, **aging**, and
 rehabilitative services adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the department of mental
 health rule; or

(2) repeals the department of mental health rule.

(b) Notwithstanding subsection (a), if a rule adopted by the
 department of mental health before January 1, 1992:

(1) has not been superseded or repealed as provided in
 subsection (a); and

(2) provides authority to the department of mental health that has
 been transferred to the division of disability, **aging**, and
 rehabilitative services under P.L.9-1991;

that rule shall be interpreted to constitute an authorization to the
 division of disability, **aging**, and rehabilitative services and not the
 department of mental health.

SECTION 26. IC 12-7-3-3, AS AMENDED BY P.L.168-2018,
 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2026]: Sec. 3. (a) A rule adopted by the department of mental
 health concerning residential facilities under IC 16-13-21 or
 IC 16-13-22, as amended by P.L.9-1991 and before their repeal, is
 valid and effective until the division of disability, **aging**, and
 rehabilitative services adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the department of mental
 health rule; or

(2) repeals the department of mental health rule.

(b) Notwithstanding subsection (a), if a rule adopted by the
 department of mental health before January 1, 1992:

(1) has not been superseded or repealed as provided in
 subsection (a); and

(2) provides authority to the department of mental health that has



1 been transferred to the division of disability, **aging**, and
 2 rehabilitative services under P.L.9-1991;
 3 that rule shall be interpreted to constitute an authorization to the
 4 division of disability, **aging**, and rehabilitative services and not the
 5 department of mental health.

6 SECTION 27. IC 12-7-3-5, AS AMENDED BY P.L.168-2018,
 7 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2026]: Sec. 5. (a) A rule adopted by the state department of
 9 public welfare concerning room and board assistance under
 10 IC 12-1-5.5, as repealed by P.L.9-1991, is valid and effective until the
 11 division of disability, **aging**, and rehabilitative services adopts a rule
 12 under IC 4-22-2 that:

13 (1) supersedes in whole or in part the state department of public
 14 welfare rule; or

15 (2) repeals the state department of public welfare rule.

16 (b) Notwithstanding subsection (a), if a rule adopted by the state
 17 department of public welfare before January 1, 1992:

18 (1) has not been superseded or repealed as provided in
 19 subsection (a); and

20 (2) provides authority to the state department of public welfare
 21 that has been transferred to the division of disability, **aging**, and
 22 rehabilitative services under P.L.9-1991;

23 that rule shall be interpreted to constitute an authorization to the office
 24 of Medicaid policy and planning established under IC 12-6-6 (before
 25 its repeal) and not the state board of public welfare.

26 SECTION 28. IC 12-7-3-9, AS AMENDED BY P.L.168-2018,
 27 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2026]: Sec. 9. (a) A rule adopted by the department of mental
 29 health concerning epilepsy services is valid and effective until the
 30 division of disability, **aging**, and rehabilitative services adopts a rule
 31 under IC 4-22-2 that:

32 (1) supersedes in whole or in part the department of mental
 33 health rule; or

34 (2) repeals the department of mental health rule.

35 (b) Notwithstanding subsection (a), if a rule adopted by the
 36 department of mental health before January 1, 1992:

37 (1) has not been superseded or repealed as provided in
 38 subsection (a); and

39 (2) provides authority to the department of mental health that has
 40 been transferred to the division of disability, **aging**, and
 41 rehabilitative services under P.L.9-1991;

42 that rule shall be interpreted to constitute an authorization to the



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1 division of disability, **aging**, and rehabilitative services and not the
2 department of mental health.

3 SECTION 29. IC 12-8-1.5-6, AS AMENDED BY P.L.56-2023,
4 SECTION 84, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2026]: Sec. 6. (a) The secretary and the commissioner of the
6 Indiana department of health shall cooperate to coordinate family and
7 social services programs with related programs administered by the
8 Indiana department of health.

9 (b) The secretary, in cooperation with the commissioner of the
10 Indiana department of health, is accountable for the following:

11 (1) Resolving administrative, jurisdictional, or policy conflicts
12 between a division and the Indiana department of health.

13 (2) Formulating overall policy for family, health, and social
14 services in Indiana.

15 (3) Coordinating activities between the programs of the division
16 of family resources and the maternal and child health programs
17 of the Indiana department of health.

18 (4) Coordinating activities concerning long term care between
19 the division of disability, **aging**, and rehabilitative services and
20 the Indiana department of health.

21 (5) Developing and implementing a statewide family, health, and
22 social services plan that includes a set of goals and priorities.

23 (c) The office shall cooperate with the Indiana department of
24 health in providing the information required for the commissioner of
25 the Indiana department of health or the commissioner's designee to
26 complete the:

27 (1) state comprehensive care bed need rate calculation under
28 IC 16-29-7-8; and

29 (2) county comprehensive care bed need calculation under
30 IC 16-29-7-9.

31 SECTION 30. IC 12-8-6.5-8, AS ADDED BY P.L.160-2012,
32 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33 JULY 1, 2026]: Sec. 8. The office and the division of disability, **aging**,
34 and rehabilitative services shall develop a written memorandum of
35 understanding that provides the following:

36 (1) Program responsibilities for the provision of care and
37 treatment for individuals with a developmental disability and
38 long term care recipients.

39 (2) Responsibilities to educate and inform vendors of the proper
40 billing procedures.

41 (3) Responsibilities in administering the state plan.

42 (4) Responsibilities for Medicaid fiscal and quality



1 accountability and audits for developmental disability and long
2 term care services.

3 (5) That the division shall recommend options and services to be
4 reimbursed under the state plan.

5 (6) That the office and the division agree that, within the limits
6 of 42 U.S.C. 1396 et seq., individuals with a developmental
7 disability and long term care recipients cannot be excluded from
8 services on the basis of diagnosis unless these services are
9 otherwise provided and reimbursed under the state plan.

10 (7) That the office shall seek review and comment from the
11 division before the adoption of rules or standards that may affect
12 the service, programs, or providers of medical assistance
13 services for individuals with a developmental disability and long
14 term care recipients.

15 (8) That the division shall develop rate setting policies for
16 medical assistance services for individuals with a developmental
17 disability and long term care recipients.

18 (9) That the office, with the assistance of the division, shall
19 apply for waivers from the United States Department of Health
20 and Human Services to fund community and home based long
21 term care services as alternatives to institutionalization.

22 (10) Policies to facilitate communication between the office and
23 the division.

24 (11) Any additional provisions that enhance communication
25 between the office and the division or facilitate more efficient or
26 effective delivery of developmental disability or long term care
27 services.

28 SECTION 31. IC 12-8-10-1, AS AMENDED BY P.L.56-2023,
29 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
30 JULY 1, 2026]: Sec. 1. This chapter applies only to the indicated
31 money of the following state agencies to the extent that the money is
32 used by the agency to obtain services from grantee agencies to carry
33 out the program functions of the agency:

34 (1) Money appropriated or allocated to a state agency from
35 money received by the state under the federal Social Services
36 Block Grant Act (42 U.S.C. 1397 et seq.).

37 (2) The ~~division~~ **bureau** of **better** aging, except this chapter
38 does not apply to money expended under the following:

39 (A) The following statutes, unless application of this
40 chapter is required by another subdivision of this section:

41 (i) IC 12-10-6.

42 (ii) IC 12-10-12 (before its expiration).



- 1 (B) Epilepsy services.
- 2 (3) The division of family resources, for money expended under
- 3 the following programs:
- 4 (A) The child development associate scholarship program.
- 5 (B) The dependent care program.
- 6 (C) Migrant day care.
- 7 (D) The commodities program.
- 8 (E) The migrant nutrition program.
- 9 (F) Any emergency shelter program.
- 10 (G) The energy weatherization program.
- 11 (4) The Indiana department of health, for money expended under
- 12 IC 16-19-10.
- 13 (5) The group.
- 14 (6) All state agencies, for any other money expended for the
- 15 purchase of services if all the following apply:
- 16 (A) The purchases are made under a contract between the
- 17 state agency and the office of the secretary.
- 18 (B) The contract includes a requirement that the office of
- 19 the secretary perform the duties and exercise the powers
- 20 described in this chapter.
- 21 (C) The contract is approved by the budget agency.
- 22 (7) The division of mental health and addiction.
- 23 SECTION 32. IC 12-9-1-1, AS AMENDED BY P.L.141-2006,
- 24 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 25 JULY 1, 2026]: Sec. 1. The division of disability, **aging**, and
- 26 rehabilitative services is established.
- 27 SECTION 33. IC 12-9-1-3, AS AMENDED BY P.L.241-2023,
- 28 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 3. The division consists of the following bureaus:
- 30 (1) The rehabilitation services bureau established by
- 31 IC 12-12-1-1.
- 32 (2) The bureau of disabilities services established by
- 33 IC 12-11-1.1-1.
- 34 (3) The bureau of child development services established by
- 35 IC 12-12.7-1-1.
- 36 **(4) The bureau of better aging established by IC 12-10-1-1.**
- 37 SECTION 34. IC 12-9-4-2, AS AMENDED BY P.L.143-2022,
- 38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 39 JULY 1, 2026]: Sec. 2. The division of disability and rehabilitative
- 40 services advisory council is established to advise and assist the division
- 41 of disability, **aging**, and rehabilitative services in its effort to develop
- 42 and sustain a system of supports and services for people with



1 intellectual and developmental disabilities. The council will provide
 2 technical expertise and lived experiences and advise on specific areas
 3 such as:

- 4 (1) technology;
- 5 (2) health;
- 6 (3) policy;
- 7 (4) law;
- 8 (5) marketing;
- 9 (6) public relations;
- 10 (7) provider services; and
- 11 (8) advocacy.

12 SECTION 35. IC 12-9-5-1, AS AMENDED BY P.L.210-2015,
 13 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2026]: Sec. 1. The division shall administer money
 15 appropriated or allocated to the division by the state, including money
 16 appropriated or allocated from the following:

- 17 (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).
- 18 (2) The federal Social Services Block Grant in-home services for
- 19 the elderly and disabled (42 U.S.C. 1397 et seq.).
- 20 (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).
- 21 (4) Medicaid waiver in-home services for the elderly and
- 22 disabled (42 U.S.C. 1396 et seq.) for treatment of developmental
- 23 disabilities.
- 24 (5) Improving Access to Assistive Technology for Individuals
- 25 with Disabilities Act (29 U.S.C. 3001 et seq.).
- 26 (6) The federal Social Security Act Payments for Vocational
- 27 Rehabilitation Services (42 U.S.C. 422).
- 28 (7) Part C of the federal Individuals with Disabilities Education
- 29 Act, Subchapter III (20 U.S.C. 1431 et seq.).
- 30 **(8) The federal Older Americans Act (42 U.S.C. 3001 et seq.).**
- 31 **(9) The United States Department of Agriculture (7 U.S.C.**
- 32 **612c et seq.).**
- 33 ~~(8)~~ **(10)** Money appropriated or allocated to the division to
- 34 administer a program under this title.
- 35 ~~(9)~~ **(11)** Other funding sources that are designated by the general
- 36 assembly or that are available from the federal government under
- 37 grants that are consistent with the duties of the division.

38 SECTION 36. IC 12-9-5-3, AS AMENDED BY P.L.74-2022,
 39 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2026]: Sec. 3. The division shall administer the following
 41 programs:

- 42 (1) Programs established under any of the following statutes:



- 1 (A) This article.
 2 **(B) IC 12-10.**
 3 ~~(B)~~ **(C)** IC 12-11.
 4 ~~(C)~~ **(D)** IC 12-12.
 5 ~~(D)~~ **(E)** IC 12-12.7.
 6 (2) Programs under the following statutes, to the extent the
 7 division has responsibilities for programs under those statutes:
 8 (A) IC 12-24.
 9 (B) IC 12-26.
 10 (C) IC 12-27.
 11 (D) IC 12-28.
 12 (E) IC 12-29.
 13 (3) Supported employment for a person with developmental
 14 disabilities.
 15 (4) Epilepsy service centers program.
 16 (5) Epilepsy clinic program.
 17 (6) Medicaid waivers for in-home services for treatment of
 18 developmental disabilities.
 19 SECTION 37. IC 12-9-5-3.5, AS ADDED BY P.L.131-2024,
 20 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2026]: Sec. 3.5. (a) The ~~division~~ **bureau of better aging** shall
 22 provide to the division of disability and rehabilitative services advisory
 23 council established by IC 12-9-4-2 quarterly updates regarding the
 24 implementation of the recommendations made by the services for
 25 individuals with intellectual and other developmental disabilities task
 26 force under IC 12-11-15.5 (before its expiration).
 27 (b) This section expires December 31, 2027.
 28 SECTION 38. IC 12-9.1 IS REPEALED [EFFECTIVE JULY 1,
 29 2026]. (Division of Aging).
 30 SECTION 39. IC 12-10-1-1 IS AMENDED TO READ AS
 31 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The bureau of
 32 **better** aging ~~and in-home services~~ is established within the division.
 33 SECTION 40. IC 12-10-1-3, AS AMENDED BY P.L.32-2021,
 34 SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2026]: Sec. 3. The bureau shall administer the following
 36 programs:
 37 (1) The federal Older Americans Act. ~~under IC 12-9.1-4-1.~~
 38 (2) Area agencies on aging services under this article.
 39 (3) Adult protective services under IC 12-10-3.
 40 (4) Room and board assistance and assistance to residents in
 41 county homes under IC 12-10-6.
 42 (5) Adult guardianship program under IC 12-10-7.



(6) Community and home options for the elderly and individuals with a disability under IC 12-10-10.

(7) Long term care advocacy under IC 12-10-13.

(8) Nutrition services and home delivered meals.

(9) Title III B supportive services.

(10) Title III D in-home services.

(11) Aging programs under the Social Services Block Grant.

(12) United States Department of Agriculture elderly feeding program.

(13) Title V senior employment.

(14) PASARR under older adult services.

SECTION 41. IC 12-10-1-6, AS AMENDED BY P.L.146-2023, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) The area agencies on aging designated by the bureau in each planning and service region shall do the following:

(1) Determine the needs and resources of the aged in the area.

(2) Coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for the aged.

(3) Secure local matching money from public and private sources to provide, improve, or expand the sources available to meet the needs of the aged.

(4) Develop, in cooperation with the division and in accordance with the regulations of the commissioner of the federal Administration on Aging, an area plan for each planning and service area to provide for the following:

(A) A comprehensive and coordinated system for the delivery of services needed by the aged in the area.

(B) The collection and dissemination of information and referral sources.

(C) The effective and efficient use of all resources meeting the needs of the aged.

(D) The inauguration of new services and periodic evaluation of all programs and projects delivering services to the aged, with special emphasis on the low income and minority residents of the planning and service area.

(E) The establishment, publication, and maintenance of a toll free telephone number to provide information, counseling, and referral services for the aged residents of the planning and service area.

(5) Conduct case management (as defined in IC 12-10-10-1).



(6) Perform any other functions required by regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).

(7) Establish a dementia care specialist program as required by IC 12-10-5.7-4.

(8) Perform Aging and Disability Resource Center (as defined in 42 U.S.C. 3002 et seq.) functions.

(b) The division shall pay the costs associated with the toll free telephone number required under subsection (a).

(c) Changes may not be made to the designated coverage area of an area agency on aging until after the following:

(1) The office of the secretary holds a public hearing in each county where the existing area agency on aging is operating to discuss the proposed changes and receive public comment.

(2) One (1) year elapses from the date of the meeting held under subdivision (1).

SECTION 42. IC 12-10-5.7-4, AS ADDED BY P.L.146-2023, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) An area agency may establish a dementia care specialist program under which an area agency may designate an employee as a dementia care specialist for the area agency to administer the program.

(b) A specialist may work with the state dementia coordinator under ~~IC 12-9.1-5-4~~ IC 12-10-20-4 to administer the program through the following actions:

(1) Conducting education and outreach activities to increase community awareness of dementia and resources available to support individuals with dementia and their caregivers.

(2) Consulting with and providing training to individuals, including area agency staff, who interact with an individual or a caregiver caring for a person who:

(A) has dementia; or

(B) suffers from symptoms of dementia or a related cognitive disease.

(3) Establishing relationships with health care providers, health maintenance organizations, and other community-based organizations to serve as a liaison to facilitate increased contact and promote organizational care coordination and dementia-friendly activities.

(4) Providing any other service that is determined to be appropriate by the division or area agency that supports the aims and goals of the dementia strategic plan under ~~IC 12-9.1-5~~



1 IC 12-10-20 or supports a data collection and evaluation plan to
 2 determine health outcomes tied to the dementia care specialist
 3 programming.

4 SECTION 43. IC 12-10-5.7-5, AS ADDED BY P.L.146-2023,
 5 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2026]: Sec. 5. A specialist may follow any guidelines or
 7 training requirements developed by the dementia care specialist
 8 coordinator under ~~IC 12-9.1-5-4~~, IC 12-10-20-4.

9 SECTION 44. IC 12-10-6-2.1, AS AMENDED BY P.L.117-2015,
 10 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 11 JULY 1, 2026]: Sec. 2.1. (a) An individual who is incapable of residing
 12 in the individual's own home may apply for residential care assistance
 13 under this section. The determination of eligibility for residential care
 14 assistance is the responsibility of the division. Except as provided in
 15 subsection (h), an individual is eligible for residential care assistance
 16 if the division determines that the individual:

- 17 (1) is a recipient of Medicaid or the federal Supplemental
- 18 Security Income program;
- 19 (2) is incapable of residing in the individual's own home because
- 20 of dementia, mental illness, or a physical disability;
- 21 (3) requires a degree of care less than that provided by a health
- 22 care facility licensed under IC 16-28;
- 23 (4) can be adequately cared for in a residential care setting; and
- 24 (5) has not made any asset transfer prohibited under the state
- 25 plan or in 42 U.S.C. 1396p(c) in order to be eligible for
- 26 Medicaid.

27 (b) Individuals with an intellectual disability may not be admitted
 28 to a home or facility that provides residential care under this section.

- 29 (c) A service coordinator employed by the division may:
- 30 (1) evaluate a person seeking admission to a home or facility
 - 31 under subsection (a); or
 - 32 (2) evaluate a person who has been admitted to a home or facility
 - 33 under subsection (a), including a review of the existing
 - 34 evaluations in the person's record at the home or facility.

35 If the service coordinator determines the person evaluated under this
 36 subsection has an intellectual disability, the service coordinator may
 37 recommend an alternative placement for the person.

38 (d) Except as provided in section 5 of this chapter, residential care
 39 consists of only room, board, and laundry, along with minimal
 40 administrative direction. The recipient may retain from the recipient's
 41 income a monthly personal allowance of fifty-two dollars (\$52). This
 42 amount is exempt from income eligibility consideration by the division



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and may be exclusively used by the recipient for the recipient's personal needs. However, if the recipient's income is less than the amount of the personal allowance, the division shall pay to the recipient the difference between the amount of the personal allowance and the recipient's income. A reserve or an accumulated balance from such a source, together with other sources, may not be allowed to exceed the state's resource allowance allowed for adults eligible for state supplemental assistance or Medicaid as established by the rules of the office of Medicaid policy and planning.

(e) In addition to the amount that may be retained as a personal allowance under this section, an individual shall be allowed to retain an amount equal to the individual's state and local income tax liability. The amount that may be retained during a month may not exceed one-third ($1/3$) of the individual's state and local income tax liability for the calendar quarter in which that month occurs. This amount is exempt from income eligibility consideration by the division. The amount retained shall be used by the individual to pay any state or local income taxes owed.

(f) In addition to the amounts that may be retained under subsections (d) and (e), an eligible individual may retain a Holocaust victim's settlement payment. The payment is exempt from income eligibility consideration by the division.

(g) The personal allowance for one (1) month for an individual described in subsection (a) is the amount that an individual would be entitled to retain under subsection (d) plus an amount equal to one-half ($1/2$) of the remainder of:

(1) gross earned income for that month; minus

(2) the sum of:

(A) sixteen dollars (\$16); plus

(B) the amount withheld from the person's paycheck for that month for payment of state income tax, federal income tax, and the tax prescribed by the federal Insurance Contribution Act (26 U.S.C. 3101 et seq.); plus

(C) transportation expenses for that month; plus

(D) any mandatory expenses required by the employer as a condition of employment.

(h) An individual who, before September 1, 1983, has been admitted to a home or facility that provides residential care under this section is eligible for residential care in the home or facility.

(i) The director of the division may contract with the division of mental health and addiction or the division of disability, **aging**, and rehabilitative services to purchase services for individuals with a



1 mental illness or a developmental disability by providing money to
 2 supplement the appropriation for community based residential care
 3 programs established under IC 12-22-2 or community based residential
 4 programs established under IC 12-11-1.1-1.

5 (j) A person with a mental illness may not be placed in a Christian
 6 Science facility listed and certified by the Commission for
 7 Accreditation of Christian Science Nursing Organizations/Facilities,
 8 Inc., unless the facility is licensed under IC 16-28.

9 SECTION 45. IC 12-10-11-2, AS AMENDED BY P.L.131-2024,
 10 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 11 JULY 1, 2026]: Sec. 2. (a) The board consists of the following
 12 seventeen (17) members:

13 (1) The director of the division of ~~aging~~ or the director's
 14 designee.

15 (2) The chairman of the Indiana state commission on aging or
 16 the chairman's designee.

17 (3) Three (3) citizens nominated by two (2) or more
 18 organizations that:

19 (A) represent senior citizens; and

20 (B) have statewide membership.

21 At least one (1) member appointed under this subdivision must
 22 be a recipient, or the caregiver of a recipient, of services
 23 provided under IC 12-10-10.

24 (4) One (1) citizen nominated by one (1) or more organizations
 25 that:

26 (A) represent individuals with disabilities, including
 27 individuals who are less than eighteen (18) years of age;

28 and

29 (B) have statewide membership.

30 (5) One (1) citizen nominated by one (1) or more organizations
 31 that:

32 (A) represent individuals with mental illness; and

33 (B) have statewide membership.

34 (6) One (1) provider who provides services under IC 12-10-10.

35 (7) One (1) licensed physician, physician assistant, or registered
 36 nurse who specializes either in the field of gerontology or in the
 37 field of disabilities.

38 (8) Two (2) home care services advocates or policy specialists
 39 nominated by two (2) or more:

40 (A) organizations;

41 (B) associations; or

42 (C) nongovernmental agencies;



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that advocate on behalf of home care consumers, including an organization listed in subdivision (3) that represents senior citizens or persons with disabilities.

(9) Two (2) members of the senate, who may not be members of the same political party, appointed by the president pro tempore of the senate with the advice of the minority leader of the senate.

(10) Two (2) members of the house of representatives, who may not be members of the same political party, appointed by the speaker of the house of representatives with the advice of the minority leader of the house of representatives.

(11) The executive director of the Indiana housing and community development authority or the executive director's designee.

(12) One (1) citizen nominated by one (1) or more organizations that:

(A) represent direct service workers; and

(B) have statewide membership.

The members of the board listed in subdivisions (9) and (10) are nonvoting members who serve two (2) year terms ending June 30 of each odd-numbered year. A legislative member serves at the pleasure of the appointing authority and may be reappointed to successive terms. A vacancy among the legislative members shall be filled by the appropriate appointing authority. An individual appointed to fill a vacancy serves for the unexpired term of the individual's predecessor.

(b) The members of the board designated by subsection (a)(3) through (a)(8) and (a)(12) shall be appointed by the governor for terms of four (4) years. The initial term of the member appointed under subsection (a)(12) is three (3) years and the length of each successive term is four (4) years. The term of a member of the board expires as follows:

(1) For a member appointed under subsection (a)(3) through (a)(5), June 30, 2025, and every fourth year thereafter.

(2) For a member appointed under subsection (a)(6) through (a)(8) and (a)(12), June 30, 2027, and every fourth year thereafter.

A member described in this subsection may be reappointed to successive terms. However, a member may continue to serve until a successor is appointed. In case of a vacancy, the governor shall appoint an individual to serve for the remainder of the unexpired term.

(c) The division shall establish notice and selection procedures to notify the public of the board's nomination process described in this chapter. Information must be distributed through:



- (1) the area agencies on aging; and
- (2) all organizations, associations, and nongovernmental agencies that work with the division on home care issues and programs.

SECTION 46. IC 12-10-11-7, AS AMENDED BY P.L.42-2024, SECTION 84, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. The division ~~of aging~~ shall provide staff services for the board.

SECTION 47. IC 12-10-20 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 20. Dementia Strategic Plan

Sec. 1. The bureau shall develop a dementia strategic plan to identify and significantly reduce the prevalence of dementia in Indiana.

Sec. 2. (a) The dementia strategic plan must include the following:

- (1) Proposed state actions.
- (2) Implementation steps.
- (3) Recommendations to carry out the purposes of the dementia strategic plan.

(b) The dementia strategic plan must do the following:

(1) Assess Indiana's current and future status concerning dementia, including the following:

(A) Determine Indiana trends concerning the diagnosis of dementia, and the current and future economic cost on Indiana.

(B) Evaluate the services, resources, and care available to address the needs of individuals with dementia, and their families and caregivers.

(C) Identify methods to reduce the financial costs of dementia care while improving care and services in Indiana.

(2) Identify strategies to increase awareness of dementia, including the following:

(A) Educate health care providers on:

- (i) the importance of early detection and diagnosis of Alzheimer's disease and dementia;**
- (ii) the importance of an annual wellness visit for cognitive health; and**
- (iii) Medicare having a billing code for individuals with cognitive impairment.**



(B) Promote culturally appropriate public health campaigns to increase understanding and awareness of early warning symptoms of dementia, and the value of early detection and diagnosis.

(C) Incorporate messages on brain health, including how to reduce the risk of cognitive decline, in existing public health campaigns and in diverse community settings where there is a greater risk of developing dementia.

(3) Identify strategies to enhance Indiana's dementia based workforce, including the following:

(A) Analyze dementia specific training requirements for paid professionals engaged in the care of individuals with dementia in institutions and home and community based settings.

(B) Increase the number of individuals pursuing careers in dementia care and geriatric occupations to meet future state needs.

(C) Enhance the capacity of adult protective services workers and law enforcement to properly respond to individuals with dementia.

(4) Identify strategies to increase access to home and community based services for individuals with dementia, including the following:

(A) Identify the type, cost, and variety of dementia services in Indiana.

(B) Assess capacity and access to adult day care, respite care, assisted living, and long term care services.

(C) Identify methods to expand Indiana's health care system capacity to meet the growing number and needs of individuals with Alzheimer's disease and dementia.

(5) Identify strategies to enhance the quality of care for individuals with dementia, including the following:

(A) Assess quality care measures for long term care facilities, assisted living facilities, and residential programs available to care for individuals with dementia.

(B) Uncover any existing gaps in dementia services and determine a plan to cover the gap in service.

(C) Identify methods to improve dementia services provided in home and community based settings.

(6) Recommend strategies to decrease health disparities



concerning dementia in ethnic and racial populations in Indiana.

(7) Identify and increase state based support for Alzheimer's disease research through Indiana universities and other resources.

(8) Identify needed state policies or actions to act upon findings under this section and implement the recommendations of the dementia strategic plan, setting forth a time frame for implementation.

Sec. 3. (a) The bureau shall submit annually:

(1) a summary of the dementia strategic plan; and

(2) a report concerning outcomes from implementation of the dementia strategic plan;

to the general assembly.

(b) The dementia strategic plan and report required under subsection (a) must be submitted in an electronic format under IC 5-14-6.

Sec. 4. The bureau may employ a dementia care coordinator to do the following:

(1) Coordinate implementation of the dementia strategic plan.

(2) Regarding the dementia care specialist program established under IC 12-10-5.7, do the following:

(A) Develop or identify best practice guidelines concerning the establishment and administration of a dementia care specialist program in accordance with IC 12-10-5.7.

(B) Establish training requirements necessary for staff working in a dementia care specialist program.

(C) Disseminate guidelines and training requirements described in clauses (A) and (B) to each area agency.

(D) Provide resources and technical assistance to an area agency or dementia care specialist designated by an area agency under IC 12-10-5.7.

(E) Not later than December 1 of each year, incorporate program reporting and analysis on coordinator activities, program impacts, and health outcomes as a subsection of the division's dementia strategic plan annual report required under section 3 of this chapter.

SECTION 48. IC 12-10-21 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

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Chapter 21. Yellow Dot Motor Vehicle Medical Information Program

Sec. 1. As used in this chapter, "emergency medical responder" means:

- (1) an emergency medical technician;
- (2) an emergency medical technician-paramedic;
- (3) a paramedic; and
- (4) any other emergency services provider, physician, or nurse;

on the scene of a motor vehicle accident or emergency situation involving a program participant or accompanying or attending to a program participant patient in an ambulance.

Sec. 2. As used in this chapter, "other responder" means a firefighter or law enforcement officer on the scene of a motor vehicle accident or emergency situation involving a program participant.

Sec. 3. As used in this chapter, "program" means the yellow dot motor vehicle medical information program established by section 5(a) of this chapter.

Sec. 4. As used in this chapter, "program participant" means an individual who acts in accordance with section 8 of this chapter. The term includes:

- (1) the operator of a motor vehicle; and
- (2) a passenger of a motor vehicle.

Sec. 5. (a) The yellow dot motor vehicle medical information program is established for the purpose of providing emergency medical responders with critical medical information in the event of a motor vehicle accident or emergency situation involving a program participant.

(b) The bureau shall administer the program.

Sec. 6. (a) The bureau shall create a standard medical information form that allows a program participant to supply the following information:

- (1) The program participant's name.
- (2) A photograph of the program participant.
- (3) The contact information for not more than two (2) emergency contacts for the program participant.
- (4) The program participant's medical information, including medical conditions, recent surgeries, allergies, and current medications.
- (5) The program participant's hospital preference.
- (6) The contact information for not more than two (2) health



care providers of the program participant.

(7) The date the program participant completed the form.

(b) The standard medical information form must include the following statements:

(1) A statement that the program acts as a facilitator only, and that all information supplied on the medical information form is the sole responsibility of the program participant.

(2) A statement that the program participant supplies the medical information voluntarily, and that the program participant authorizes the disclosure and use of the medical information for the purposes described in section 9(b) of this chapter.

Sec. 7. (a) The bureau may provide for, assist in, or authorize the printing of the medical information form and assembling of a yellow dot folder containing:

(1) the medical information form; and

(2) a yellow dot decal with adhesive backing.

(b) The bureau shall distribute yellow dot folders to area agencies on aging and license branches. The bureau shall provide information on its website regarding how to obtain a yellow dot folder from an area agency on aging or a license branch.

(c) The bureau may not charge a fee to participate in the program.

Sec. 8. A program participant shall do the following:

(1) Affix the yellow dot decal on the left lower corner of the rear window of a motor vehicle other than a motorcycle or on a secure visible location on the rear of a motorcycle.

(2) Complete the medical information form, place it in the yellow dot folder, and place the yellow dot folder in the glove compartment of the motor vehicle or in the compartment attached to the motorcycle, as appropriate.

Sec. 9. (a) If a yellow dot decal is affixed to a motor vehicle that is involved in a motor vehicle accident or emergency situation, an emergency medical responder or other responder on the scene is authorized to search the vehicle compartment indicated under section 8(2) of this chapter for a yellow dot folder.

(b) An emergency medical responder or other responder may use the information contained in the yellow dot folder to:

(1) identify the program participant;

(2) ascertain whether the program participant has a medical condition that may impede communications with the emergency medical responder or other responder;



(3) communicate with the program participant's emergency contact about the location and general condition of the program participant; and

(4) consider the program participant's current medications and preexisting medical conditions when emergency medical treatment is administered for any injury the program participant suffers.

Sec. 10. (a) An emergency medical responder, other responder, emergency medical responder's employer, and other responder's employer are immune from civil liability if the emergency medical responder or other responder:

(1) is unable to make contact with the program participant's emergency contact after a good faith attempt; or

(2) disseminates or fails to disseminate any information from the yellow dot folder to other emergency medical responders, other responders, hospitals, or any health care providers that render emergency medical treatment to the program participant.

(b) A health care provider and a health care provider's employer are immune from civil and criminal liability if the health care provider relies in good faith on the information provided in a program participant's yellow dot folder.

SECTION 49. IC 12-10-22 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 22. Caretaker Support Program

Sec. 1. As used in this chapter, "caretaker" means an individual who:

(1) provides ongoing care for an individual who:

(A) is at least eighteen (18) years of age; and

(B) has special needs; and

(2) does not receive money for the care provided under subdivision (1).

Sec. 2. As used in this chapter, "special needs" means any of the following:

(1) Alzheimer's disease or any related disorder.

(2) Inability to perform at least two (2) activities of daily living.

(3) Any other condition that the bureau determines by rule should be covered by this article.

Sec. 3. The caretaker support program is established.

Sec. 4. (a) The bureau shall administer the caretaker support



program established by this chapter.

(b) The bureau shall do the following:

(1) Subject to section 9 of this chapter, adopt rules under IC 4-22-2 for the coordination and administration of the caretaker support program.

(2) Administer any money for the caretaker support program that is appropriated by the general assembly.

Sec. 5. An individual who is at least sixty-five (65) years of age and:

(1) a caretaker; or

(2) an individual with special needs being taken care of by a caretaker;

are eligible for the caretaker support program.

Sec. 6. Caretaker support program services include the following services administered by the area agencies on aging:

(1) Information for caretakers about available services.

(2) Assistance to caretakers in gaining access to the services.

(3) Individual counseling, organization of support groups, and caretaker training to assist caretakers in making decisions and solving problems in the individual's role as caretaker.

(4) Respite care to offer caretakers temporary relief from caretaker responsibilities.

Sec. 7. The bureau shall develop and implement a client cost share formula for respite care services.

Sec. 8. When possible, the bureau shall make use of volunteers and volunteer groups, including faith based groups, when executing its duties under this article.

Sec. 9. Rules adopted under this chapter must:

(1) include protections for the rights, safety, and welfare of individuals with special needs receiving care from a caretaker under this chapter, including reasonable monitoring and reporting requirements;

(2) serve distinct populations, including:

(A) the aged;

(B) persons with developmental disabilities; and

(C) persons with physical disabilities;

in a manner that recognizes, and appropriately responds to, the particular needs of the population;

(3) not create barriers to the availability of home and community based services under IC 12-10-10 and IC 12-10-11.5 by imposing costly or unduly burdensome



requirements on caretakers or other service providers,
including:

(A) requirements for proof of financial responsibility;
and

(B) monitoring, enforcement, reporting, or other
administrative requirements; and

(4) otherwise comply with IC 12-10-10, IC 12-10-11.5, and
this chapter.

SECTION 50. IC 12-10-23 IS ADDED TO THE INDIANA CODE
AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2026]:

Chapter 23. Continuum of Care

Sec. 1. The bureau shall:

(1) provide standards for the training of; and

(2) promote best practices for;

continuum of care program providers.

**Sec. 2. Subject to section 3 of this chapter, the bureau may
adopt rules under IC 4-22-2 necessary to carry out this chapter.**

Sec. 3. (a) Rules adopted under this chapter must:

(1) include protections for the rights, safety, and welfare of
individuals receiving care under this chapter;

(2) serve distinct populations, including:

(A) the aged;

(B) individuals with developmental disabilities; and

(C) individuals with physical disabilities;

in a manner that recognizes, and appropriately responds to,
the particular needs of the population; and

(3) otherwise comply with IC 12-10-10, IC 12-10-11.5, and
this chapter.

(b) Rules adopted under this chapter may not create barriers
to the availability of home and community based services under
IC 12-10-10 and IC 12-10-11.5 by imposing costly or unduly
burdensome requirements on continuum of care providers or other
service providers, including:

(1) requirements for proof of financial responsibility; and

(2) monitoring, enforcement, reporting, or other
administrative requirements.

**Sec. 4. The continuum of care provided under this article must
include services that support prevention and treatment of mental
illness and addiction.**

SECTION 51. IC 12-10.5 IS REPEALED [EFFECTIVE JULY 1,
2026]. (Respite Care Services).



SECTION 52. IC 12-12-2-7, AS AMENDED BY P.L.68-2017,
SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2026]: Sec. 7. The commission shall do the following:

(1) Advise the rehabilitation services bureau concerning the
bureau's performance in the following areas:

(A) Eligibility and order of selection.

(B) Scope, extent, and effectiveness of services.

(C) Functions of state agencies in addition to vocational
rehabilitation affecting individuals in achieving
rehabilitation goals.

(2) Advise the division of disability, **aging**, and rehabilitative
services and the rehabilitation services bureau concerning the
state plan, applications, and the strategic plan.

(3) Review and analyze the effectiveness and consumer
satisfaction with the functions of the agencies dealing with
persons with disabilities and with vocational rehabilitation
services.

(4) Prepare and submit an annual report to the governor and the
rehabilitation services administration commissioner in
accordance with federal requirements concerning:

(A) the status of vocational rehabilitation programs in
Indiana; and

(B) recommendations concerning the implementation and
progress toward advancing competitive integrated
employment for individuals with disabilities as described in
IC 22-9-11.

(5) Coordinate with other councils in Indiana.

(6) Advise and provide for coordination and working
relationships between the state agency and the Independent
Living Council and Independent Living centers.

(7) Develop a statewide plan to support the advancement of
competitive integrated employment, including self-employment,
as the first and preferred option when providing services to
individuals with disabilities. The plan, at a minimum, must
include the following:

(A) Identification of barriers to employment for individuals
with disabilities.

(B) An analysis of federal, state, and local agency policies
concerning the provision of services to individuals with
disabilities, including the impact of those policies on
opportunities for competitive integrated employment.

(C) Recommendations to advance competitive integrated



employment for individuals with disabilities.

SECTION 53. IC 12-12-2-11, AS AMENDED BY P.L.141-2006, SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 11. The commission, in conjunction with the division of disability, **aging**, and rehabilitative services, may employ staff and other personnel as necessary.

SECTION 54. IC 12-12-9-2, AS AMENDED BY P.L.56-2023, SECTION 97, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. The office of the secretary shall, on the first business day of each month, send a copy of a report filed under section 1 of this chapter to the following persons:

(1) For persons less than seventeen (17) years of age, to the following:

(A) The Indiana School for the Blind and Visually Impaired.

(B) The division of disability, **aging**, and rehabilitative services.

(C) The division of special education of the department of education.

(2) For persons at least seventeen (17) years of age, to the following:

(A) The division of disability, **aging**, and rehabilitative services.

(B) On request, organizations serving the blind or visually impaired and the Indiana department of health.

SECTION 55. IC 12-12-9-4, AS AMENDED BY P.L.141-2006, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) On receiving a report under this chapter, the division of disability, **aging**, and rehabilitative services shall provide information to the visually impaired individual designated in the report concerning available state and local services.

(b) For a visually impaired individual less than seventeen (17) years of age, the Indiana School for the Blind and Visually Impaired:

(1) has the primary duty of initially contacting the visually impaired individual or the individual's family; and

(2) shall notify the division of disability, **aging**, and rehabilitative services and the department of education of the school's findings.

SECTION 56. IC 12-15-1-14.5, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14.5. (a) The office of the secretary shall prepare



a report on the provision of Medicaid services, including Medicaid home and community based waiver services, to recipients who have medically complex conditions. The report must include the following, categorized by whether the recipient was less than, or at least, eighteen (18) years of age:

(1) The number of recipients, by county, who received Medicaid services through:

(A) the state plan;

(B) a Medicaid waiver; or

(C) services under both ~~clause clauses~~ (A) and (B).

(2) A list of the specific services provided to the recipients, by county, and the number of recipients who received each service.

(3) The median length of time recipients have received Medicaid, by county, through the following:

(A) The state plan.

(B) A Medicaid waiver.

(C) Services under both ~~clause clauses~~ (A) and (B).

(b) Not later than September 1, 2025, and each September 1 thereafter, the office of the secretary shall submit the report described in subsection (a) to the following:

(1) The Medicaid advisory commission, established by IC 12-15-33-2.

(2) The Medicaid oversight committee, in an electronic format under IC 5-14-6.

(3) The budget committee.

(4) The legislative council, in an electronic format under IC 5-14-6.

(5) The division of disability and rehabilitative services advisory council established under IC 12-9-4.

(c) The division of disability and rehabilitative services advisory council established under IC 12-9-4 shall provide the following recommendations to the division of disability, **aging**, and rehabilitative services to ensure the delivery of appropriate high quality services to recipients, including an evaluation of models of care for complex care assistants used in other states:

(1) The potential benefits and risks to recipients and family caregivers.

(2) Training and certification requirements.

(3) Implementation challenges and strategies to address the challenges.

(4) Any potential fiscal impact of implementing a complex care assistant program in Indiana.



SECTION 57. IC 12-15-1.3-15, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 15. (a) As used in this section, "division" refers to the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1.

(b) As used in this section, "waiver" refers to any waiver administered by the office and the division under section 1915(c) of the federal Social Security Act.

(c) The office shall apply to the United States Department of Health and Human Services for approval to amend a waiver to set an emergency placement priority for individuals in the following situations:

(1) Death of a primary caregiver.

(2) The primary caregiver is at least eighty (80) years of age.

(3) There is evidence of abuse or neglect in the current institutional or home placement.

(4) There is evidence of other health and safety risks, as determined by the division director, where other available services through:

(A) the Medicaid program and other federal, state, and local public programs; and

(B) supports that families and communities provide; are insufficient to address the other health and safety risks, as determined by the division director.

(d) The division shall report on a quarterly basis the following information to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2 concerning each Medicaid waiver for which the office has been approved under this section to administer an emergency placement priority for individuals described in this section:

(1) The number of applications for emergency placement priority waivers.

(2) The number of individuals served on the waiver.

(3) The number of individuals on a wait list for the waiver.

(e) Before July 1, 2021, the division, in coordination with the task force established by IC 12-11-15.5-2 (**before its expiration**), shall establish new priority categories for individuals served by a waiver.

(f) The office may adopt rules under IC 4-22-2 necessary to implement this section.

SECTION 58. IC 12-15-4-1.5, AS ADDED BY P.L.126-2025, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2026]: Sec. 1.5. (a) The office of the secretary shall establish the following:

(1) Performance standards for ~~hospitals~~ **providers** to use in making presumptive eligibility determinations.

(2) An appeals process for a ~~hospital~~ **provider** that disputes a determination that a presumptive eligibility standard was violated.

The office of the secretary shall limit presumptive eligibility determination to qualified ~~hospitals~~ **providers**.

(b) A ~~hospital~~ **provider** shall do the following when making a presumptive eligibility determination:

(1) Notify the office of the secretary of each presumptive eligibility determination not later than five (5) business days after the date of the determination.

(2) Assist individuals whom the ~~hospital~~ **provider** determines are presumptively eligible with completing and submitting a full Medicaid application.

(3) Notify the applicant in writing and on all relevant forms with plain language and large print that if the applicant:

(A) does not file a full Medicaid application with the office of the secretary before the last day of the following month, presumptive eligibility will end on that last day; and

(B) files a full Medicaid application with the office of the secretary before the last day of the following month, presumptive eligibility will continue until an eligibility determination is made concerning the application.

(c) The office of the secretary shall use the following performance standards to establish and ensure accurate presumptive eligibility determinations by a qualified ~~hospital~~ **provider**:

(1) Determine whether each presumptive eligibility determination received from the ~~hospital~~ **provider** complied with the time requirement set forth in subsection (b)(1).

(2) Determine whether the office of the secretary received before the expiration of each presumptive eligibility period the full application from the individual determined by the ~~hospital~~ **provider** to be presumptively eligible.

(3) Determine whether each applicant who was determined by the ~~hospital~~ **provider** to be presumptively eligible was determined to be eligible for Medicaid after the full application was received.

(d) Each single violation by a ~~hospital~~ **provider** of any of the performance standards under subsection (c) counts as one (1) violation



for the presumptive eligibility determination. Each subsequent violation of a performance standard is an additional violation for purposes of this section.

(e) For the first violation of a presumptive eligibility standard under this section that a **hospital provider** receives in a calendar year, the office of the secretary shall notify the **hospital provider** in writing not later than five (5) days after the determination of a violation is made. The notice must include the following:

(1) A description of the standard that was not met and an explanation of why the **hospital provider** did not meet the standard.

(2) Notice that a second finding on noncompliance with a standard will result in a requirement that the **hospital's provider's** applicable staff participate in mandatory training on **hospital provider** presumptive eligibility rules and standards that is performed by the office of the secretary.

(3) A description of the available appeal procedures that the **hospital provider** may use to dispute the finding of a violation of presumptive eligibility standards.

(f) If the office of the secretary determines that a **hospital provider** has failed to meet any of the presumptive eligibility standards under this section in any presumptive eligibility determination by the **hospital provider** for a second time within a twelve (12) month period of a first violation, the office of the secretary shall notify the **hospital provider** in writing not later than five (5) days after the determination that a second violation has occurred. The written notice must include the following:

(1) A description of the standard that was not met and an explanation of why the **hospital provider** did not meet the standard.

(2) Notice that the **hospital's provider's** applicable staff must participate in mandatory training on **hospital provider** presumptive eligibility rules and standards that is performed by the office of the secretary, and information concerning the date, time, and location of the training by the office.

(3) A description of the available appeal procedures that the **hospital provider** may use to dispute the finding of a violation of presumptive eligibility standards.

(4) Notice that a third violation by the **hospital provider** of a presumptive eligibility standard within a twelve (12) month period from the second violation will result in the **hospital provider** no longer being qualified to make presumptive



eligibility determinations.

If a **hospital provider** appeals a finding of a violation of presumptive eligibility standards described in this subsection, the **hospital provider** must provide clear and convincing evidence during the appeals process that the standard was met by the **hospital provider**.

(g) If the office of the secretary determines that a **hospital provider** has failed to meet any of the presumptive eligibility standards under this section in any presumptive eligibility determination by the **hospital provider** for a third time within a twelve (12) month period of the second violation by the **hospital provider**, the office of the secretary shall notify the **hospital provider** in writing not later than five (5) days from a determination that a presumptive eligibility standard was violated by the **hospital provider** for the third time. The written notice must include the following:

(1) A description of the standard that was not met and an explanation of why the **hospital provider** did not meet the standard.

(2) A description of the available appeal procedures that the **hospital provider** may use to dispute the finding of a violation of presumptive eligibility standards.

(3) Notice that, effective immediately from receipt of the notice, the **hospital provider** is no longer qualified to make presumptive eligibility determinations for the Medicaid program.

(h) If a **hospital provider** appeals a finding of a violation of presumptive eligibility standards described in subsection (g), the **hospital provider** must provide clear and convincing evidence during the appeals process that the standard was met by the **hospital provider**.

SECTION 59. IC 12-15-12.5-1, AS ADDED BY P.L.167-2025, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "area agency" means an area agency on aging designated by the bureau of **better** aging and in-home services under IC 12-10-1-4.

SECTION 60. IC 12-15-32-10, AS AMENDED BY P.L.141-2006, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) An applicant for Medicaid who desires to be placed in a community residential facility must first receive a diagnostic evaluation to be provided by the division of disability, **aging**, and rehabilitative services.

(b) Subsequent diagnostic evaluations by the division of disability, **aging**, and rehabilitative services shall be provided at least every twelve (12) months to review the individual's need for services.



(c) The office shall consider the evaluations in determining the appropriateness of placement.

SECTION 61. IC 12-15-35-28, AS AMENDED BY P.L.213-2025, SECTION 114, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 28. (a) The board has the following duties:

(1) The implementation of a Medicaid retrospective and prospective DUR program as outlined in this chapter, including the approval of software programs to be used by the pharmacist for prospective DUR and recommendations concerning the provisions of the contractual agreement between the state and any other entity that will be processing and reviewing Medicaid drug claims and profiles for the DUR program under this chapter.

(2) The development and application of the predetermined criteria and standards for appropriate prescribing to be used in retrospective and prospective DUR to ensure that such criteria and standards for appropriate prescribing are based on the compendia and developed with professional input with provisions for timely revisions and assessments as necessary.

(3) The development, selection, application, and assessment of interventions for physicians, pharmacists, and patients that are educational and not punitive in nature.

(4) The publication of an annual report that must be subject to public comment before issuance to the federal Department of Health and Human Services and to the Indiana legislative council by December 1 of each year. The report issued to the legislative council must be in an electronic format under IC 5-14-6.

(5) The development of a working agreement for the board to clarify the areas of responsibility with related boards or agencies, including the following:

(A) The Indiana board of pharmacy.

(B) The medical licensing board of Indiana.

(C) The SURS staff.

(6) The establishment of a grievance and appeals process for physicians or pharmacists under this chapter.

(7) The publication and dissemination of educational information to physicians and pharmacists regarding the board and the DUR program, including information on the following:

(A) Identifying and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically



- 1 unnecessary care among physicians, pharmacists, and
- 2 recipients.
- 3 (B) Potential or actual severe or adverse reactions to drugs.
- 4 (C) Therapeutic appropriateness.
- 5 (D) Overutilization or underutilization.
- 6 (E) Appropriate use of generic drugs.
- 7 (F) Therapeutic duplication.
- 8 (G) Drug-disease contraindications.
- 9 (H) Drug-drug interactions.
- 10 (I) Incorrect drug dosage and duration of drug treatment.
- 11 (J) Drug allergy interactions.
- 12 (K) Clinical abuse and misuse.
- 13 (8) The adoption and implementation of procedures designed to
- 14 ensure the confidentiality of any information collected, stored,
- 15 retrieved, assessed, or analyzed by the board, staff to the board,
- 16 or contractors to the DUR program that identifies individual
- 17 physicians, pharmacists, or recipients.
- 18 (9) The implementation of additional drug utilization review
- 19 with respect to drugs dispensed to residents of nursing facilities
- 20 shall not be required if the nursing facility is in compliance with
- 21 the drug regimen procedures under 410 IAC 16.2-3.1 and 42
- 22 CFR 483.60.
- 23 (10) The research, development, and approval of a preferred
- 24 drug list for:
- 25 (A) Medicaid's fee for service program;
- 26 (B) a risk based managed care program, if the office
- 27 provides a prescription drug benefit and subject to
- 28 IC 12-15-5; and
- 29 (C) the children's health insurance program under
- 30 IC 12-17.6;
- 31 in consultation with the therapeutics committee.
- 32 (11) The approval of the review and maintenance of the
- 33 preferred drug list at least two (2) times per year.
- 34 (12) The preparation and submission of a report concerning the
- 35 preferred drug list at least one (1) time per year to the interim
- 36 study committee on public health, behavioral health, and human
- 37 services established by IC 2-5-1.3-4 in an electronic format
- 38 under IC 5-14-6.
- 39 (13) The collection of data reflecting prescribing patterns related
- 40 to treatment of children diagnosed with attention deficit disorder
- 41 or attention deficit hyperactivity disorder.
- 42 (14) Advising the Indiana comprehensive health insurance



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association established by IC 27-8-10-2.1 concerning implementation of chronic disease management and pharmaceutical management programs under IC 27-8-10-3.5.

(b) The board shall use the clinical expertise of the therapeutics committee in developing a preferred drug list. The board shall also consider expert testimony in the development of a preferred drug list.

(c) In researching and developing a preferred drug list under subsection (a)(10), the board shall do the following:

(1) Use literature abstracting technology.

(2) Use commonly accepted guidance principles of disease management.

(3) Develop therapeutic classifications for the preferred drug list.

(4) Give primary consideration to the clinical efficacy or appropriateness of a particular drug in treating a specific medical condition.

(5) Include in any cost effectiveness considerations the cost implications of other components of the state's Medicaid program and other state funded programs.

(d) Prior authorization is required for coverage under a program described in subsection (a)(10) of a drug that is not included on the preferred drug list.

(e) The board shall determine whether to include a single source covered outpatient drug that is newly approved by the federal Food and Drug Administration on the preferred drug list not later than sixty (60) days after the date on which the manufacturer notifies the board in writing of the drug's approval. However, if the board determines that there is inadequate information about the drug available to the board to make a determination, the board may have an additional sixty (60) days to make a determination from the date that the board receives adequate information to perform the board's review. Prior authorization may not be automatically required for a single source drug that is newly approved by the federal Food and Drug Administration, and that is:

(1) in a therapeutic classification:

(A) that has not been reviewed by the board; and

(B) for which prior authorization is not required; or

(2) the sole drug in a new therapeutic classification that has not been reviewed by the board.

(f) The board may not exclude a drug from the preferred drug list based solely on price.

(g) The following requirements apply to a preferred drug list developed under subsection (a)(10):

(1) The office or the board may require prior authorization for a



1 drug that is included on the preferred drug list under the
2 following circumstances:

3 (A) To override a prospective drug utilization review alert.

4 (B) To permit reimbursement for a medically necessary
5 brand name drug that is subject to generic substitution
6 under IC 16-42-22-10.

7 (C) To prevent fraud, abuse, waste, overutilization, or
8 inappropriate utilization.

9 (D) To permit implementation of a disease management
10 program.

11 (E) To implement other initiatives permitted by state or
12 federal law.

13 (2) The office may add a drug that has been approved by the
14 federal Food and Drug Administration to the preferred drug list
15 without prior approval from the board.

16 (3) The board may add a drug that has been approved by the
17 federal Food and Drug Administration to the preferred drug list.

18 ~~(h) At least one (1) time each year, the board shall provide a report~~
19 ~~to the interim study committee on public health, behavioral health, and~~
20 ~~human services established by IC 2-5-1.3-4 in an electronic format~~
21 ~~under IC 5-14-6. The report must contain the following information:~~

22 ~~(1) The cost of administering the preferred drug list.~~

23 ~~(2) Any increase in Medicaid physician, laboratory, or hospital~~
24 ~~costs or in other state funded programs as a result of the~~
25 ~~preferred drug list.~~

26 ~~(3) The impact of the preferred drug list on the ability of a~~
27 ~~Medicaid recipient to obtain prescription drugs.~~

28 ~~(4) The number of times prior authorization was requested; and~~
29 ~~the number of times prior authorization was:~~

30 ~~(A) approved; and~~

31 ~~(B) disapproved.~~

32 ~~(5) Any recommendations received from the mental health~~
33 ~~Medicaid quality advisory committee under section 51(h) of this~~
34 ~~chapter.~~

35 ~~(i) The board shall provide the first report required under~~
36 ~~subsection (h) not later than six (6) months after the board submits an~~
37 ~~initial preferred drug list to the office.~~

38 SECTION 62. IC 12-16-1-1, AS AMENDED BY P.L.56-2023,
39 SECTION 114, IS AMENDED TO READ AS FOLLOWS
40 [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "affected
41 agency" means any of the following:

42 (1) The department of correction.



(2) The Indiana department of health.

(3) The division of mental health and addiction.

(4) The division of disability, **aging**, and rehabilitative services.

SECTION 63. IC 12-16-2.5-5, AS AMENDED BY P.L.56-2023, SECTION 115, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The hospital care for the indigent program does not apply to inmates and patients of institutions of the department of correction, the Indiana department of health, the division of mental health and addiction, ~~the division of aging~~, or the division of disability, **aging**, and rehabilitative services.

SECTION 64. IC 12-16-10.5-1, AS AMENDED BY P.L.141-2006, SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The division shall, with the advice of the division's medical staff, the division of mental health and addiction, ~~the division of aging~~, the division of disability, **aging**, and rehabilitative services, and other individuals selected by the director of the division, adopt rules under IC 4-22-2 to do the following:

(1) Provide for review and approval of services paid under the hospital care for the indigent program.

(2) Establish limitations consistent with medical necessity on the duration of services to be provided.

(3) Specify the amount of and method for reimbursement for services.

(4) Specify the conditions under which payments will be denied and improper payments will be recovered.

SECTION 65. IC 12-17.2-7.6-3, AS ADDED BY P.L.92-2024, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) Not later than January 1, 2025, after soliciting and considering recommendations from appropriate stakeholders, the office of the secretary shall develop a regulatory model that:

(1) is applicable only to micro facilities;

(2) incorporates waivers or variances from the office of the secretary's rules applicable to providers under this article; and

(3) provides for a balance between the goals of:

(A) increasing the availability of child care, particularly in geographic areas facing a critical shortage of child care, by reducing the costs of operating a micro facility; and

(B) ensuring the health and safety of children for whom a micro facility provides child care.

(b) In determining waivers or variances to be incorporated under



subsection (a)(2), the office of the secretary shall consider efficiencies such as:

- (1) allowing a micro facility to be operated in either a residential or nonresidential building;
- (2) prescribing educational requirements for staff members of a micro facility that are tailored to the needs of providing child care to groups of thirty (30) children or less; and
- (3) allowing for supervision of children of diverse age groups in a manner that maximizes use of limited facility space.

(c) Not later than March 1, 2025, the office of the secretary shall establish and administer a pilot program under which:

(1) a licensee under IC 12-7-2-28.4 or IC 12-7-2-28.8 that:

- (A) operates an existing micro facility; or
- (B) proposes to begin operating a new micro facility not more than sixty (60) days after the date of the licensee's application under this subdivision;

may apply to participate in the pilot program in a manner prescribed by the office of the secretary;

(2) the office of the secretary shall select at least three (3) licensees that apply under subdivision (1) and:

- (A) allow a selected licensee described in subdivision (1)(A) to operate the licensee's existing micro facility; and
- (B) allow a selected licensee described in subdivision (1)(B) to operate the licensee's proposed micro facility;

under the regulatory model developed under subsection (a); and

(3) the office of the secretary shall:

- (A) monitor the operation of the micro facilities operating under the regulatory model under subdivision (2); and
- (B) evaluate the degree to which the operation of the micro facilities under the regulatory model serves the balance described in subsection (a)(3).

(d) The office of the secretary shall, to the extent practicable, select licensees for participation in the pilot program such that the micro facilities operated by the licensees are located in areas:

- (1) that are geographically diverse from one another; and
- (2) in which there exists a critical shortage of child care providers.

(e) A waiver or variance applied to a micro facility under this section expires on the earlier of:

- (1) the date specified by the office of the secretary; or
- (2) ~~December 31, 2026~~ **December 31, 2027**.

SECTION 66. IC 12-17.2-7.6-5, AS ADDED BY P.L.92-2024,



SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1, 2027~~: **January 1, 2028.**

SECTION 67. IC 12-21-2-3, AS AMENDED BY P.L.104-2024, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The secretary or the secretary's designee shall do the following:

(1) Organize the division, create the appropriate personnel positions, and employ personnel necessary to discharge the statutory duties and powers of the division or a bureau of the division.

(2) Subject to the approval of the state personnel department, establish personnel qualifications for all deputy directors, assistant directors, bureau heads, and superintendents.

(3) Subject to the approval of the budget director and the governor, establish the compensation of all deputy directors, assistant directors, bureau heads, and superintendents.

(4) Study the entire problem of mental health, mental illness, and addictions existing in Indiana.

(5) Adopt rules under IC 4-22-2 for the following:

(A) Standards for the operation of private institutions that are licensed under IC 12-25 for the diagnosis, treatment, and care of individuals with psychiatric disorders, addictions, or other abnormal mental conditions.

(B) Licensing or certifying community residential programs described in IC 12-22-2-3.5 for individuals with serious mental illness (SMI), serious emotional disturbance (SED), or chronic addiction (CA) with the exception of psychiatric residential treatment facilities.

(C) Subject to IC 12-29-2-21, certifying community mental health centers to operate in Indiana.

(D) Establish exclusive geographic primary service areas for community mental health centers. The rules must include the following:

(i) Criteria and procedures to justify the change to the boundaries of a community mental health center's primary service area.

(ii) Criteria and procedures to justify the change of an assignment of a community mental health center to a primary service area.

(iii) A provision specifying that the criteria and procedures determined in items (i) and (ii) must



include an option for the county and the community mental health center to initiate a request for a change in primary service area or provider assignment.

(iv) A provision specifying the criteria and procedures determined in items (i) and (ii) may not limit an eligible consumer's right to choose or access the services of any provider who is certified by the division of mental health and addiction to provide public supported mental health services.

(E) The implementation and administration of certification requirements and standards for the following:

(i) Certified community behavioral health clinics.

(ii) Recovery community organizations.

(iii) Recovery residences, for residential care and supported housing for chronic addiction in a recovery residence.

(iv) Certified peers.

(6) Institute programs, in conjunction with an accredited college or university and with the approval, if required by law, of the commission for higher education, for the instruction of students of mental health and other related occupations. The programs may be designed to meet requirements for undergraduate and postgraduate degrees and to provide continuing education and research.

(7) Develop programs to educate the public in regard to the prevention, diagnosis, treatment, and care of all abnormal mental conditions.

(8) Make the facilities of the state institutions available for the instruction of medical students, student nurses, interns, and resident and fellow physicians under the supervision of the faculty of any accredited school of medicine or osteopathy located in Indiana or an accredited residency or fellowship training program in connection with research and instruction in psychiatric disorders.

(9) Institute a stipend program designed to improve the quality and quantity of staff that state institutions employ.

(10) Establish, supervise, and conduct community programs, either directly or by contract, for the diagnosis, treatment, and prevention of psychiatric disorders.

(11) Adopt rules under IC 4-22-2 concerning the records and data to be kept concerning individuals admitted to state



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institutions, community mental health centers, or other providers.

(12) Compile information and statistics concerning the ethnicity and gender of a program or service recipient.

(13) Establish standards for services described in IC 12-7-2-40.6 for community mental health centers and other providers.

(14) Provide that the standards for services provided by recovery residences for residential care and supported housing for chronic addiction, when used as a recovery residence, to

(A) be certified ~~through an entity approved~~ by the division **or the division's designee** to ensure adherence to standards determined by the ~~National Alliance for Recovery Residences (NARR)~~ **or a similar entity**; and
(B) ~~meet other standards established by the division under rules adopted under IC 4-22-2.~~ **division.**

(15) Provide that the standards for services provided by recovery community organizations for behavioral health recovery, when used as a recovery community organization, ~~<~~

> (A) be certified ~~through an entity approved~~ by the division **or the division's designee** to ensure adherence to standards determined by the ~~Indiana Recovery Network or similar entity that certifies recovery community organizations~~; and
(B) ~~meet other standards established by the division under rules adopted under IC 4-22-2.~~ **division.**

(16) Require the division to:

(A) provide best practice recommendations to community mental health centers; and

(B) work with community mental health centers in a collaborative manner in order to ensure improved health outcomes as a part of reviews or audits.

Documentation developed as a part of an incident or death reporting audit or review is confidential and may only be shared between the division and the community mental health center.

SECTION 68. IC 12-21-8-1, AS AMENDED BY P.L.162-2023, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "9-8-8 crisis response center" or "center" means a state identified center participating in the 9-8-8 suicide and crisis lifeline network to respond to statewide or regional 9-8-8 calls, **text messages, and other messaging services.**

SECTION 69. IC 12-21-8-10, AS AMENDED BY P.L.11-2023, SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The division shall coordinate:



- 1 (1) available onsite response services of crisis calls using state
 2 and locally funded mobile crisis teams; and
 3 (2) crisis receiving and stabilization services resulting from a
 4 9-8-8 call.
- 5 (b) The mobile crisis teams must **be certified by the division and**
 6 **must** include:
 7 (1) a peer certified by the division; and
 8 (2) at least one (1) of the following:
 9 (A) A behavioral health professional licensed under
 10 IC 25-23.6.
 11 (B) An other behavioral health professional (OBHP), as
 12 defined in 440 IAC 11-1-12.
 13 (C) Emergency medical services personnel licensed under
 14 IC 16-31.
 15 (D) Law enforcement based coresponder behavioral health
 16 teams.
- 17 (c) Crisis response services provided by a mobile crisis team must
 18 be provided under the supervision of:
 19 (1) a behavioral health professional licensed under IC 25-23.6;
 20 (2) a licensed physician; or
 21 (3) an advanced practice registered nurse (as defined in
 22 IC 12-7-2-3.1).
- 23 The supervision required under this subsection may be performed
 24 remotely.
- 25 ~~<— SECTION 70. IC 12-21-8-10.5 IS ADDED TO THE INDIANA~~
 26 ~~CODE AS A NEW SECTION TO READ AS FOLLOWS~~
 27 ~~[EFFECTIVE JULY 1, 2026]: Sec. 10.5. Notwithstanding any other~~
 28 ~~law:~~
 29 ~~— (1) a designated 9-8-8 crisis response center;~~
 30 ~~— (2) an employee, director, officer, or agent of a designated~~
 31 ~~9-8-8 crisis response center; or~~
 32 ~~— (3) a member of a certified mobile crisis team;~~
 33 ~~establishing, developing, implementing, maintaining, operating,~~
 34 ~~and providing crisis response services under this chapter is not~~
 35 ~~liable in a civil or criminal action for the death, injury, or loss of~~
 36 ~~person or property except for in the case of willful or wanton~~
 37 ~~misconduct.~~
- 38 > SECTION 7<=>[0]. IC 12-24-1-8, AS AMENDED BY
 39 P.L.141-2006, SECTION 63, IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Each state
 41 institution shall post a notice that a resident, the legal representative of
 42 the resident, or another individual designated by the resident may



request from the individual in charge of each shift information that designates the names of all nursing personnel or direct care staff on duty by job classification for the:

- (1) wing;
- (2) unit; or
- (3) other area as routinely designated by the state institution;

where the resident resides.

(b) The notice required under subsection (a) must meet the following conditions:

- (1) Be posted in a conspicuous place that is readily accessible to residents and the public.
- (2) Be at least 24 point font size on a poster that is at least eleven (11) inches wide and seventeen (17) inches long.
- (3) Contain the:

(A) business telephone number of the superintendent of the state institution; and

(B) toll free telephone number for filing complaints with the division that is administratively in charge of the state institution.

(4) State that if a resident, the legal representative of the resident, or another individual designated by the resident is unable to obtain the information described in subsection (a) from the individual in charge of each shift, the resident, the legal representative of the resident, or other individual designated by the resident may do any of the following:

(A) Contact the superintendent of the state institution.

(B) File a complaint with the division that is administratively in charge of the state institution by using the division's toll free telephone number.

(c) The director of the:

- (1) division of disability, **aging**, and rehabilitative services; and
- (2) division of mental health and addiction;

may adopt rules under IC 4-22-2 to carry out this section.

SECTION 7 ~~7-11-2~~ [\[1\]](#). IC 12-24-11-2, AS AMENDED BY P.L.99-2007, SECTION 117, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an individual who has a primary diagnosis of developmental disability.

(b) Action contemplated by a patient under this section includes action by the patient's parent or guardian if the patient is not competent.

(c) If a patient is admitted to a state institution, the staff of the state institution shall, before the patient is discharged, ask the patient



whether the patient's medical and treatment records may be sent to a service coordinator employed by the division of disability, **aging**, and rehabilitative services under IC 12-11-2.1 so the service coordinator may send the records to local agencies serving the needs of individuals with a developmental disability in the area in which the patient will reside.

(d) If a patient agrees to release the records, the patient shall sign a form permitting the state institution to release to a service coordinator employed by the division of disability, **aging**, and rehabilitative services under IC 12-11-2.1 a copy of the patient's medical and treatment records to forward to local agencies serving the needs of individuals with a developmental disability in the area in which the patient will reside. The form must read substantially as follows:

AUTHORIZATION TO RELEASE
MEDICAL AND TREATMENT
RECORDS

I agree to permit _____	
	(name of state institution)
to release a copy of the medical and treatment records of	
_____	to _____
(patient's name)	(name of local agency serving the needs of individuals with a developmental disability)
_____	_____
(date)	(signature)

	(address)
_____	_____
(signature of individual securing release of medical and treatment records)	(relationship to patient if signature is not that of the patient)

(e) If a patient knowingly signs the form for the release of medical records under subsection (d), a service coordinator employed by the division of disability, **aging**, and rehabilitative services under IC 12-11-2.1 shall allow local agencies serving the needs of individuals with a developmental disability in the area in which the patient will reside to obtain the following:

- (1) The patient's name.
- (2) The address of the patient's intended residence.
- (3) The patient's medical records.



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(4) A complete description of the treatment the patient was receiving at the state institution at the time of the patient's discharge.

(f) If the local agency does not obtain a patient's records, the state institution shall deliver the medical records to the local agency before or at the time the patient is discharged.

(g) If a patient does not agree to permit the release of the patient's medical and treatment records, the service coordinator shall deliver:

(1) the patient's name; and

(2) the address of the patient's intended residence;

to local agencies serving the needs of individuals with a developmental disability in the area in which the patient will reside before or at the time the patient is discharged.

SECTION 7 ~~↔~~ [2]. IC 12-24-12-10, AS AMENDED BY P.L.187-2015, SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) Upon admission to a state institution administered by the division of mental health and addiction, the gatekeeper is one (1) of the following:

(1) For an individual with a psychiatric disorder, the community mental health center that submitted the report to the committing court under IC 12-26.

(2) For an individual with a developmental disability, a division of disability, **aging**, and rehabilitative services service coordinator under IC 12-11-2.1.

(b) The division is the gatekeeper for the following:

(1) An individual who is found to have insufficient comprehension to stand trial under IC 35-36-3.

(2) An individual who is found to be not guilty by reason of insanity under IC 35-36-2-4 and is subject to a civil commitment under IC 12-26.

(3) An individual who is immediately subject to a civil commitment upon the individual's release from incarceration in a facility administered by the department of correction or the Federal Bureau of Prisons, or upon being charged with or convicted of a forcible felony (as defined by IC 35-31.5-2-138).

(4) An individual transferred from the department of correction under IC 11-10-4.

(5) An individual placed under the supervision of the division for addictions treatment under IC 12-23-7.1 and IC 12-23-8.1.

SECTION 7 ~~↔~~ [3]. IC 12-26-6-8, AS AMENDED BY P.L.9-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) If, upon the completion of the hearing and



consideration of the record, the court finds that the individual is mentally ill and either dangerous or gravely disabled, the court may order the individual to:

- (1) be committed to an appropriate facility; or
- (2) enter an outpatient treatment program under IC 12-26-14 for a period of not more than ninety (90) days.

(b) The court's order must require that the superintendent of the facility or the attending physician file a treatment plan with the court within fifteen (15) days of the individual's admission to the facility under a commitment order.

(c) If the commitment ordered under subsection (a) is to a state institution administered by the division of mental health and addiction, the record of commitment proceedings must include a report from a community mental health center stating both of the following:

- (1) That the community mental health center has evaluated the individual.
- (2) That commitment to a state institution administered by the division of mental health and addiction under this chapter is appropriate.

(d) The physician who makes the statement required by section 2(c) of this chapter may be affiliated with the community mental health center that submits to the court the report required by subsection (c).

(e) If a commitment ordered under subsection (a) is to a state institution administered by the division of disability, **aging**, and rehabilitative services, the record of commitment proceedings must include a report from a service coordinator employed by the division of disability, **aging**, and rehabilitative services stating that, based on a diagnostic assessment of the individual, commitment to a state institution administered by the division of disability, **aging**, and rehabilitative services under this chapter is appropriate.

(f) If the court makes a finding under subsection (a) (including a finding in reference to a child under IC 31-37-18-3), the court shall transmit any information required by the office of judicial administration to the office of judicial administration for transmission to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with IC 33-24-6-3.

SECTION 7~~5~~⁴. IC 12-26-7-3, AS AMENDED BY P.L.9-2020, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A petition filed under section 2 of this chapter must include a physician's written statement that states both of the following:

- (1) The physician has examined the individual within the past



thirty (30) days.

(2) The physician believes that the individual is:

(A) mentally ill and either dangerous or gravely disabled; and

(B) in need of custody, care, or treatment in a facility for a period expected to be more than ninety (90) days.

(b) If the commitment is to a state institution administered by the division of mental health and addiction, the record of the proceedings must include a report from a community mental health center stating both of the following:

(1) The community mental health center has evaluated the individual.

(2) Commitment to a state institution administered by the division of mental health and addiction under this chapter is appropriate.

(c) The physician who makes the statement required by subsection (a) may be affiliated with the community mental health center that makes the report required by subsection (b).

(d) If a commitment ordered under subsection (a) is to a state institution administered by the division of disability, **aging**, and rehabilitative services, the record of commitment proceedings must include a report from a service coordinator employed by the division of disability, **aging**, and rehabilitative services stating that, based on a diagnostic assessment of the individual, commitment to a state institution administered by the division of disability, **aging**, and rehabilitative services under this chapter is appropriate.

SECTION 7-6-5. IC 12-28-4-4, AS AMENDED BY P.L.99-2007, SECTION 139, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. For residential facilities for individuals with a developmental disability that are certified for financial participation under the Medicaid program, the division of disability, **aging**, and rehabilitative services shall recommend staffing limitations consistent with the program needs of the residents as a part of the office of Medicaid policy and planning's rate setting procedures.

SECTION 7-6-6. IC 12-28-4-5, AS AMENDED BY P.L.99-2007, SECTION 140, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. For residential facilities for individuals with a developmental disability that are not certified for financial participation under the Medicaid program, the division of disability, **aging**, and rehabilitative services shall approve appropriate staffing limitations consistent with the program needs of the residents as a part of the division's rate setting procedures.

SECTION 7-6-7. IC 12-28-4-6, AS AMENDED BY P.L.141-2006, SECTION 71, IS AMENDED TO READ AS



FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. The office of Medicaid policy and planning and the division of disability, **aging**, and rehabilitative services shall enter into a memorandum of agreement that defines the staffing limitations to be used by the office of Medicaid policy and planning in establishing reimbursement rates. The staffing limitations under section 5 of this chapter may not exceed the staffing limitations defined by the memorandum of agreement between the office of Medicaid policy and planning and the division of disability, **aging**, and rehabilitative services under section 4 of this chapter.

SECTION 7 ~~8~~ [8]. IC 12-28-4-12, AS AMENDED BY P.L.141-2006, SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 12. (a) Subject to the availability of money and consistent with needs assessment, the division of disability, **aging**, and rehabilitative services shall give priority to the establishment of residential facilities, other than the facilities described in section 3 of this chapter, in counties in which the ratio of the number of residential facility beds to county population is in the lowest twenty-five percent (25%) when compared to all other Indiana counties. The division of disability, **aging**, and rehabilitative services may operate residential facilities established under this section.

(b) Before the division of disability, **aging**, and rehabilitative services takes any steps to establish a residential facility under this section, the division shall place at least two (2) legal advertisements in a newspaper having a general circulation in the county. These advertisements must be aimed at recruiting private parties to serve as operators of residential facilities in the county. The advertisements must be published at intervals at least one (1) month apart.

SECTION ~~80~~ [79]. IC 12-28-4-13, AS AMENDED BY P.L.99-2007, SECTION 145, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of disability, **aging**, and rehabilitative services may operate a program known as the development and lease effort. Under the program, the division of disability, **aging**, and rehabilitative services may develop contracts under which the state agrees to lease buildings from private parties for use as residential facilities for individuals with a mental illness or individuals with autism or other individuals with a developmental disability. Notwithstanding any other law, each contract may include provisions that ensure the following:

- (1) That the state will lease a building for not more than ten (10) years for use as a residential facility for individuals with autism.
- (2) That the state will retain the right to extend the term of the



1 lease for not more than ten (10) years at the conclusion of the first
2 ten (10) years.

3 (3) That the state will retain the right to sublease the building to
4 a person who agrees to operate the building as a residential
5 facility for individuals with autism under this chapter.

6 (b) Leases entered into under this section are subject to the approval
7 of the Indiana department of administration, the attorney general, the
8 governor, and the budget agency, as provided by law.

9 SECTION 8~~↔~~[0]. IC 12-28-5-10, AS AMENDED BY
10 P.L.210-2015, SECTION 62, IS AMENDED TO READ AS
11 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. The division of
12 disability, **aging**, and rehabilitative services shall do the following:

13 (1) Determine the current and projected needs of each geographic
14 area of Indiana for residential services for individuals with a
15 developmental disability and, beginning July 1, 2012, annually
16 report the findings to the division of disability and rehabilitative
17 services advisory council established by IC 12-9-4-2.

18 (2) Determine how the provision of developmental or vocational
19 services for residents in these geographic areas affects the
20 availability of developmental or vocational services to individuals
21 with a developmental disability living in their own homes and,
22 beginning July 1, 2012, report the findings to the division of
23 disability and rehabilitative services advisory council established
24 by IC 12-9-4-2.

25 (3) Develop standards for licensure of supervised group living
26 facilities regarding the following:

27 (A) A sanitary and safe environment for residents and
28 employees.

29 (B) Classification of supervised group living facilities.

30 (C) Any other matters that will ensure that the residents will
31 receive a residential environment.

32 (4) Develop standards for the approval of entities providing
33 supported living services.

34 SECTION 8~~↔~~[1]. IC 12-28-5-16, AS AMENDED BY
35 P.L.99-2007, SECTION 149, IS AMENDED TO READ AS
36 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 16. The division of
37 disability, **aging**, and rehabilitative services is the primary state agency
38 responsible for planning, developing, coordinating, and implementing
39 the plan and program of supervised group living facilities and services,
40 including developmental and vocational services, needed for
41 individuals with a developmental disability residing in those facilities.
42 Other state agencies authorized by law or rule to carry out activities and



control money that have a direct bearing upon the provision of supervised group living services shall enter into memoranda of understanding or contracts with the division of disability, **aging**, and rehabilitative services to ensure a coordinated utilization of resources and responsibilities.

SECTION 8-2-2[2]. IC 12-28-5-18.5, AS ADDED BY P.L.213-2015, SECTION 137, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 18.5. (a) The division of disability, **aging**, and rehabilitative services shall increase the reimbursement rate for services provided to an individual who receives services:

(1) under a waiver under the federal home and community based services program; and

(2) of greater than thirty-five (35) hours per week.

(b) The amount of the increase in the reimbursement rate described in subsection (a) shall be as follows:

(1) For the state fiscal year beginning July 1, 2015, and ending June 30, 2016, the reimbursement rate shall be increased by an amount equal to:

(A) the reimbursement rate in effect on June 30, 2015; multiplied by

(B) two and one-half percent (2.5%).

(2) For the state fiscal year beginning July 1, 2016, and ending June 30, 2017, the reimbursement rate shall be increased by an amount equal to:

(A) the reimbursement rate in effect on June 30, 2015; multiplied by

(B) five percent (5%).

(c) For purposes of this section, the division of disability, **aging**, and rehabilitative services shall use the daily service hour grid in 460 IAC 13-5-2 multiplied by the number of days in the state fiscal year to establish the annual Residential Habilitation and Support (Level 2) hours for each individual. The annual hours times the restored Residential Habilitation and Support (Level 2) hourly rate shall establish the maximum annual Residential Habilitation and Support (Level 2) funding allocation for the individual regardless of whether the Residential Habilitation and Support (Level 2) are authorized and paid on a per unit or per day basis, except in those cases where the division approves a budget modification request to increase the annual allocation for Residential Habilitation and Support (Level 2) under 460 IAC 13-3-5.

SECTION 8-2-3[3]. IC 12-29-1-7, AS AMENDED BY

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P.L.117-2015, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) On the first Monday in October, the county auditor shall certify to:

(1) the division of disability, **aging**, and rehabilitative services, for a community intellectual disability and other developmental disabilities center; and

(2) the president of the board of directors of each center; the amount of money that will be provided to the center under this chapter.

(b) The county payment to the center shall be paid by the county treasurer to the treasurer of each center's board of directors in the following manner:

(1) One-half (1/2) of the county payment to the center shall be made on the second Monday in July.

(2) One-half (1/2) of the county payment to the center shall be made on the second Monday in December.

(c) Payments by the county fiscal body are in place of grants from agencies supported within the county solely by county tax money.

SECTION 8~~4~~⁴. IC 12-29-3-6, AS AMENDED BY P.L.117-2015, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) As used in this section, "community mental retardation and other developmental disabilities center" means a community center that is:

(1) incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17;

(2) organized for the purpose of providing services for individuals with an intellectual disability and other individuals with a developmental disability;

(3) approved by the division of disability, **aging**, and rehabilitative services; and

(4) accredited for the services provided by one (1) of the following organizations:

(A) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.

(B) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.

(C) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(D) The National Commission on Quality Assurance, or its successor.

(E) An independent national accreditation organization approved by the secretary.



(b) The county executive of a county may authorize the furnishing of financial assistance to a community ~~[mental] [retardation] [and]~~ intellectual or other developmental disabilities center serving the county.

(c) Upon the request of the county executive, the county fiscal body may appropriate annually, from the general fund of the county, money to provide financial assistance in an amount not to exceed the amount that could be collected from the annual tax levy of sixty-seven hundredths of one cent (\$0.0067) on each one hundred dollars (\$100) of taxable property.

SECTION 8~~<6>~~[5]. IC 16-27-1-2, AS AMENDED BY P.L.210-2021, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) As used in this chapter, "home health agency" means a person that provides or offers to provide:

- (1) nursing services; or
- (2) nursing services and at least one (1) home health service; for compensation.

(b) The term does not include the following:

- (1) An individual health care professional who provides professional services to a patient in the temporary or permanent residence of the patient.
- (2) A local health department as described in IC 16-20 or IC 16-22-8.
- (3) A person that:
 - (A) is approved by the division of disability, **aging**, and rehabilitative services to provide supported living services or supported living supports to individuals with developmental disabilities;
 - (B) is subject to rules adopted under IC 12-11-2.1; and
 - (C) serves only individuals with developmental disabilities who are in a placement authorized under IC 12-11-2.1-4.
- (4) A person providing services under the Program of All-Inclusive Care for the Elderly (PACE) described in IC 12-15-43.

- (5) A person that only administers home infusion therapy based on a specialty medication prescription received from a pharmacy.

SECTION 8~~<7>~~[6]. IC 16-27-4-5, AS AMENDED BY P.L.141-2006, SECTION 83, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) As used in this chapter, "personal services agency" means a person that provides or offers to provide a personal service for compensation, whether through



the agency's own employees or by arrangement with another person.

(b) The term does not include the following:

(1) An individual who provides personal services only to the individual's family or to not more than three (3) individuals per residence and not more than a total of seven (7) individuals concurrently. As used in this subdivision, "family" means the individual's spouse, child, parent, parent-in-law, grandparent, grandchild, brother, brother-in-law, sister, sister-in-law, aunt, aunt-in-law, uncle, uncle-in-law, niece, and nephew.

(2) A local health department as described in IC 16-20 or IC 16-22-8.

(3) A person that:

(A) is approved by the division of disability, **aging**, and rehabilitative services to provide supported living services or supported living support to individuals with developmental disabilities;

(B) is subject to rules adopted under IC 12-11-2.1; and

(C) serves only individuals with developmental disabilities who are in a placement authorized under IC 12-11-2.1-4.

SECTION 8~~8~~ 7. IC 16-28.5-2-2, AS ADDED BY P.L.147-2023, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. A housing with services establishment that offers memory care services must register with the ~~division of aging~~ **bureau of better aging** established by ~~IC 12-9-1-1-1~~ IC 12-10-1-1.

SECTION 8~~9~~ 8. IC 16-32-2-3, AS AMENDED BY P.L.56-2023, SECTION 152, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The committee shall be composed of the following members:

(1) The director of the division of disability, **aging**, and rehabilitative services or the director's designee.

(2) The commissioner of the Indiana department of administration or the commissioner's designee.

(3) The executive director of the governor's planning council on people with disabilities.

(4) The director of the division of mental health and addiction or the director's designee.

(5) The commissioner of the state department or the commissioner's designee.

(6) Three (3) members appointed by the governor to represent the public at large.

(7) A representative of the central coordinating agency described in section 7(8) of this chapter.



SECTION ~~90~~[89]. IC 16-32-2-4, AS AMENDED BY P.L.141-2006, SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. The members of the committee shall be reimbursed for expenses at a rate equal to that of state employees on a per diem basis by the division of disability, **aging**, and rehabilitative services.

SECTION 9~~90~~[10]. IC 16-32-2-5, AS AMENDED BY P.L.141-2006, SECTION 88, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The director of the division of disability, **aging**, and rehabilitative services shall designate a staff member to act as executive secretary to the committee.

SECTION 9~~90~~[1]. IC 16-36-3-10, AS AMENDED BY P.L.141-2006, SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. The superintendent shall compile a report of all medically necessary treatments approved under this chapter during each calendar quarter and send the report to the director of the division of mental health and addiction or the director of the division of disability, **aging**, and rehabilitative services not more than one (1) month after the end of that quarter. The report must contain the following information:

- (1) The name of the patient.
- (2) The type of action taken.
- (3) The date of the action.
- (4) The reason for the action.
- (5) The names of the treating physician, the physician independent of the appropriate facility, and any other physician who entered an opinion that was contrary to the treating physician's opinion.

SECTION 9~~90~~[2]. IC 16-39-2-2, AS AMENDED BY P.L.141-2006, SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. A record for each patient receiving mental health services shall be maintained by the provider. The mental health record must contain the information that the division of mental health and addiction, the division of disability, **aging**, and rehabilitative services, or the state department requires by rule. The provider is:

- (1) the owner of the mental health record;
- (2) responsible for the record's safekeeping; and
- (3) entitled to retain possession of the record.

The information contained in the mental health record belongs to the patient involved as well as to the provider. The provider shall maintain the original mental health record or a microfilm of the mental health



record for at least seven (7) years.

SECTION 9~~4~~³. IC 16-39-2-6, AS AMENDED BY P.L.243-2025, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Without the consent of the patient, the patient's mental health record may only be disclosed as follows:

(1) To individuals who meet the following conditions:

(A) Are employed by:

(i) the provider at the same facility or agency;

(ii) a managed care provider (as defined in IC 12-7-2-127); or

(iii) a health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.

(B) Are involved in the planning, provision, and monitoring of services.

(2) To the extent necessary to obtain payment for services rendered or other benefits to which the patient may be entitled, as provided in IC 16-39-5-3.

(3) To the patient's court appointed counsel and to the Indiana protection and advocacy services commission.

(4) For research conducted in accordance with IC 16-39-5-3 and the rules of the division of mental health and addiction, the rules of the division of disability, **aging**, and rehabilitative services, the rules of the provider, or the rules of the Indiana archives and records administration and the oversight committee on public records.

(5) To the division of mental health and addiction for the purpose of data collection, research, and monitoring managed care providers (as defined in IC 12-7-2-127) who are operating under a contract with the division of mental health and addiction.

(6) To the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings.

(7) To a law enforcement agency if any of the following conditions are met:

(A) A patient escapes from a facility to which the patient is committed under IC 12-26.

(B) The superintendent of the facility determines that failure to provide the information may result in bodily harm to the patient or another individual.

(C) A patient commits or threatens to commit a crime on facility premises or against facility personnel.



(D) A patient is in the custody of a law enforcement officer or agency for any reason and:

(i) the information to be released is limited to medications currently prescribed for the patient or to the patient's history of adverse medication reactions; and

(ii) the provider determines that the release of the medication information will assist in protecting the health, safety, or welfare of the patient.

Mental health records released under this clause must be maintained in confidence by the law enforcement agency receiving them.

(8) To a coroner or medical examiner, in the performance of the individual's duties.

(9) To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of the patient.

(10) To the extent necessary to satisfy reporting requirements under the following statutes:

(A) IC 12-10-3-10.

(B) IC 12-24-17-5.

(C) IC 16-41-2-3.

(D) IC 16-49-3-3.

(E) IC 16-49-4-5.

(F) IC 16-49-6-6.

(G) IC 16-49.5-2-6.

(H) IC 16-50-1-8.

(I) IC 31-25-3-2.

(J) IC 31-33-5-4.

(K) IC 34-30-16-2.

(L) IC 35-46-1-13.

(11) To the extent necessary to satisfy release of information requirements under the following statutes:

(A) IC 12-24-11-2.

(B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.

(C) IC 12-26-11.

(12) To another health care provider in a health care emergency.

(13) For legitimate business purposes as described in IC 16-39-5-3.

(14) Under a court order under IC 16-39-3.

(15) With respect to records from a mental health or developmental disability facility, to the United States Secret Service if the following conditions are met:



- 1 (A) The request does not apply to alcohol or drug abuse records
 2 described in 42 U.S.C. 290dd-2 unless authorized by a court
 3 order under 42 U.S.C. 290dd-2(b)(2)(c).
 4 (B) The request relates to the United States Secret Service's
 5 protective responsibility and investigative authority under 18
 6 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
 7 (C) The request specifies an individual patient.
 8 (D) The director or superintendent of the facility determines
 9 that disclosure of the mental health record may be necessary to
 10 protect a person under the protection of the United States Secret
 11 Service from serious bodily injury or death.
 12 (E) The United States Secret Service agrees to only use the
 13 mental health record information for investigative purposes and
 14 not disclose the information publicly.
 15 (F) The mental health record information disclosed to the
 16 United States Secret Service includes only:
 17 (i) the patient's name, age, and address;
 18 (ii) the date of the patient's admission to or discharge from
 19 the facility; and
 20 (iii) any information that indicates whether or not the patient
 21 has a history of violence or presents a danger to the person
 22 under protection.
 23 (16) To the statewide bureau of disabilities services ombudsman
 24 established under IC 12-11-13, in the performance of the
 25 ombudsman's duties.
 26 (b) If a licensed mental health professional, a licensed paramedic,
 27 a representative of a mobile integrated healthcare program (as
 28 described in IC 16-31-12), or a representative of a mental health
 29 community paramedicine program in the course of rendering a
 30 treatment intervention, determines that a patient may be a harm to
 31 himself or herself or others, the licensed mental health professional, the
 32 licensed paramedic, the representative of the mobile integrated
 33 healthcare program (as described in IC 16-31-12), or the representative
 34 of the mental health community paramedicine program may request a
 35 patient's individualized mental health safety plan from a psychiatric
 36 crisis center, psychiatric inpatient unit, or psychiatric residential
 37 treatment provider. Each psychiatric crisis center, psychiatric inpatient
 38 unit, and psychiatric residential treatment provider shall, upon request
 39 and without the consent of the patient, share a patient's individualized
 40 mental health safety plan that is in the standard format established by
 41 the division of mental health and addiction under IC 12-21-5-6 with the
 42 following individuals who demonstrate proof of licensure and commit

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to protecting the information in compliance with state and federal privacy laws:

- (1) A licensed mental health professional.
- (2) A licensed paramedic.
- (3) A representative of a mobile integrated healthcare program (as described in IC 16-31-12).
- (4) A representative of a mental health community paramedicine program.

An individualized mental health safety plan disclosed under this subsection may be used only to support a patient's welfare and safety and is considered otherwise confidential information under applicable state and federal laws.

(c) After information is disclosed under subsection (a)(15) and if the patient is evaluated to be dangerous, the records shall be interpreted in consultation with a licensed mental health professional on the staff of the United States Secret Service.

(d) A person who discloses information under subsection (a)(7), (a)(15), or (b) in good faith is immune from civil and criminal liability.

SECTION 9~~9~~⁴. IC 16-40-1-2, AS AMENDED BY P.L.146-2008, SECTION 449, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as provided in subsection (b), each:

- (1) physician;
- (2) superintendent of a hospital;
- (3) director of a local health department;
- (4) director of a local office of the department of child services;
- (5) director of the division of disability, **aging**, and rehabilitative services;
- (6) superintendent of a state institution serving individuals with a disability; or
- (7) superintendent of a school corporation;

who diagnoses, treats, provides, or cares for a person with a disability shall report the disabling condition to the state department within sixty (60) days.

(b) Each:

- (1) physician holding an unlimited license to practice medicine;
- or
- (2) optometrist licensed under IC 25-24-1;

shall file a report regarding a person who is blind or has a visual impairment with the office of the secretary of family and social services in accordance with IC 12-12-9.

SECTION 9~~9~~⁵. IC 16-41-18.5-2, AS AMENDED BY THE



1 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 2 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
 4 national lupus organization's initiatives to educate and train physicians,
 5 other health care providers, and human services providers on the most
 6 current and accurate scientific and medical information regarding the
 7 following concerning lupus:

- 8 (1) Diagnosis.
- 9 (2) Treatment.
- 10 (3) Risks and benefits of medications.
- 11 (4) Research advances.
- 12 (5) Therapeutic decision making, including medical best practices
 13 for diagnosing and treatment.

14 (b) The state department may distribute medically sound health
 15 information on the state department's ~~Internet web site~~ **website** for
 16 review by the following:

- 17 (1) Local health departments.
- 18 (2) Schools.
- 19 (3) The ~~division~~ **bureau** of **better** aging.
- 20 (4) Employer wellness programs.
- 21 (5) Physicians and other health care providers.
- 22 (6) Hospitals.

23 SECTION 9 ~~8~~ **[6]**. IC 16-41-18.5-3, AS ADDED BY
 24 P.L.108-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS
 25 [EFFECTIVE JULY 1, 2026]: Sec. 3. The state department may
 26 participate in identifying the appropriate partners to aid in the
 27 education components of this chapter, including the following:

- 28 (1) Local health departments.
- 29 (2) Schools.
- 30 (3) ~~Division~~ **Bureau** of **better** aging.
- 31 (4) Area agencies on aging.
- 32 (5) Employer wellness programs.
- 33 (6) Physicians and other health care providers.
- 34 (7) Accident and sickness insurance companies and health
 35 maintenance organizations.
- 36 (8) Hospitals.
- 37 (9) Women's health organizations.
- 38 (10) Nonprofit entities.
- 39 (11) Community organizations.

40 SECTION 9 ~~8~~ **[7]**. IC 16-41-18.6-2, AS AMENDED BY THE
 41 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 42 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



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JULY 1, 2026]: Sec. 2. (a) The state department may promote a national Parkinson's disease organization's initiatives to educate and train physicians, other health care providers, and human services providers on the most current and accurate scientific and medical information regarding the following concerning Parkinson's disease:

- (1) Diagnosis.
- (2) Treatment.
- (3) Risks and benefits of medications.
- (4) Research advances.
- (5) Therapeutic decision making, including medical best practices for diagnosing and treatment.

(b) The state department may distribute medically sound health information on the state department's ~~Internet web site~~ **website** for review by the following:

- (1) Local health departments.
- (2) Schools.
- (3) The ~~division~~ **bureau** of **better** aging.
- (4) Employer wellness programs.
- (5) Physicians and other health care providers.
- (6) Hospitals.

SECTION 9~~99~~^[8]. IC 16-41-18.6-3, AS ADDED BY P.L.108-2011, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The state department may participate in identifying the appropriate partners to aid in the education components of this chapter, including the following:

- (1) Local health departments.
- (2) Schools.
- (3) ~~Division~~ **Bureau** of **better** aging.
- (4) Area agencies on aging.
- (5) Employer wellness programs.
- (6) Physicians and other health care providers.
- (7) Accident and sickness insurance companies and health maintenance organizations.
- (8) Hospitals.
- (9) Women's health organizations.
- (10) Nonprofit entities.
- (11) Community organizations.

SECTION ~~100~~^[99]. IC 20-26-11-8, AS AMENDED BY P.L.86-2018, SECTION 176, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a state licensed private or public health care facility or child care facility:



- 1 (1) by or with the consent of the department of child services;
 2 (2) by a court order; or
 3 (3) by a child placing agency licensed by the department of child
 4 services;
 5 may attend school in the school corporation in which the facility is
 6 located. If the school corporation in which the facility is located is not
 7 the school corporation in which the student has legal settlement, the
 8 school corporation in which the student has legal settlement shall pay
 9 the transfer tuition of the student.
- 10 (b) A student who is placed in a state licensed private or public
 11 health care or child care facility by a parent may attend school in the
 12 school corporation in which the facility is located if:
 13 (1) the placement is necessary for the student's physical or
 14 emotional health and well-being and, if the placement is in a
 15 health care facility, is recommended by a physician; and
 16 (2) the placement is projected to be for not less than fourteen (14)
 17 consecutive calendar days or a total of twenty (20) calendar days.
 18 The school corporation in which the student has legal settlement shall
 19 pay the transfer tuition of the student. The parent of the student shall
 20 notify the school corporation in which the facility is located and the
 21 school corporation of the student's legal settlement, if identifiable, of
 22 the placement. Not later than thirty (30) days after this notice, the
 23 school corporation of legal settlement shall either pay the transfer
 24 tuition of the transferred student or appeal the payment by notice to the
 25 department. The acceptance or notice of appeal by the school
 26 corporation must be given by certified mail to the parent or guardian of
 27 the student and any affected school corporation. In the case of a student
 28 who is not identified as having a disability under IC 20-35, the state
 29 board shall make a determination on transfer tuition according to the
 30 procedures in section 15 of this chapter. In the case of a student who
 31 has been identified as having a disability under IC 20-35, the
 32 determination on transfer tuition shall be made under this subsection
 33 and the procedures adopted by the state board.
- 34 (c) A student who is placed in:
 35 (1) an institution operated by the division of disability, **aging**, and
 36 rehabilitative services or the division of mental health and
 37 addiction; or
 38 (2) an institution, a public or private facility, a home, a group
 39 home, or an alternative family setting by the division of disability,
 40 **aging**, and rehabilitative services or the division of mental health
 41 and addiction;
 42 may attend school in the school corporation in which the institution is



located. The state shall pay the transfer tuition of the student, unless another entity is required to pay the transfer tuition as a result of a placement described in subsection (a) or (b) or another state is obligated to pay the transfer tuition.

(d) This subsection applies to a student who is placed:

- (1) by or with the consent of the department of child services;
- (2) by a court order; or
- (3) by a child placing agency licensed by the department of child services;

in a foster family home or the home of a relative or other unlicensed caretaker that is not located in the school corporation in which the student has legal settlement. The student may attend school in either the school corporation in which the foster family home or other home is located or the school corporation in which the student has legal settlement. The department of child services and the student's foster parents or caretaker shall make the determination concerning where the student attends school unless that determination is made by a court that has jurisdiction over the student. If a licensed child placing agency is responsible for oversight of the foster family home in which the student is placed or for providing services to the student, the department of child services must consult with the licensed child placing agency concerning the determination of, or the recommendations made to the court concerning, where the student attends school. Except as provided in subsection (e), transfer tuition is not required for the student.

(e) If a student to whom subsection (d) applies is attending school in a school corporation that is not the school corporation in which the student has legal settlement, the school corporation in which the student has legal settlement shall pay transfer tuition to the school corporation in which the student is enrolled in school if all of the following conditions apply:

- (1) The student was previously placed in a child caring institution licensed under IC 31-27-3.
- (2) While placed in the child caring institution, the student was enrolled in a school that is:
 - (A) administered by the school corporation in which the child caring institution is located; and
 - (B) located at the child caring institution.
- (3) The student was moved from the child caring institution to a licensed foster family home supervised by the child caring institution either:
 - (A) with the approval of the department of child services and the court having jurisdiction over the student in a case under



- 1 IC 31-34; or
 2 (B) by a court order in a case under IC 31-37.
 3 (4) After moving from the child caring institution to the foster
 4 family home, the student continues to attend the school located at
 5 the child caring institution.
 6 (5) The legal settlement of the student was determined by a
 7 juvenile court under IC 31-34-20-5, IC 31-34-21-10,
 8 IC 31-37-19-26, or IC 31-37-20-6.
 9 (f) A student:
 10 (1) who is placed in a facility, home, or institution described in
 11 subsection (a), (b), or (c);
 12 (2) to whom neither subsection (d) nor (e) applies; and
 13 (3) for whom there is no other entity or person required to pay
 14 transfer tuition;
 15 may attend school in the school corporation in which the facility, home,
 16 or institution is located. The department shall conduct an investigation
 17 and determine whether any other entity or person is required to pay
 18 transfer tuition. If the department determines that no other entity or
 19 person is required to pay transfer tuition, the state shall pay the transfer
 20 tuition for the student out of the funds appropriated for tuition support.
 21 SECTION 10~~4~~⁰. IC 20-35-3-1, AS AMENDED BY
 22 P.L.150-2024, SECTION 64, IS AMENDED TO READ AS
 23 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) The secretary of
 24 education shall appoint a state advisory council on the education of
 25 children with disabilities. The state advisory council's duties consist of
 26 providing policy guidance concerning special education and related
 27 services for children with disabilities. The secretary of education shall
 28 appoint at least seventeen (17) members who serve for a term of four
 29 (4) years. Vacancies shall be filled in the same manner for the
 30 unexpired balance of the term.
 31 (b) The members of the state advisory council must be:
 32 (1) citizens of Indiana;
 33 (2) representative of the state's population; and
 34 (3) selected on the basis of their involvement in or concern with
 35 the education of children with disabilities.
 36 (c) A majority of the members of the state advisory council must be
 37 individuals with disabilities or the parents of children with disabilities.
 38 Members must include the following:
 39 (1) Parents of children with disabilities.
 40 (2) Individuals with disabilities.
 41 (3) Teachers.
 42 (4) Representatives of postsecondary educational institutions that



1 prepare special education and related services personnel.

2 (5) State and local education officials.

3 (6) Administrators of programs for children with disabilities.

4 (7) Representatives of state agencies involved in the financing or
5 delivery of related services to children with disabilities, including
6 the following:

7 (A) The commissioner of the Indiana department of health or
8 the commissioner's designee.

9 (B) The director of the division of disability, **aging**, and
10 rehabilitative services or the director's designee.

11 (C) The director of the division of mental health and addiction
12 or the director's designee.

13 (D) The director of the department of child services or the
14 director's designee.

15 (8) Representatives of nonpublic schools and freeway schools.

16 (9) One (1) or more representatives of vocational, community, or
17 business organizations concerned with the provision of
18 transitional services to children with disabilities.

19 (10) Representatives of the department of correction.

20 (11) A representative from each of the following:

21 (A) The Indiana School for the Blind and Visually Impaired
22 board.

23 (B) The Indiana School for the Deaf board.

24 (12) A representative from the Arc of Indiana.

25 (d) The responsibilities of the state advisory council are as follows:

26 (1) To advise the secretary of education and the state board
27 regarding all rules pertaining to children with disabilities.

28 (2) To advise the department of unmet needs within Indiana in the
29 education of children with disabilities.

30 (3) To provide public comment on rules proposed by the state
31 board regarding the education of children with disabilities.

32 (4) To advise the department in developing evaluations and
33 reporting data to the United States Secretary of Education under
34 20 U.S.C. 1418.

35 (5) To advise the department in developing corrective action
36 plans to address findings identified in federal monitoring reports
37 under 20 U.S.C. 1400 et seq.

38 (6) To advise the department in developing and implementing
39 policies related to the coordination of services for children with
40 disabilities.

41 (e) The state advisory council shall do the following:

42 (1) Organize with a chairperson selected by the secretary of



education.

(2) Meet as often as necessary to conduct the council's business at the call of the chairperson, upon ten (10) days written notice, but not less than four (4) times a year.

(f) Members of the state advisory council are entitled to reasonable amounts for expenses necessarily incurred in the performance of their duties.

(g) The secretary of education shall do the following:

(1) Designate the director to act as executive secretary of the state advisory council.

(2) Furnish all professional and clerical assistance necessary for the performance of the state advisory council's powers and duties.

(h) The affirmative votes of a majority of the members appointed to the state advisory council are required for the state advisory council to take action.

SECTION 10 ~~10-2-2~~ [1]. IC 20-35-8-2, AS AMENDED BY P.L.56-2023, SECTION 197, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt rules under IC 4-22-2 to establish limits on the amount of transportation that may be provided in the student's individualized education program. Unless otherwise specially shown to be essential by the child's individualized education program, in case of residency in a public or private facility, these rules must limit the transportation required by the student's individualized education program to the following:

(1) The student's first entrance and final departure each school year.

(2) Round trip transportation each school holiday period.

(3) Two (2) additional round trips each school year.

(b) If a student is a transfer student receiving special education in a public school, the state or school corporation responsible for the payment of transfer tuition under IC 20-26-11-1 through IC 20-26-11-4 shall pay the cost of transportation required by the student's individualized education program.

(c) If a student receives a special education:

(1) in a facility operated by:

(A) the Indiana department of health;

(B) the division of disability, **aging**, and rehabilitative services;

or

(C) the division of mental health and addiction;

(2) at the Indiana School for the Blind and Visually Impaired; or

(3) at the Indiana School for the Deaf;



the school corporation in which the student has legal settlement shall pay the cost of transportation required by the student's individualized education program. However, if the student's legal settlement cannot be ascertained, the state board shall pay the cost of transportation required by the student's individualized education program.

(d) If a student is placed in a private facility under IC 20-35-6-2 in order to receive a special education because the student's school corporation cannot provide an appropriate special education program, the school corporation in which the student has legal settlement shall pay the cost of transportation required by the student's individualized education program. However, if the student's legal settlement cannot be ascertained, the state board shall pay the cost of transportation required by the student's individualized education program.

(e) A student's individualized education program may allow for the student's transportation by appropriate vehicle. The state board shall adopt rules under IC 4-22-2 governing transportation of students by appropriate vehicle.

SECTION 10 ~~3~~ ². IC 21-12-2-2, AS ADDED BY P.L.22-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an individual who receives financial benefits or financial resources from the following sources:

(1) The Servicemen's Readjustment Act of 1944, as amended, and other acts of Congress granting a right, privilege, or benefit to veterans.

(2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute, including programs administered by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1 under the federal act.

(3) The federal Social Security Act.

(b) When determining financial eligibility for need based financial aid available to a veteran student (as defined in IC 21-41-12-2), the commission shall exclude any financial benefit or financial resources received by the veteran student from any of the following sources:

(1) The Servicemen's Readjustment Act of 1944, as amended, and other acts of Congress granting a right, privilege, or benefit to veterans.

(2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute, including programs administered by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1 under the federal act.

(3) The federal Social Security Act.



SECTION 10~~4~~³. IC 21-15-2-1, AS AMENDED BY P.L.22-2018, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) This section applies to the board of trustees of the following state educational institutions:

- (1) Ball State University.
- (2) Indiana University.
- (3) Indiana State University.
- (4) Purdue University.
- (5) University of Southern Indiana.

(b) The board of trustees of a state educational institution may award financial aid to students and groups of students out of the available resources of the state educational institution through:

- (1) scholarships;
- (2) fellowships;
- (3) loans; and
- (4) remissions of fees, tuition, charges, or other funds;

on the basis of financial need, excellence of academic achievement or potential achievement, or any other basis that the board of trustees finds to be reasonably related to the educational purposes and objectives of the institution.

(c) When determining financial eligibility for need based financial aid available to a veteran student (as defined in IC 21-41-12-2), each state educational institution shall exclude any financial benefit or financial resources received by the veteran student from any of the following sources:

- (1) The Servicemen's Readjustment Act of 1944, as amended, and other acts of Congress granting a right, privilege, or benefit to veterans.
- (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute, including programs administered by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1 under the federal act.
- (3) The federal Social Security Act.

SECTION 10~~5~~⁴. IC 21-15-2-3, AS AMENDED BY P.L.22-2018, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) The board of trustees of Ivy Tech Community College may provide scholarships and remission of fees in proper cases.

(b) When determining financial eligibility for need based financial aid available to a veteran student (as defined in IC 21-41-12-2), the board of trustees of Ivy Tech Community College may exclude any financial benefit or financial resources received by the veteran student



from any of the following sources:

(1) The Servicemen's Readjustment Act of 1944, as amended, and other acts of Congress granting a right, privilege, or benefit to veterans.

(2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute, including programs administered by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1 under the federal act.

(3) The federal Social Security Act.

SECTION 10~~6~~^[5]. IC 21-15-2-5, AS ADDED BY P.L.22-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) This section applies to the board of trustees of Vincennes University.

(b) When determining financial eligibility for need based financial aid available to a veteran student (as defined in IC 21-41-12-2), the board of trustees of Vincennes University may exclude any financial benefit or financial resources received by the veteran student from any of the following sources:

(1) The Servicemen's Readjustment Act of 1944, as amended, and other acts of Congress granting a right, privilege, or benefit to veterans.

(2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute, including programs administered by the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1 under the federal act.

(3) The federal Social Security Act.

SECTION 10~~7~~^[6]. IC 21-38-6-1, AS AMENDED BY P.L.143-2022, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) An employee health plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability, **aging**, and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(b) An employee health plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician, an advanced practice registered nurse, or a physician assistant.

(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.



1 SECTION 10~~8~~^[7]. IC 22-3-2-2.3, AS AMENDED BY
 2 P.L.141-2006, SECTION 104, IS AMENDED TO READ AS
 3 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) As used in this
 4 section, "volunteer worker" means a person who:

- 5 (1) performs services:
 6 (A) for a state institution (as defined in IC 12-7-2-184); and
 7 (B) for which the person does not receive compensation of any
 8 nature; and
 9 (2) has been approved and accepted as a volunteer worker by the
 10 director of:
 11 (A) the division of disability, **aging**, and rehabilitative services;
 12 or
 13 (B) the division of mental health and addiction.

14 (b) Services of any nature performed by a volunteer worker for a
 15 state institution (as defined in IC 12-7-2-184) are governmental
 16 services. A volunteer worker is subject to the medical benefits
 17 described under this chapter through IC 22-3-6. However, a volunteer
 18 worker is not under this chapter through IC 22-3-6.

19 SECTION 10~~9~~^[8]. IC 22-3-12-2, AS AMENDED BY
 20 P.L.141-2006, SECTION 105, IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. When any
 22 compensable injury requires the filing of a first report of injury by an
 23 employer, the employer's worker's compensation insurance carrier or
 24 the self-insured employer shall forward a copy of the report to the
 25 central office of the division of disability, **aging**, and rehabilitative
 26 services, rehabilitation services bureau at the earlier of the following
 27 occurrences:

- 28 (1) When the compensable injury has resulted in temporary total
 29 disability of longer than twenty-one (21) days.
 30 (2) When it appears that the compensable injury may be of such
 31 a nature as to permanently prevent the injured employee from
 32 returning to the injured employee's previous employment.

33 SECTION ~~110~~^[109]. IC 25-23.6-1-3.9, AS AMENDED BY
 34 P.L.56-2023, SECTION 237, IS AMENDED TO READ AS
 35 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3.9. (a) "Governmental
 36 employee" means an individual employed by the office of the secretary
 37 of family and social services, the division of family resources, the
 38 division of mental health and addiction, the division of disability,
 39 **aging**, and rehabilitative services, ~~the division of aging~~, the department
 40 of correction, the department of child services, or the Indiana
 41 department of health in one (1) of the following classifications:

- 42 (1) 2AA3 Behavioral clinician 3.



- 1 (2) 2AA4 Behavioral clinician 4.
- 2 (3) 2AA5 Clinical associate 5.
- 3 (4) 2FL1 Mental health administrator 1.
- 4 (5) 2FL2 Mental health administrator 2.
- 5 (6) 2FL3 Mental health administrator 3.
- 6 (7) 2AN3 Substance abuse counselor 3.
- 7 (8) 2AN4 Substance abuse counselor 4.
- 8 (9) 2AN5 Substance abuse counselor 5.
- 9 (10) 2AH2 Social services specialist 2.
- 10 (11) 2AH3 Social services specialist 3.
- 11 (12) 2AH4 Social services specialist 4.
- 12 (13) 2AI1 Psychiatric services director 1.
- 13 (14) 2AE2 Psychiatric social services specialist 2.
- 14 (15) 2AE3 Psychiatric social services specialist 3.
- 15 (16) 2AP2 Family case manager 2.
- 16 (17) 2AP3 Family case manager trainee 3.
- 17 (18) 7AP3 Family case manager supervisor 3.
- 18 (19) 7AP4 Family case manager supervisor 4.
- 19 (b) The term includes any employee of the department of child
- 20 services, regardless of the employee's job title or classification, who, as
- 21 part of the employee's assigned job, is carrying out the duties of the
- 22 department of child services, as set forth in IC 31-25-2-7 and
- 23 IC 31-25-2-8.
- 24 SECTION 11 ~~11~~ [\[0\]](#). IC 27-8-12-7.1, AS AMENDED BY
- 25 P.L.141-2006, SECTION 109, IS AMENDED TO READ AS
- 26 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.1. The department of
- 27 insurance shall adopt rules under IC 4-22-2 that establish standards for
- 28 the qualification of a long term care policy under IC 12-15-39.6. The
- 29 rules must include the following:
- 30 (1) The standards adopted under section 7 of this chapter.
- 31 (2) The requirement that an insurer or other person who issues a
- 32 qualified long term care policy must at a minimum offer to each
- 33 policyholder or prospective policyholder a policy that provides
- 34 both:
- 35 (A) long term care facility coverage; and
- 36 (B) home and community care coverage.
- 37 (3) A provision that an insurer or other person who complies with
- 38 subdivision (2) may elect to also offer a qualified long term care
- 39 policy that provides only long term care facility coverage.
- 40 (4) The submission of data by insurers that will allow the
- 41 department of insurance, the office of Medicaid policy and
- 42 planning, and the ~~division bureau~~ of **better** aging to administer



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the Indiana long term care program under IC 12-15-39.6.

(5) Other standards needed to administer the Indiana long term care program.

SECTION 11 ~~↔~~ [1]. IC 27-8-27-6, AS AMENDED BY P.L.143-2022, SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A health insurance plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability, **aging**, and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(b) A health insurance plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician, an advanced practice registered nurse, or a physician assistant.

(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 11 ~~↔~~ [2]. IC 29-3-3-5, AS AMENDED BY P.L.141-2006, SECTION 110, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The chief of social services (or a person designated by the chief of social services) at any institution under the control of the division of mental health and addiction or the division of disability, **aging**, and rehabilitative services may execute the necessary documents to make applications on behalf of a patient in the institution to receive public assistance or to transfer the patient to an alternate care facility without the appointment of a guardian or other order of court.

SECTION 11 ~~↔~~ [3]. IC 33-37-8-4, AS AMENDED BY P.L.187-2015, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) Except as provided in subsection (b), upon receipt of monthly claims submitted on oath to the fiscal body by a program listed in section 3(b) of this chapter, the fiscal body of the city or town shall appropriate from the city or town fund to the program the amount collected for the program fee under IC 33-37-5.

(b) Funds derived from a deferral program or a pretrial diversion program may be disbursed only by the adoption of an ordinance appropriating the funds for one (1) or more of the following purposes:

- (1) Personnel expenses related to the operation of the program.
- (2) Special training for:



- 1 (A) a prosecuting attorney;
 2 (B) a deputy prosecuting attorney;
 3 (C) support staff for a prosecuting attorney or deputy
 4 prosecuting attorney; or
 5 (D) a law enforcement officer.
 6 (3) Employment of a deputy prosecutor or prosecutorial support
 7 staff.
 8 (4) Victim assistance.
 9 (5) Electronic legal research.
 10 (6) Office equipment, including computers, computer software,
 11 communication devices, office machinery, furnishings, and office
 12 supplies.
 13 (7) Expenses of a criminal investigation and prosecution.
 14 (8) An activity or program operated by the prosecuting attorney
 15 that is intended to reduce or prevent criminal activity, including:
 16 (A) substance abuse;
 17 (B) child abuse;
 18 (C) domestic violence;
 19 (D) operating while intoxicated; and
 20 (E) juvenile delinquency.
 21 (9) The provision of evidence based mental health and addiction,
 22 intellectual disability, developmental disability, autism, and
 23 co-occurring autism and mental illness forensic treatment services
 24 to reduce the risk of recidivism in a program administered or
 25 coordinated by a provider certified or licensed by the division of
 26 mental health and addiction or the division of disability, **aging**,
 27 and rehabilitative services with expertise in providing evidence
 28 based forensic treatment services.
 29 (10) Any other purpose that benefits the office of the prosecuting
 30 attorney or law enforcement and that is agreed upon by the county
 31 fiscal body and the prosecuting attorney.
 32 (c) Funds described in subsection (b) may be used only in
 33 accordance with guidelines adopted by the prosecuting attorneys
 34 council under IC 33-39-8-5.
 35 SECTION 11 ~~4~~ **[4]**. IC 33-37-8-6, AS AMENDED BY
 36 P.L.187-2015, SECTION 39, IS AMENDED TO READ AS
 37 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Except as
 38 provided in subsection (b), upon receipt of monthly claims submitted
 39 on oath to the fiscal body by a program listed in section 5(b) of this
 40 chapter, the county fiscal body shall appropriate from the county fund
 41 to the program or fund the amount collected for the program under
 42 IC 33-37-5.



(b) Funds derived from a deferral program or a pretrial diversion program may be disbursed only by the adoption of an ordinance appropriating the funds for one (1) or more of the following purposes:

- (1) Personnel expenses related to the operation of the program.
- (2) Special training for:
 - (A) a prosecuting attorney;
 - (B) a deputy prosecuting attorney;
 - (C) support staff for a prosecuting attorney or deputy prosecuting attorney; or
 - (D) a law enforcement officer.
- (3) Employment of a deputy prosecutor or prosecutorial support staff.
- (4) Victim assistance.
- (5) Electronic legal research.
- (6) Office equipment, including computers, computer software, communication devices, office machinery, furnishings, and office supplies.
- (7) Expenses of a criminal investigation and prosecution.
- (8) An activity or program operated by the prosecuting attorney that is intended to reduce or prevent criminal activity, including:
 - (A) substance abuse;
 - (B) child abuse;
 - (C) domestic violence;
 - (D) operating while intoxicated; and
 - (E) juvenile delinquency.
- (9) The provision of evidence based mental health and addiction, intellectual disability, developmental disability, autism, and co-occurring autism and mental illness forensic treatment services to reduce the risk of recidivism in a program administered or coordinated by a provider certified or licensed by the division of mental health and addiction or the division of disability, **aging**, and rehabilitative services with expertise in providing evidence based forensic treatment services.
- (10) Any other purpose that benefits the office of the prosecuting attorney or law enforcement and that is agreed upon by the county fiscal body and the prosecuting attorney.

(c) Funds described in subsection (b) may be used only in accordance with guidelines adopted by the prosecuting attorneys council under IC 33-39-8-5.

SECTION 11 ~~IC 34-30-2.1-129.7~~ **[5]** IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 129.7. IC 12-9.1-6-10 (Concerning information provided by a participant in the yellow dot motor vehicle~~



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1 medical information program):

2 SECTION 11<7>[6]. IC 34-30-2.1-136.5 IS ADDED TO THE
3 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2026]: **Sec. 136.5. IC 12-10-21-10**
5 **(Concerning information provided by a participant in the yellow**
6 **dot motor vehicle medical information program).**

7 ~~< SECTION 118. IC 34-30-2.1-147.5 IS ADDED TO THE INDIANA~~
8 ~~CODE AS A NEW SECTION TO READ AS FOLLOWS~~
9 ~~[EFFECTIVE JULY 1, 2026]: **Sec. 147.5. IC 12-21-8-10.5**~~
10 ~~**(Concerning a designated 9-8-8 crisis response center, an employee,**~~
11 ~~**director, officer, or agent of a designated 9-8-8 crisis response**~~
12 ~~**center, or a member of a certified mobile crisis team providing**~~
13 ~~**crisis response services).**~~

14 > SECTION 11<9>[7]. IC 35-46-1-13, AS AMENDED BY
15 P.L.5-2022, SECTION 8, IS AMENDED TO READ AS FOLLOWS
16 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) A person who:

17 (1) believes or has reason to believe that an endangered adult or
18 person of any age who has a mental or physical disability is the
19 victim of battery, neglect, or exploitation as prohibited by this
20 chapter or IC 35-42-2-1; and

21 (2) knowingly fails to report the facts supporting that belief to the
22 division of disability, **aging**, and rehabilitative services, ~~the~~
23 ~~division of aging~~, the adult protective services unit designated
24 under IC 12-10-3, or a law enforcement agency having
25 jurisdiction over battery, neglect, or exploitation of an endangered
26 adult;

27 commits a Class B misdemeanor.

28 (b) An officer or employee of the division or adult protective
29 services unit who unlawfully discloses information contained in the
30 records of the [division of aging bureau] of [better] aging under
31 IC 12-10-3-12 through IC 12-10-3-15 commits a Class C infraction.

32 (c) A law enforcement agency that receives a report that an
33 endangered adult or person of any age who has a mental or physical
34 disability is or may be a victim of battery, neglect, or exploitation as
35 prohibited by this chapter or IC 35-42-2-1 shall immediately transmit
36 the report to the adult protective services unit designated under
37 IC 12-10-3.

38 (d) An individual who discharges, demotes, transfers, prepares a
39 negative work performance evaluation, reduces benefits, pay, or work
40 privileges, or takes other action to retaliate against an individual who
41 in good faith makes a report under IC 12-10-3-9 concerning an
42 endangered individual commits a Class A infraction.



SECTION 1~~20~~[18]. IC 36-2-14-18, AS AMENDED BY P.L.186-2025, SECTION 255, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the coroner is required to make available for public inspection and copying the following:

- (1) The name, age, address, sex, and race of the deceased.
- (2) The address where the dead body was found, or if there is no address the location where the dead body was found and, if different, the address where the death occurred, or if there is no address the location where the death occurred.
- (3) The name of the agency to which the death was reported and the name of the person reporting the death.
- (4) The name of any public official or governmental employee present at the scene of the death and the name of the person certifying or pronouncing the death.
- (5) Information regarding an autopsy (requested or performed) limited to the date, the person who performed the autopsy, where the autopsy was performed, and a conclusion as to:
 - (A) the probable cause of death;
 - (B) the probable manner of death; and
 - (C) the probable mechanism of death.
- (6) The location to which the body was removed, the person determining the location to which the body was removed, and the authority under which the decision to remove the body was made.
- (7) The records required to be filed by a coroner under section 6 of this chapter and the verdict and the written report required under section 10 of this chapter.

(b) A county coroner or a coroner's deputy who receives an investigatory record from a law enforcement agency shall treat the investigatory record with the same confidentiality as the law enforcement agency would treat the investigatory record.

(c) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, other than a photograph, a video recording, or an audio recording of the autopsy, upon the written request of a parent of the decedent, an adult child of the decedent, a next of kin of the decedent, or an insurance company investigating a claim arising from the death of the individual upon whom the autopsy was performed. A parent of the decedent, an adult child of the decedent, a next of kin of the decedent, and an insurance company are prohibited from publicly disclosing any information contained in the report beyond that information that may otherwise be



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disclosed by a coroner under this section. This prohibition does not apply to information disclosed in communications in conjunction with the investigation, settlement, or payment of the claim.

(d) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, other than a photograph, a video recording, or an audio recording of the autopsy, upon the written request of:

(1) the director of the division of disability, **aging**, and rehabilitative services established by IC 12-9-1-1; ~~or~~

(2) the director of the division of mental health and addiction established by IC 12-21-1-1; ~~or~~

~~(3) the director of the division ~~bureau~~ of ~~better~~ ~~aging~~ established by IC 12-9-1-1; ~~IC 12-10-1-1;~~~~

~~in connection with a division's ~~or bureau's~~ review of the circumstances surrounding the death of an individual who received services from a division ~~or bureau,~~ or through a division ~~or bureau,~~ at the time of the individual's death.~~

(e) Notwithstanding any other provision of this section, a coroner shall make available, upon written request, a full copy of an autopsy report, including a photograph, a video recording, or an audio recording of the autopsy, to:

(1) the department of child services established by IC 31-25-1-1, including an office of the department located in the county where the death occurred;

(2) the statewide child fatality review committee established by IC 16-49-4; or

(3) a county child fatality review team or regional child fatality review team established under IC 16-49-2 for the area where the death occurred;

for purposes of an entity described in subdivisions (1) through (3) conducting a review or an investigation of the circumstances surrounding the death of a child (as defined in IC 16-49-1-2) and making a determination as to whether the death of the child was a result of abuse, abandonment, or neglect. An autopsy report made available under this subsection is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.

(f) Notwithstanding any other provision of this section, a coroner shall make available, upon written request, a full copy of an autopsy report, including a photograph, a video recording, or an audio recording of the autopsy, to the local fetal-infant mortality review team



1 established under IC 16-49-6 for purposes of the local fetal-infant
 2 mortality review team conducting a review or an investigation of the
 3 circumstances surrounding a fetal death or an infant death (as defined
 4 in IC 16-49-6). An autopsy report made available under this subsection
 5 is confidential and shall not be disclosed to another individual or
 6 agency, unless otherwise authorized or required by law.

7 (g) Notwithstanding any other provision of this section, a coroner
 8 shall make available, upon written request, a full copy of an autopsy
 9 report, including a photograph, a video recording, or an audio recording
 10 of the autopsy, to the statewide maternity mortality review committee
 11 established under IC 16-50-1.

12 (h) Notwithstanding any other provision of this section, and except
 13 as otherwise provided in this subsection, a coroner may make available,
 14 upon written request, a full copy of an autopsy report to the peer review
 15 committee (as defined in IC 34-6-2.1-145) of a hospital at which the
 16 decedent was treated immediately before death for purposes of the
 17 hospital's peer review activities. An autopsy report made available
 18 under this subsection:

19 (1) may not include:

20 (A) a photograph;

21 (B) a video recording; or

22 (C) an audio recording;

23 of the autopsy; and

24 (2) is confidential and may not be disclosed to another individual
 25 or agency, unless otherwise authorized or required by law.

26 However, if immediately making available an autopsy report under this
 27 subsection will interfere with the coroner's investigation or other legal
 28 proceedings related to the decedent's death, the coroner may delay
 29 making available the requested autopsy related information until the
 30 investigation or other legal proceedings are concluded.

31 (i) Except as provided in subsection (j), the information required to
 32 be available under subsection (a) must be completed not later than
 33 fourteen (14) days after the completion of:

34 (1) the autopsy report; or

35 (2) if applicable, any other report, including a toxicology report,
 36 requested by the coroner as part of the coroner's investigation;

37 whichever is completed last.

38 (j) The prosecuting attorney may petition a circuit or superior court
 39 for an order prohibiting the coroner from publicly disclosing the
 40 information required in subsection (a). The prosecuting attorney shall
 41 serve a copy of the petition on the coroner.

42 (k) Upon receipt of a copy of the petition described in subsection (j),



the coroner shall keep the information confidential until the court rules on the petition.

(l) The court shall grant a petition filed under subsection (j) if the prosecuting attorney proves by a preponderance of the evidence that public access or dissemination of the information specified in subsection (a) would create a significant risk of harm to the criminal investigation of the death. The court shall state in the order the reasons for granting or denying the petition. An order issued under this subsection must use the least restrictive means and duration possible when restricting access to the information. Information to which access is restricted under this subsection is confidential.

(m) Any person may petition the court to modify or terminate an order issued under subsection (l). The petition for modification or termination must allege facts demonstrating that:

- (1) the public interest will be served by allowing access; and
- (2) access to the information specified in subsection (a) would not create a significant risk to the criminal investigation of the death.

The person petitioning the court for modification or termination shall serve a copy of the petition on the prosecuting attorney and the coroner.

(n) Upon receipt of a petition for modification or termination filed under subsection (m), the court may:

- (1) summarily grant, modify, or dismiss the petition; or
- (2) set the matter for hearing.

If the court sets the matter for hearing, upon the motion of any party or upon the court's own motion, the court may close the hearing to the public.

(o) If the person filing the petition for modification or termination proves by a preponderance of the evidence that:

- (1) the public interest will be served by allowing access; and
- (2) access to the information specified in subsection (a) would not create a significant risk to the criminal investigation of the death;

the court shall modify or terminate its order restricting access to the information. In ruling on a request under this subsection, the court shall state the court's reasons for granting or denying the request.

SECTION ~~421~~ [\[119\]](#). [EFFECTIVE JULY 1, 2026] (a) **The publisher of the Indiana Administrative Code and Indiana Register shall transfer rules concerning aging from the title of the Indiana Administrative Code for the division of aging to the title of the Indiana Administrative Code for the division of disability, aging, and rehabilitative services. The rules to be transferred include the following:**

- (1) 455 IAC 1.



1 (2) 455 IAC 2.

2 (3) 455 IAC 3.

3 (4) Any other rules the office of the secretary of family and
4 social services identifies to the publisher of the Indiana
5 Administrative Code and Indiana Register concerning aging
6 that are to be transferred.

7 (b) The office of the secretary of family and social services shall
8 submit a statement to the publisher of the Indiana Administrative
9 Code and Indiana Register under IC 4-22-7-7 indicating which
10 rules the secretary of family and social services determines should
11 transfer under subsection (a)(4).

12 (c) The publisher of the Indiana Administrative Code and
13 Indiana Register shall transfer 470 IAC 3.1 from the division of
14 family resources to the division of disability, aging, and
15 rehabilitative services.

16 (d) This SECTION expires December 31, 2026.

17 SECTION 12~~2~~⁰. [EFFECTIVE JULY 1, 2026] (a) The
18 legislative services agency shall prepare legislation for introduction
19 in the 2027 regular session of the general assembly to make
20 appropriate changes in statutes that are required by this act.

21 (b) This SECTION expires December 31, 2027.
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