Reprinted
February 24, 2026

ENGROSSED
SENATE BILL No. 282

DIGEST OF SB 282 (Updated February 23, 2026 6:51 pm - DI 147)

Citations Affected: IC 16-18; IC 16-42; IC 25-22.5; IC 25-26.

Synopsis: Compounding drugs; registration of medical spas. Sets forth drug compounding requirements. Requires specified agencies to prepare a report concerning drug compounding and the risks and benefits of compounding. Beginning January 1, 2027, requires the registration of medical spas under the medical licensing board of Indiana (board). Requires the board to establish and maintain a public data base concerning registered medical spas. Requires a medical spa to designate a responsible practitioner that meets certain requirements and specifies duties of the responsible practitioner. Requires a medical spa to notify the board after a serious adverse event. Allows the board to investigate a responsible practitioner concerning an alleged violation and forward any substantiated claim to the governing board of the responsible practitioner. Prohibits a medical spa from providing health care services and cosmetic and lifestyle treatments in a location other than the medical spa. Requires a medical spa to comply with certain advertising requirements.

Effective: July 1, 2026.

Charbonneau, Busch

(HOUSE SPONSORS — BARRETT, MCGUIRE, PORTER)

January 12, 2026, read first time and referred to Committee on Health and Provider Services.
January 22, 2026, amended, reported favorably — Do Pass.
January 28, 2026, read second time, amended, ordered engrossed.
January 29, 2026, engrossed. Read third time, passed. Yeas 47, nays 1.

HOUSE ACTION

February 2, 2026, read first time and referred to Committee on Public Health.
February 19, 2026, amended, reported — Do Pass.
February 23, 2026, read second time, amended, ordered engrossed.

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

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

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

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

ENGROSSED
SENATE BILL No. 282

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

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

SECTION 1. IC 16-18-2-41.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 41.2. "Bulk drug substance", for purposes of IC 16-42-22.5, has the meaning set forth in IC 16-42-22.5-1.**

SECTION 2. IC 16-18-2-66.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 66.8. "Compounding", for purposes of IC 16-42-22.5, has the meaning set forth in IC 16-42-22.5-2.**

SECTION 3. IC 16-42-22.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 22.5. Drugs: Restrictions on Bulk Drug Substances

Sec. 0.5. This chapter does not apply to:

(1) the compounding of; or

(2) a compounded;

drug for animal use.

Sec. 1. (a) As used in this chapter, "bulk drug substance" means a substance that is intended:

(1) for incorporation into a finished drug product; and

(2) to furnish pharmacological activity or other direct effect; in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body.

(b) The term includes an amino acid.

(c) The term does not include the following:

(1) A vitamin, mineral, herb, essential oil, extract, or other non-pharmaceutical ingredient not described in subsection (a).

(2) Intermediates used in the synthesis of a substance.

Sec. 2. (a) As used in this chapter, "compounding" means the combining, admixing, mixing, diluting, pooling, reconstituting, or otherwise altering of a drug or bulk drug substance by:

(1) a pharmacist licensed under IC 25-26;

(2) a physician licensed under IC 25-22.5; or

(3) an individual under the supervision of an individual described in subdivision (1) or (2);

to create a compounded drug.

(b) The term does not include the following:

(1) The mixing, reconstituting, or other acts performed in accordance with:

(A) directions contained in the labeling that are:

(i) approved by the federal Food and Drug Administration; and

(ii) provided by the product's manufacturer; and

(B) any other directions provided by a manufacturer that are consistent with the labeling.

(2) The addition of flavoring.

Sec. 3. (a) A person may not engage in compounding unless the following requirements are met:

(1) The bulk drug substance is not:

(A) research grade, unless part of a study approved by an institutional review board; or

(B) veterinary grade.

(2) The bulk drug substance was manufactured by an establishment that is registered as a human drug establishment with the federal Food and Drug Administration under 21 U.S.C. 360.

(3) The bulk drug substance is accompanied by a valid

certificate of analysis that includes the following:

(A) The identity and content of the bulk drug substance.

(B) The country where the bulk drug substance was originally manufactured.

(4) The bulk drug substance has had quality control testing conducted.

(5) The compounding complies with the federal Food, Drug, and Cosmetic Act.

(6) The compounding complies with any applicable chapter of the United States Pharmacopeia (USP).

(b) Upon request by the Indiana board of pharmacy, a nonresident pharmacy (as defined in IC 25-26-17-2) that ships, mails, delivers, or dispenses a compounded drug into Indiana that is compounded using a bulk drug substance shall provide documentation demonstrating compliance with this chapter and IC 25-26-17-3 within a reasonable time, as determined by the Indiana board of pharmacy based on the circumstances of the request.

(c) Any person engaging in the sale, transfer, or distribution of compounding drugs shall maintain all records related to the acquisition, examination, and testing of the bulk drug substance for at least two (2) years after the expiration date of the last lot of compounded drugs containing the bulk drug substance.

Sec. 4. (a) A pharmacy that is subject to Section 503A of the federal Food, Drug, and Cosmetic Act (21 U.S.C. 353a) shall comply with Section 503A of the federal Food, Drug, and Cosmetic Act, and any regulation promulgated under Section 503A of the federal Food, Drug, and Cosmetic Act.

(b) A facility that is subject to Section 503B of the federal Food, Drug, and Cosmetic Act (21 U.S.C. 353b) shall comply with Section 503B of the federal Food, Drug, and Cosmetic Act, and any regulation promulgated under Section 503B of the federal Food, Drug, and Cosmetic Act.

(c) A manufacturer required to obtain approval under 21 U.S.C. 355 shall comply with federal new drug approval and current good manufacturing practice requirements.

Sec. 5. (a) The Indiana board of pharmacy shall have primary authority to investigate the:

(1) sourcing;

(2) storage;

(3) labeling;

(4) handling; and

(5) compounding;

of a prescription drug.

(b) The Indiana board of pharmacy may investigate any alleged violation of this chapter.

Sec. 6. (a) The state department, in consultation with the Indiana board of pharmacy, the medical licensing board of Indiana, the Indiana state board of nursing, and the office of the attorney general shall develop and publish a report not later than March 1 and September 1 of each year concerning the oversight of drug compounding and the risks and benefits posed by the practice of compounding.

(b) The report must include the following:

(1) The number and type of professional licenses issued, by license type, under which the license holder may engage in drug compounding.

(2) The number of licensed facilities and practices that:

(A) conduct drug compounding; or

(B) handle, store, administer, dispense, distribute, or use compounded drugs in a retail or outpatient setting, including:

(i) a 503A pharmacy (as described in 21 U.S.C. 353a); and

(ii) a medical spa (as defined in IC 25-22.5-12.5);

categorized by license type. This subdivision does not include a hospital or ambulatory outpatient surgical center licensed under IC 16-21.

(3) A summary of any findings related to deficiencies or violations found by the regulating board for a facility described in subdivision (2).

(4) The number of investigations conducted concerning drug compounding.

(5) The number and type of disciplinary actions taken, including improper marketing, advertising, or promotion of compounding drugs or related services.

(c) The report required by this section must be posted on the websites of the state department and the Indiana board of pharmacy. The state department shall submit the report to the legislative council in an electronic format under IC 5-14-6.

SECTION 4. IC 25-22.5-12.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 12.5. Medical Spas

Sec. 1. (a) As used in this chapter, "medical spa" means a facility or practice that:

(1) offers or provides medical health care services;

(2) engages in the preparation, administration, or dispensing of prescription drugs or otherwise uses prescription drugs for intravenous, intramuscular, or subcutaneous delivery; and

(3) holds itself out as a facility or practice focused on cosmetic or lifestyle treatments, including any of the following:

(A) Weight loss.

(B) Wellness.

(C) Longevity.

(D) Cosmetic or aesthetic health services and treatments, including the preparation, administration, or dispensing of prescription drugs for:

(i) weight loss;

(ii) botulinum toxin injections and dermal fillers;

(iii) hair loss;

(iv) hormone therapies; or

(v) parenteral nutrient therapies.

(E) The nonsurgical use of a laser or other energy device for cosmetic purposes, including use for rejuvenation, anti-aging, or hair removal.

(b) The term does not apply to the following:

(1) A physician's office.

(2) A facility or practice that is otherwise licensed by the state.

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

(1) A physician licensed under IC 25-22.5.

(2) An advanced practice registered nurse who meets the requirements of IC 25-23-1-19.5.

(3) A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6.

Sec. 3. (a) Beginning January 1, 2027, a medical spa is required to be registered under this chapter in order to do business in Indiana.

(b) The board shall establish a registration procedure for medical spas not later than October 1, 2026. An application for registration for a medical spa must include the following:

(1) The name of the medical spa, including the following:

(A) Any name under which the medical spa does or will do business in Indiana.

(B) The legal name of the medical spa.

(2) The address of the medical spa.

(3) The website address of the medical spa.

(4) The medical health care services intended to be provided at the medical spa.

(5) A statement concerning whether or not the medical spa engages in or plans to engage in compounding (as defined in IC 16-42-22.5-2) drugs at the medical spa.

(6) The name and license number of the medical spa's licensed responsible practitioner described in section 5 of this chapter and the name of the responsible practitioner's collaborating physician or supervising practitioner, if applicable.

(c) The board may fine a person that operates an unregistered medical spa in an amount not to exceed five thousand dollars ($5,000) and require that the person obtain registration under this chapter in order to do business in Indiana.

Sec. 4. (a) The board shall establish and maintain a public data base that contains the information specified in section 3(b) of this chapter for each registered medical spa.

(b) The board shall redact any personally identifying health information as confidential before including any information on the data base.

Sec. 5. (a) A medical spa registered under this chapter must designate a responsible practitioner who meets the following:

(1) Has prescriptive authority.

(2) Has education and training in the health care services and treatments being performed and medications being dispensed or administered in the medical spa.

(b) A responsible practitioner shall be physically present at the medical spa location for a sufficient amount of time to comply with the responsibility of ensuring that the medical spa complies with the requirements of this chapter.

(c) A responsible practitioner shall ensure that each individual working at the medical spa meets the following:

(1) Is licensed to perform the health care services and treatments the individual is to perform and that the health care services and treatments are within the individual's scope of practice.

(2) Has received appropriate training in the performance of the health care services and treatments being provided by the individual.

Sec. 6. (a) As used in this section, "serious adverse event" means any negative medical occurrence associated with the use of a

prescription medication or treatment provided that results in, based on a reasonable medical judgment, jeopardy to an individual's health resulting in medical or surgical intervention or any of the following outcomes:

(1) Death.

(2) A life threatening medical occurrence.

(3) Inpatient hospitalization or prolonging of an existing hospitalization.

(b) A medical spa shall notify the board in the manner prescribed by the board not later than fifteen (15) days after the occurrence of a patient's serious adverse event. The notice must include, to the extent that the information may be obtained or reasonably available from the source, the following:

(1) The name of the patient, the prescription medication treatment involved, and the date of the serious adverse event.

(2) The nature and location of the serious adverse event.

(3) The medical records for the patient concerning the serious adverse event.

Sec. 7. The board may investigate a responsible practitioner concerning any claim of a violation of this chapter and forward any substantiated claim to the governing board of the responsible practitioner.

Sec. 8. An individual licensed or certified under this title who violates this chapter is subject to discipline under IC 25-1-9.

Sec. 9. A medical spa may not provide health care services and cosmetic and lifestyle treatments to a consumer at a location other than the medical spa office unless the health care service or treatment is being performed in another location for educational or training purposes of individuals who intend to provide these services or treatment.

Sec. 10. (a) A medical spa shall comply with the advertising requirements set forth in IC 25-1-10.3.

(b) The board may suspend a registration under this chapter for a violation of IC 25-1-10.3.

Sec. 11. (a) The board shall consult with the appropriate professional board that has oversight of a profession concerning any issues concerning the practice of the profession as it relates to providing services in a medical spa.

(b) Nothing in this chapter precludes a governing board of a practitioner to take any action against a practitioner for a violation of the practitioner's license or certification.

SECTION 5. IC 25-26-13-4, AS AMENDED BY P.L.93-2024,

SECTION 186, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) The board may:

(1) adopt rules under IC 4-22-2 for implementing and enforcing this chapter;

(2) establish requirements and tests to determine the moral, physical, intellectual, educational, scientific, technical, and professional qualifications for applicants for pharmacists' licenses;

(3) refuse to issue, deny, suspend, or revoke a license or permit or place on probation or fine any licensee or permittee under this chapter;

(4) regulate the sale of drugs and devices in the state of Indiana;

(5) impound, embargo, confiscate, or otherwise prevent from disposition any drugs, medicines, chemicals, poisons, or devices which by inspection are deemed unfit for use or would be dangerous to the health and welfare of the citizens of the state of Indiana; the board shall follow those embargo procedures found in IC 16-42-1-18 through IC 16-42-1-31, and persons may not refuse to permit or otherwise prevent members of the board or their representatives from entering such places and making such inspections;

(6) prescribe minimum standards with respect to physical characteristics of pharmacies, as may be necessary to the maintenance of professional surroundings and to the protection of the safety and welfare of the public;

(7) subject to IC 25-1-7, investigate complaints, subpoena witnesses, schedule and conduct hearings on behalf of the public interest on any matter under the jurisdiction of the board;

(8) prescribe the time, place, method, manner, scope, and subjects of licensing examinations which shall be given at least twice annually; ~~and~~

(9) perform such other duties and functions and exercise such other powers as may be necessary to implement and enforce this chapter; **and**

(10) oversee and investigate IC 16-42-22.5.

(b) The board shall adopt rules under IC 4-22-2 for the following:

(1) Establishing standards for the competent practice of pharmacy.

(2) Establishing the standards for a pharmacist to counsel individuals regarding the proper use of drugs.

(3) Establishing standards and procedures before January 1, 2006, to ensure that a pharmacist:

(A) has entered into a contract that accepts the return of expired drugs with; or

(B) is subject to a policy that accepts the return of expired drugs of;

a wholesaler, manufacturer, or agent of a wholesaler or manufacturer concerning the return by the pharmacist to the wholesaler, the manufacturer, or the agent of expired legend drugs or controlled drugs. In determining the standards and procedures, the board may not interfere with negotiated terms related to cost, expenses, or reimbursement charges contained in contracts between parties, but may consider what is a reasonable quantity of a drug to be purchased by a pharmacy. The standards and procedures do not apply to vaccines that prevent influenza, medicine used for the treatment of malignant hyperthermia, and other drugs determined by the board to not be subject to a return policy. An agent of a wholesaler or manufacturer must be appointed in writing and have policies, personnel, and facilities to handle properly returns of expired legend drugs and controlled substances.

(c) The board may grant or deny a temporary variance to a rule it has adopted if:

(1) the board has adopted rules which set forth the procedures and standards governing the grant or denial of a temporary variance; and

(2) the board sets forth in writing the reasons for a grant or denial of a temporary variance.

(d) The board shall adopt rules and procedures, in consultation with the medical licensing board, concerning the electronic transmission of prescriptions. The rules adopted under this subsection must address the following:

(1) Privacy protection for the practitioner and the practitioner's patient.

(2) Security of the electronic transmission.

(3) A process for approving electronic data intermediaries for the electronic transmission of prescriptions.

(4) Use of a practitioner's United States Drug Enforcement Agency registration number.

(5) Protection of the practitioner from identity theft or fraudulent use of the practitioner's prescribing authority.

(e) The governor may direct the board to develop:

(1) a prescription drug program that includes the establishment of criteria to eliminate or significantly reduce prescription fraud; and

(2) a standard format for an official tamper resistant prescription drug form for prescriptions (as defined in IC 16-42-19-7(1)).

The board may adopt rules under IC 4-22-2 necessary to implement this subsection.

(f) The standard format for a prescription drug form described in subsection (e)(2) must include the following:

(1) A counterfeit protection bar code with human readable representation of the data in the bar code.

(2) A thermochromic mark on the front and the back of the prescription that:

(A) is at least one-fourth (1/4) of one (1) inch in height and width; and

(B) changes from blue to clear when exposed to heat.

(g) The board may contract with a supplier to implement and manage the prescription drug program described in subsection (e). The supplier must:

(1) have been audited by a third party auditor using the SAS 70 audit or an equivalent audit for at least the three (3) previous years; and

(2) be audited by a third party auditor using the SAS 70 audit or an equivalent audit throughout the duration of the contract;

in order to be considered to implement and manage the program.

(h) The board shall adopt rules under IC 4-22-2 concerning:

(1) professional determinations made under IC 35-48-4-14.7(d); and

(2) the determination of a relationship on record with the pharmacy under IC 35-48-4-14.7.

(i) The board may:

(1) review professional determinations made by a pharmacist; and

(2) take appropriate disciplinary action against a pharmacist who violates a rule adopted under subsection (h) concerning a professional determination made;

under IC 35-48-4-14.7 concerning the sale of ephedrine and pseudoephedrine.

COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 282, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, delete lines 1 through 4.

Page 2, between lines 2 and 3, begin a new paragraph and insert:

"SECTION 4. IC 16-18-2-373.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 373.5. "Wholesale drug distributor", for purposes of IC 16-42-22.5, has the meaning set forth in IC 16-42-22.5-5.**".

Page 2, line 6, after "on" insert "**Certain**".

Page 2, delete lines 7 through 42, begin a new paragraph and insert:

"**Sec. 1. (a) This chapter applies to compounding concerning a glucagon-like-peptide-1 substance used for weight management.**

(b) This chapter does not apply to the following:

(1) An entity licensed under IC 16-21.

(2) A pharmacy regulated by the board that holds a Category II permit as set forth in IC 25-26-13-17.

(3) The compounding of the drug for animal use.

(4) The compounding of the drug described in subsection (a) for a specific individual due to an allergy or required dosage specification.

Sec. 2. (a) As used in this chapter, "bulk drug substance" has the meaning set forth in 21 CFR 207.3 for the drug specified in section 1(a) of this chapter.

(b) The term does not include inactive ingredients, including flavoring agents.

Sec. 3. (a) As used in this chapter, "bulk drug substance manufacturing establishment" means a facility that originally created the bulk drug substance through chemical, physical, biological, or other procedures or manipulations.

(b) The term does not include a wholesaler, relabeler, repacker, or similar entity.

Sec. 4. (a) As used in this chapter, "compounding" means the combining, admixing, mixing, diluting, pooling, reconstituting, or otherwise altering of a drug or bulk drug substance to create a compounded preparation.

(b) The term does not include the mixing, reconstituting, or other acts that are performed in accordance with the directions

contained in the labeling approved by the federal Food and Drug Administration provided by the product's manufacturer and other manufacturer directions consistent with the labeling.

Sec. 5. As used in this chapter, "wholesale drug distributor" has the meaning set forth in IC 25-26-14-12.

Sec. 6. (a) A person may not engage in compounding for human use under 21 U.S.C. 353a unless the following requirements are met:

(1) The bulk drug substance used may be used in compounding under 21 U.S.C. 353a(b)(1).

(2) Any bulk drug substance used under 21 U.S.C. 353a(b)(1)(A)(i)(II) has been reviewed as part of a new drug application that has been approved by the federal Food and Drug Administration under 21 U.S.C. 355.

(3) The bulk drug substance is a pharmaceutical grade product for human use.

(4) The bulk drug substance is accompanied by a valid certificate of analysis that includes any information that the board requires through the adoption of rules under IC 4-22-2.

(5) Either of the following requirements for documentation of quality control testing before use of the bulk drug substance in a compounded drug:

(A) A person engaged in compounding conducts and documents, or obtains documentation of, quality control testing of any bulk drug substance not used under 21 U.S.C. 353a(b)(1)(A)(i)(I) that includes the following:

(i) Confirming the identity of the bulk drug substance.

(ii) Reporting, identifying, characterizing, and quantifying each impurity present in the bulk drug substance in an amount exceeding one-tenth percent (0.1%).

(iii) Meeting any requirements of the board set forth through the adoption of rules under IC 4-22-2.

(B) The certificate of analysis contains the information set forth in clause (A)(i) through (A)(iii).

(6) The bulk drug substance is accompanied with written verification that the bulk drug substance was manufactured at a bulk drug substance manufacturing establishment that:

(A) is registered as a human drug establishment with the federal Food and Drug Administration under 21 U.S.C. 360;

(B) has been inspected by the federal Food and Drug

Administration as a human drug establishment;

(C) is not currently subject to an federal Food and Drug Administration Import Alert; and

(D) is not currently subject to:

(i) an unresolved federal Food and Drug Administration Warning Letter; or

(ii) federal Food and Drug Administration inspection that is classified as Official Action Indicated.

The verification under this subdivision must include the country in which the bulk drug substance manufacturing establishment is located.

(7) The compounding complies with the federal Food, Drug, and Cosmetic Act an all other applicable requirements under Indiana law.

(b) Any person engaging in the sale, transfer, or distribution of compounded drugs shall do the following:

(1) Maintain all records related to the acquisition, examination, and testing of the bulk drug substance for at least two (2) years after the expiration date of the last lot of drug containing the bulk drug substance.

(2) Furnish, upon request by the board, the records described in subdivision (1) not later than one (1) business day after receipt of the request unless a reasonable alternative time frame is indicated by the board based on the circumstances of the request.

(c) Upon the request of the Indiana board of pharmacy during an inspection or as part of the review of a license application for records described in subsection (b), a person that engages in compounding shall provide the records to the board not later than either:

(1) one (1) business day after receipt of the request; or

(2) within a reasonable time, as determined by the Indiana board of pharmacy given the circumstances of the request.

(d) A wholesale drug distributor distributing bulk drug substances in Indiana for use in compounding shall provide to the purchaser of a bulk drug substance with the following:

(1) The valid certificate of analysis described in subsection (a)(4).

(2) The documentation of quality control testing described in subsection (a)(5), if the testing is not conducted by the purchaser of the bulk drug substance.

(3) The written verification set forth in subsection (a)(6).

Sec. 7. (a) The state department, in consultation with the Indiana board of pharmacy, the medical licensing board of Indiana, the Indiana state board of nursing, and the office of the attorney general shall develop and publish a report not later than November 15 of each year concerning the oversight of drug compounding during the preceding fiscal year.

(b) The report must include the following:

(1) A general assessment of the public health impact drug compounding, including the benefits and risks presented by compounding.

(2) The following data and information from the preceding fiscal year:

(A) The number and type of professional licenses issued, by license type, under which the license holder may engage in drug compounding, and whether any of the licenses issued include sterile compounding.

(B) The number of licensed facilities and practices that have been inspected in the previous year and the previous three (3) years, categorized by license type.

(C) The number of inspections conducted on a licensed facility or practice that:

(i) conducts drug compounding; or

(ii) handles, stores, administers, dispenses, distributes, or uses compounded drugs in a retail or outpatient setting, including a 503A pharmacy (as described in 21 U.S.C. 353a), a 503B outsourcing facility (as described in 21 U.S.C. 353b), and a medical spa under IC 25-22.5-12.5.

(D) The nature and severity of any deficiency or violation found by the regulating board in an investigation of a person or facility specified in this subsection.

(E) The number of investigations conducted concerning drug compounding.

(F) The number and type of disciplinary actions taken by each board that related to drug compounding.

(G) The number and type of disciplinary actions taken by each board or state agency concerning the improper marketing, advertising, or promotion of compounding drugs or related services.

(H) An assessment of the staffing and resources of each regulating board concerning compounding drugs.

(c) The report required by this section must be posted on the state department's website and the Indiana board of pharmacy's

website. The state department shall submit the report to the legislative council in an electronic format under IC 5-14-6.

(d) This section expires December 31, 2030.".

Delete pages 3 through 4.

Page 5, delete lines 1 through 30.

Page 5, line 31, delete "IC 25-26-13.7" and insert "IC 25-22.5-12.5".

Page 5, line 34, delete "13.7." and insert "**12.5.**".

Page 6, line 4, delete "service," and insert "**services and treatments,**".

Page 6, line 8, delete ";" and insert "**and dermal fillers;**

(iii) hair loss;".

Page 6, line 9, delete "(iii)" and insert "**(iv)**".

Page 6, line 10, delete "(iv)" and insert "**(v)**".

Page 6, line 13, after "2." insert "**As used in this chapter, "practitioner" means any of the following:**

(1) A physician licensed under IC 25-22.5.

(2) An advanced practice registered nurse who meets the requirements of IC 25-23-1-19.5.

(3) A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6.

Sec. 3.".

Page 6, delete lines 22 through 24, begin a new line block indented and insert:

"**(3) The medical health care services intended to be provided at the medical spa.**

(4) The prescription drugs that are intended to be prepared, administered, dispensed, or otherwise used at the medical spa, including whether the prescription drug is compounded.

(5) The name and license number of the medical spa's licensed responsible practitioner described in section 5 of this chapter.

(6) The name and license number of the individuals and practitioners operating in the medical spa.".

Page 6, line 26, after "spa" insert "**in an amount not to exceed five thousand dollars ($5,000)**".

Page 6, line 28, delete "3." and insert "**4.**".

Page 6, line 30, delete "2(b)" and insert "**3(b)**".

Page 6, delete lines 37 through 42, begin a new paragraph and insert:

"**Sec. 5. (a) A medical spa registered under this chapter must designate a responsible practitioner who meets the following:**

(1) Has prescriptive authority.

(2) Has education and training in the health care services and

treatments being performed and medications being dispensed or administered in the medical spa.

(b) A responsible practitioner shall be physically present at the medical spa location for a sufficient amount of time to comply with the responsibility of ensuring that the medical spa complies with the requirements of this chapter. The board may require a medical spa to receive the board's approval before a medical spa may designate a responsible practitioner to be responsible for more than one (1) location.

(c) A responsible practitioner shall ensure that each individual working at the medical spa meets the following:

(1) Is licensed to perform the health care services and treatments the individual is to perform and that the health care services and treatments are within the individual's scope of practice.

(2) Is properly trained in the performance of the health care services and treatments being provided by the individual.".

Page 7, delete lines 1 through 3.

Page 7, line 4, delete "5." and insert "**6.**".

Page 7, line 6, after "medication" insert "**or treatment provided**".

Page 7, line 21, after "medication" insert "**treatment**".

Page 7, line 26, delete "6." and insert "**7.**".

Page 7, line 34, delete "7." and insert "**8.**".

Page 7, line 37, delete "if" and insert "**pursuant to the requirements set forth in IC 25-1-9-10.**".

Page 7, delete line 38.

Page 7, line 39, delete "8." and insert "**9. A medical spa may not provide health care services and cosmetic and lifestyle treatments to a consumer at a location other than the medical spa office, a physician's office, or other licensed health care facility.**

Sec. 10.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 282 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0.

SENATE MOTION

Mr. President: I move that Senate Bill 282 be amended to read as follows:

Page 1, delete lines 1 through 17.

Page 2, delete lines 1 through 3.

Page 2, delete lines 7 through 42, begin a new paragraph and insert:

"**Chapter 22.5. Drugs: Pharmacy Compliance with the Federal Food, Drug, and Cosmetic Act**

Sec. 1. (a) Except as provided in subsection (b), this chapter applies to the following pharmacies that have a permit issued under IC 25-26-13:

(1) A pharmacy that is subject to Section 503A of the federal Food, Drug, and Cosmetic Act (21 U.S.C. 353a).

(2) A pharmacy registered with the federal Food and Drug Administration as an outsourcing facility that is subject to Section 503B of the federal Food, Drug, and Cosmetic Act (21 U.S.C. 353b).

(b) This chapter does not apply to the following:

(1) An entity licensed under IC 16-21.

(2) A pharmacy regulated by the board that holds a Category II permit as set forth in IC 25-26-13-17.

(3) The compounding of a drug for animal use.

(4) The compounding of a drug for a specific individual due to an allergy or required dosage specification.

Sec. 2. (a) A pharmacy described in section 1(a)(1) of this chapter shall comply with Section 503A of the federal Food, Drug, and Cosmetic Act and any federal regulation promulgated under Section 503A of the federal Food, Drug, and Cosmetic Act.

(b) A pharmacy described in section 1(a)(2) of this chapter shall comply with Section 503B of the federal Food, Drug, and Cosmetic Act and any federal regulation promulgated under Section 503B of the federal Food, Drug, and Cosmetic Act.

Sec. 3. The Indiana board of pharmacy may do the following:

(1) Investigate any alleged violation of this chapter.

(2) Enforce this chapter in accordance with IC 25-26-13-7.

(3) Request an injunction for a violation of this chapter in accordance with IC 25-26-13-28.".

Delete pages 3 through 4.

Page 5, delete lines 1 through 38.
Renumber all SECTIONS consecutively.

(Reference is to SB 282 as printed January 23, 2026.)

JOHNSON T

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 282, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 17, begin a new paragraph and insert:

"SECTION 1. IC 16-18-2-41.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 41.2. "Bulk drug substance", for purposes of IC 16-42-22.5, has the meaning set forth in IC 16-42-22.5-1.**

SECTION 2. IC 16-18-2-66.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 66.8. "Compounding", for purposes of IC 16-42-22.5, has the meaning set forth in IC 16-42-22.5-2.**

SECTION 3. IC 16-42-22.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 22.5. Drugs: Restrictions on Bulk Drug Substances

Sec. 0.5. This chapter does not apply to the compounding of the drug for animal use.

Sec. 1. (a) As used in this chapter, "bulk drug substance" means a substance that is intended:

(1) for incorporation into a finished drug product; and

(2) to furnish pharmacological activity or other direct effect; in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body.

(b) The term does not include intermediates used in the synthesis of a substance.

Sec. 2. As used in this chapter, "compounding" means the combining, admixing, mixing, diluting, pooling, or otherwise altering of a drug or bulk drug substance by:

(1) a pharmacist licensed under IC 25-26;

(2) a physician licensed under IC 25-22.5; or

(3) an individual under the supervision of an individual described in subdivision (1) or (2), for purposes of an outsourcing facility;

to create a drug.

Sec. 3. (a) A person may not engage in compounding unless the following requirements are met:

(1) The bulk drug substance:

(A) is not research grade or veterinary grade; and

(B) complies with standards of the United States Pharmacopeia (USP) or National Formulary monograph and any applicable United States Pharmacopoeia chapter on pharmacy compounding.

(2) The bulk drug substance was manufactured by an establishment that is registered as a human drug establishment with the federal Food and Drug Administration under 21 U.S.C. 360.

(3) The bulk drug substance is accompanied by a valid certificate of analysis that includes the following:

(A) The identity and content of the bulk drug substance.

(B) The country where the bulk drug substance was originally manufactured.

(C) Any additional information that the state department requires through the adoption of rules under IC 4-22-2.

(4) The bulk drug substance has had quality control testing conducted.

(5) The compounding complies with the federal Food, Drug, and Cosmetic Act.

(b) Upon request by the Indiana board of pharmacy, a nonresident pharmacy (as defined in IC 25-26-17-2) that ships, mails, delivers, or dispenses a compounded drug into Indiana that is compounded using a bulk drug substance shall provide documentation demonstrating compliance with this chapter and IC 25-26-17-3 within a reasonable time, as determined by the Indiana board of pharmacy based on the circumstances of the request.

(c) Any person engaging in the sale, transfer, or distribution of compounding drugs shall maintain all records related to the acquisition, examination, and testing of the bulk drug substance for at least two (2) years after the expiration date of the last lot of drugs containing the bulk drug substance.

Sec. 4. (a) A pharmacy that is subject to Section 503A of the

federal Food, Drug, and Cosmetic Act (21 U.S.C. 353a) shall comply with Section 503A of the federal Food, Drug, and Cosmetic Act, and any regulation promulgated under Section 503A of the federal Food, Drug, and Cosmetic Act.

(b) A pharmacy that is subject to Section 503B of the federal Food, Drug, and Cosmetic Act (21 U.S.C. 353b) shall comply with Section 503B of the federal Food, Drug, and Cosmetic Act, and any regulation promulgated under Section 503B of the federal Food, Drug, and Cosmetic Act.

(c) A manufacturer required to obtain approval under 21 U.S.C. 355 shall comply with federal new drug approval and current good manufacturing practice requirements.

Sec. 5. The Indiana board of pharmacy may investigate any alleged violation of this chapter.

Sec. 6. (a) The state department, in consultation with the Indiana board of pharmacy, the medical licensing board of Indiana, the Indiana state board of nursing, and the office of the attorney general shall develop and publish a report not later than March 1 and September 1 of each year concerning the oversight of drug compounding and the risks and benefits posed by the practice of compounding.

(b) The report must include the following:

(1) The number and type of professional licenses issued, by license type, under which the license holder may engage in drug compounding.

(2) The number of licensed facilities and practices that:

(A) conduct drug compounding; or

(B) handle, store, administer, dispense, distribute, or use compounded drugs in a retail or outpatient setting, including:

(i) a 503A pharmacy (as described in 21 U.S.C. 353a); and

(ii) a medical spa (as defined in IC 25-22.5-12.5);

categorized by license type. This subdivision does not include a hospital or ambulatory outpatient surgical center licensed under IC 16-21.

(3) A summary of any findings related to deficiencies or violations found by the regulating board for a facility described in subdivision (2).

(4) The number of investigations conducted concerning drug compounding.

(5) The number and type of disciplinary actions taken,

including improper marketing, advertising, or promotion of compounding drugs or related services.

(c) The report required by this section must be posted on the websites of the state department and the Indiana board of pharmacy. The state department shall submit the report to the legislative council in an electronic format under IC 5-14-6.".

Page 2, delete lines 1 through 17.

Page 2, between lines 40 and 41, begin a new line double block indented and insert:

"**(E) The nonsurgical use of a laser or other energy device for cosmetic purposes, including use for rejuvenation, anti-aging, or hair removal.**".

Page 2, line 41, delete "to a" and insert "**to the following:**

(1) A physician's office.

(2) A".

Page 3, line 12, delete "for implementation".

Page 3, line 12, delete "January 1, 2027." and insert "**October 1, 2026.**".

Page 3, line 15, delete "spa." and insert "**spa, including the following:**

(A) Any name under which the medical spa does or will do business in Indiana.

(B) The legal name of the medical spa.".

Page 3, line 17, after "(3)" insert "**The website address of the medical spa.**

(4)".

Page 3, delete lines 19 through 21, begin a new line block indented and insert:

"**(5) The prescription drugs that are intended to be:**

(A) compounded (as defined in IC 16-42-22.5-2); and

(B) prepared, administered, dispensed, or otherwise used;

at the medical spa.".

Page 3, line 22, delete "(5)" and insert "**(6)**".

Page 3, line 23, delete "." and insert "**and the name of the responsible practitioner's collaborating physician or supervising practitioner, if applicable.**".

Page 3, delete lines 24 through 25.

Page 3, line 31, delete "contains:" and insert "**contains the information specified in section 3(b) of this chapter for each registered medical spa.**".

Page 3, delete lines 32 through 35.

Page 4, line 6, delete "The board may require a medical".

Page 4, delete lines 7 through 9.

Page 4, line 16, delete "Is properly trained" and insert "**Has received appropriate training**".

Page 4, delete lines 28 through 30.

Page 4, line 32, delete "five (5)" and insert "**fifteen (15)**".

Page 4, delete lines 41 through 42.

Page 5, delete lines 1 through 11, begin a new paragraph and insert:

"**Sec. 7. The board may investigate a responsible practitioner concerning any claim of a violation of this chapter and forward any substantiated claim to the governing board of the responsible practitioner.**

Sec. 8. An individual licensed or certified under this title who violates this chapter is subject to discipline under IC 25-1-9.".

Page 5, line 14, delete "office, a physician's office, or other licensed" and insert "**office unless the health care service or treatment is being performed in another location for educational or training purposes of individuals who intend to provide these services or treatment.**

Sec. 10. (a) A medical spa shall comply with the advertising requirements set forth in IC 25-1-10.3.

(b) The board may suspend a registration under this chapter for a violation of IC 25-1-10.3.

Sec. 11. (a) The board shall consult with the appropriate professional board that has oversight of a profession concerning any issues concerning the practice of the profession as it relates to providing services in a medical spa.

(b) Nothing in this chapter precludes a governing board of a practitioner to take any action against a practitioner for a violation of the practitioner's license or certification.".

Page 5, delete lines 15 through 17, begin a new paragraph and insert:

"SECTION 5. IC 25-26-13-4, AS AMENDED BY P.L.93-2024, SECTION 186, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) The board may:

(1) adopt rules under IC 4-22-2 for implementing and enforcing this chapter;

(2) establish requirements and tests to determine the moral, physical, intellectual, educational, scientific, technical, and professional qualifications for applicants for pharmacists' licenses;

(3) refuse to issue, deny, suspend, or revoke a license or permit or place on probation or fine any licensee or permittee under this chapter;

(4) regulate the sale of drugs and devices in the state of Indiana;

(5) impound, embargo, confiscate, or otherwise prevent from disposition any drugs, medicines, chemicals, poisons, or devices which by inspection are deemed unfit for use or would be dangerous to the health and welfare of the citizens of the state of Indiana; the board shall follow those embargo procedures found in IC 16-42-1-18 through IC 16-42-1-31, and persons may not refuse to permit or otherwise prevent members of the board or their representatives from entering such places and making such inspections;

(6) prescribe minimum standards with respect to physical characteristics of pharmacies, as may be necessary to the maintenance of professional surroundings and to the protection of the safety and welfare of the public;

(7) subject to IC 25-1-7, investigate complaints, subpoena witnesses, schedule and conduct hearings on behalf of the public interest on any matter under the jurisdiction of the board;

(8) prescribe the time, place, method, manner, scope, and subjects of licensing examinations which shall be given at least twice annually; ~~and~~

(9) perform such other duties and functions and exercise such other powers as may be necessary to implement and enforce this chapter; **and**

(10) investigate any alleged violation of IC 16-42-22.5.

(b) The board shall adopt rules under IC 4-22-2 for the following:

(1) Establishing standards for the competent practice of pharmacy.

(2) Establishing the standards for a pharmacist to counsel individuals regarding the proper use of drugs.

(3) Establishing standards and procedures before January 1, 2006, to ensure that a pharmacist:

(A) has entered into a contract that accepts the return of expired drugs with; or

(B) is subject to a policy that accepts the return of expired drugs of;

a wholesaler, manufacturer, or agent of a wholesaler or manufacturer concerning the return by the pharmacist to the wholesaler, the manufacturer, or the agent of expired legend drugs or controlled drugs. In determining the standards and procedures, the board may not interfere with negotiated terms related to cost, expenses, or reimbursement charges contained in contracts between parties, but may consider what is a reasonable quantity

of a drug to be purchased by a pharmacy. The standards and procedures do not apply to vaccines that prevent influenza, medicine used for the treatment of malignant hyperthermia, and other drugs determined by the board to not be subject to a return policy. An agent of a wholesaler or manufacturer must be appointed in writing and have policies, personnel, and facilities to handle properly returns of expired legend drugs and controlled substances.

(c) The board may grant or deny a temporary variance to a rule it has adopted if:

(1) the board has adopted rules which set forth the procedures and standards governing the grant or denial of a temporary variance; and

(2) the board sets forth in writing the reasons for a grant or denial of a temporary variance.

(d) The board shall adopt rules and procedures, in consultation with the medical licensing board, concerning the electronic transmission of prescriptions. The rules adopted under this subsection must address the following:

(1) Privacy protection for the practitioner and the practitioner's patient.

(2) Security of the electronic transmission.

(3) A process for approving electronic data intermediaries for the electronic transmission of prescriptions.

(4) Use of a practitioner's United States Drug Enforcement Agency registration number.

(5) Protection of the practitioner from identity theft or fraudulent use of the practitioner's prescribing authority.

(e) The governor may direct the board to develop:

(1) a prescription drug program that includes the establishment of criteria to eliminate or significantly reduce prescription fraud; and

(2) a standard format for an official tamper resistant prescription drug form for prescriptions (as defined in IC 16-42-19-7(1)).

The board may adopt rules under IC 4-22-2 necessary to implement this subsection.

(f) The standard format for a prescription drug form described in subsection (e)(2) must include the following:

(1) A counterfeit protection bar code with human readable representation of the data in the bar code.

(2) A thermochromic mark on the front and the back of the prescription that:

(A) is at least one-fourth (1/4) of one (1) inch in height and

width; and

(B) changes from blue to clear when exposed to heat.

(g) The board may contract with a supplier to implement and manage the prescription drug program described in subsection (e). The supplier must:

(1) have been audited by a third party auditor using the SAS 70 audit or an equivalent audit for at least the three (3) previous years; and

(2) be audited by a third party auditor using the SAS 70 audit or an equivalent audit throughout the duration of the contract;

in order to be considered to implement and manage the program.

(h) The board shall adopt rules under IC 4-22-2 concerning:

(1) professional determinations made under IC 35-48-4-14.7(d); and

(2) the determination of a relationship on record with the pharmacy under IC 35-48-4-14.7.

(i) The board may:

(1) review professional determinations made by a pharmacist; and

(2) take appropriate disciplinary action against a pharmacist who violates a rule adopted under subsection (h) concerning a professional determination made;

under IC 35-48-4-14.7 concerning the sale of ephedrine and pseudoephedrine.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 282 as reprinted January 29, 2026.)

BARRETT

Committee Vote: yeas 12, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 282 be amended to read as follows:

Page 1, delete lines 15 through 16, begin a new paragraph and insert:

"**Sec. 0.5. This chapter does not apply to:**

(1) the compounding of; or

(2) a compounded;

drug for animal use.".

Page 2, delete lines 6 through 7, begin a new paragraph and insert:

"**(b) The term includes an amino acid.**

(c) The term does not include the following:

(1) A vitamin, mineral, herb, essential oil, extract, or other non-pharmaceutical ingredient not described in subsection (a).

(2) Intermediates used in the synthesis of a substance.".

Page 2, line 8, after "2." insert "**(a)**".

Page 2, line 9, after "pooling," insert "**reconstituting,**".

Page 2, line 14, delete "(2), for purposes of an" and insert "**(2);**".

Page 2, delete line 15.

Page 2, line 16, after "a" insert "**compounded**".

Page 2, between lines 16 and 17, begin a new paragraph and insert:

"**(b) The term does not include the following:**

(1) The mixing, reconstituting, or other acts performed in accordance with:

(A) directions contained in the labeling that are:

(i) approved by the federal Food and Drug Administration; and

(ii) provided by the product's manufacturer; and

(B) any other directions provided by a manufacturer that are consistent with the labeling.

(2) The addition of flavoring.".

Page 2, delete lines 19 through 24, begin a new line block indented and insert:

"**(1) The bulk drug substance is not:**

(A) research grade, unless part of a study approved by an institutional review board; or

(B) veterinary grade.".

Page 2, delete lines 34 through 35.

Page 2, between lines 39 and 40, begin a new line block indented and insert:

"**(6) The compounding complies with any applicable chapter of the United States Pharmacopeia (USP).**".

Page 3, line 10, delete "drugs" and insert "**compounded drugs**".

Page 3, line 16, delete "pharmacy" and insert "**facility**".

Page 3, line 24, after "5." insert "**(a) The Indiana board of pharmacy shall have primary authority to investigate the:**

(1) sourcing;

(2) storage;

(3) labeling;

(4) handling; and

(5) compounding;

of a prescription drug.

(b)".

Page 5, delete lines 26 through 29, begin a new line block indented and insert:

"**(5) A statement concerning whether or not the medical spa engages in or plans to engage in compounding (as defined in IC 16-42-22.5-2) drugs at the medical spa.**".

Page 8, line 15, delete "investigate any alleged violation of" and insert "**oversee and investigate**".

(Reference is to ESB 282 as printed February 19, 2026.)

BARRETT