### **HOUSE BILL No. 1169**

#### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-22-12-1; IC 12-8-10-1; IC 16-18-2; IC 16-19; IC 16-21-15; IC 16-38; IC 16-42-18.5; IC 16-46-16.5-2; IC 20-35-12; IC 25-1-2-8; IC 35-45-21-4; IC 36-2-14-6.7.

**Synopsis:** Department of health matters. Repeals and relocates laws concerning: (1) rules regulating the sanitary operation of tattoo parlors and body piercing facilities; (2) allowing the executive board of the state department of health (board) to adopt rules on behalf of the state department of health (department); (3) allowing the board to adopt emergency rules; (4) sanitation of public buildings and institutions; and (5) authority to adopt rules concerning the federal Clinical Laboratory Improvement Amendments. Repeals laws concerning: (1) safety guidelines for children during bad weather conditions; (2) automated external defibrillator rules in health clubs; (3) requiring the state health commissioner (commissioner) to comment on certain rules; (4) fees for serological tests; (5) the administrative unit for special institutions; (6) protection and regulation of department property; (7) allowing a parent of a child who is deaf or hard of hearing to opt out of the administration of the annual assessment; and (8) the registry of blind persons. Removes intemperance as a reason to remove a local health officer. Specifies that the department may request the office of administrative law proceedings to designate a person to administer a proceeding. Requires the department to provide facilities and disseminate information to the public concerning oral public health. Allows the department to have a designee to maintain a 24 hour poisons answering service. Adds information on prenatal care to the department's telephone information service concerning children with long term health care needs. Changes the reference from "illegal drug use" to "substance use disorder" for purposes of partnership and joint ventures with the department. Requires the department to employ a licensed (Continued next page)

Effective: Upon passage; July 1, 2022.

## Clere, Barrett, Lehman, Fleming

January 6, 2022, read first time and referred to Committee on Public Health.



#### **Digest Continued**

physician as the chief medical officer. Allows the chief medical officer to perform the functions of the commissioner when the commissioner is not available. Specifies that the state health laboratory (laboratory) must be used to support public health. Changes the title of the person who manages the laboratory. Removes certain requirements concerning the appointment of the laboratory director and chemist. Removes a requirement that a director must report to the commissioner. Requires holders of a certificate of public advantage to pay for reasonable charges incurred by the department. Changes the requirement that the department "shall" to "may" use information compiled by a public or private entity to the greatest extent possible to develop a chronic disease registry. Allows the department to issue a certificate of free sale to a business that meets certain requirements. Amends the definition of "person" for purposes of the state health improvement plan and grant program. Amends the definition of "deaf or hard of hearing" for purposes of the laws governing language development for children who are deaf or hard of hearing. Requires a county coroner to perform a comprehensive autopsy before certifying the cause of death as sudden unexplained infant death. Makes technical and conforming changes.



Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

# **HOUSE BILL No. 1169**

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

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

1	SECTION 1. IC 5-22-12-1 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. This chapter applies
3	only to the following governmental bodies:
4	(1) A state institution (as defined in IC 12-7-2-184).
5	(2) A penal facility operated by the department of correction.
6	(3) An institution operated by the state department of health under
7	<del>IC 16-19-6.</del>
8	(4) (3) A political subdivision.
9	SECTION 2. IC 12-8-10-1, AS AMENDED BY P.L.32-2021,
0	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
1	JULY 1, 2022]: Sec. 1. This chapter applies only to the indicated
2	money of the following state agencies to the extent that the money is
3	used by the agency to obtain services from grantee agencies to carry
4	out the program functions of the agency:
5	(1) Money appropriated or allocated to a state agency from money



1	received by the state under the federal Social Services Block
2	Grant Act (42 U.S.C. 1397 et seq.).
3	(2) The division of aging, except this chapter does not apply to
4	money expended under the following:
5	(A) The following statutes, unless application of this chapter
6	is required by another subdivision of this section:
7	(i) IC 12-10-6.
8	(ii) IC 12-10-12 (before its expiration).
9	(B) Epilepsy services.
10	(3) The division of family resources, for money expended under
11	the following programs:
12	(A) The child development associate scholarship program.
13	(B) The dependent care program.
14	(C) Migrant day care.
15	(D) The commodities program.
16	(E) The migrant nutrition program.
17	(F) Any emergency shelter program.
18	(G) The energy weatherization program.
19	(4) The state department of health, for money expended under the
20	following statutes:
21	<del>(A)</del> IC 16-19-10.
22	(B) IC 16-38-3.
23 24	(5) The group.
24	(6) All state agencies, for any other money expended for the
25	purchase of services if all the following apply:
26	(A) The purchases are made under a contract between the state
27	agency and the office of the secretary.
28	(B) The contract includes a requirement that the office of the
29	secretary perform the duties and exercise the powers described
30	in this chapter.
31	(C) The contract is approved by the budget agency.
32	(7) The division of mental health and addiction.
33	SECTION 3. IC 16-18-2-4 IS REPEALED [EFFECTIVE JULY 1,
34	2022]. Sec. 4. "Administrative unit", for purposes of IC 16-19-6, has
35	the meaning set forth in IC 16-19-6-1.
36	SECTION 4. IC 16-18-2-52.2 IS ADDED TO THE INDIANA
37	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
38	[EFFECTIVE JULY 1, 2022]: Sec. 52.2. "Certificate of free sale",
39	for purposes of IC 16-42-18.5, has the meaning set forth in
10	IC 16-42-18.5-1.
<b>1</b> 1	SECTION 5. IC 16-18-2-62 IS AMENDED TO READ AS
12	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 62. (a) "Commission",



- for purposes of IC 16-19-6, refers to the commission for special institutions.
- (b) (a) "Commission", for purposes of IC 16-31, refers to the Indiana emergency medical services commission.
- (c) (b) "Commission", for purposes of IC 16-46-11.1, has the meaning set forth in IC 16-46-11.1-1.

SECTION 6. IC 16-19-2-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. The members shall elect one (1) member as chairman chairperson of the executive board. The chairman chairperson shall serve for a term of two (2) years, unless the person's term of office as a member of the executive board expires sooner.

SECTION 7. IC 16-19-3-4, AS AMENDED BY P.L.113-2014, SECTION 102, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The executive board may, by an affirmative vote of a majority of its members, adopt reasonable rules on behalf of the state department to protect or to improve the public health in Indiana.

- (b) The rules may concern but are not limited to the following:
  - (1) Nuisances dangerous to public health.
  - (2) The pollution of any water supply other than where jurisdiction is in the environmental rules board and department of environmental management.
  - (3) The disposition of excremental and sewage matter.
- (4) The control of fly and mosquito breeding places.
  - (5) The detection, reporting, prevention, and control of diseases that affect public health.
- (6) The care of maternity and infant cases and the conduct of maternity homes.
- (7) The production, distribution, and sale of human food.
- (8) Except as provided in section 4.4 of this chapter, the conduct of camps.
  - (9) Standards of cleanliness of eating facilities for the public.
  - (10) Standards of cleanliness of sanitary facilities offered for public use.
- (11) The handling, disposal, disinterment, and reburial of dead human bodies.
- (12) Vital statistics.
  - (13) Sanitary conditions and facilities in public buildings and grounds, including plumbing, drainage, sewage disposal, water supply, lighting, heating, and ventilation, other than where jurisdiction is vested by law in the fire prevention and building



safety commission or other state agency.
(14) The design, construction, and operation of swimming and
wading pools. However, the rules governing swimming and
wading pools do not apply to a pool maintained by an individua
for the sole use of the individual's household and house guests.
(c) The executive board shall adopt reasonable rules to regulate
the following:
(1) The sanitary operation of tattoo parlors.
(2) The sanitary operation of body piercing facilities.
(d) The executive board may adopt rules on behalf of the state
department for the efficient enforcement of this title, except as
otherwise provided. However, fees for inspections relating to
weight and measures may not be established by the rules.
(e) The executive board may declare that a rule described in
subsection (d) is necessary to meet an emergency and adopt the
rule under IC 4-22-2-37.1.
(f) The rules of the state department may not be inconsistent
with this title and or any other state law.
SECTION 8. IC 16-19-3-4.1 IS REPEALED [EFFECTIVE JULY
1, 2022]. Sec. 4.1. The executive board shall adopt reasonable rules to
regulate the sanitary operation of tattoo parlors.
SECTION 9. IC 16-19-3-4.2 IS REPEALED [EFFECTIVE JULY
1, 2022]. Sec. 4.2. The executive board shall adopt reasonable rules to
regulate the sanitary operation of body piercing facilities.
SECTION 10. IC 16-19-3-5 IS REPEALED [EFFECTIVE JULY 1
2022]. Sec. 5. (a) The executive board may adopt rules on behalf of the
state department for the efficient enforcement of this title, except as
otherwise provided. However, fees for inspections relating to weigh
and measures may not be established by the rules.
(b) The executive board may declare that a rule described in
subsection (a) is necessary to meet an emergency and adopt the rule
under IC 4-22-2-37.1.
SECTION 11. IC 16-19-3-6 IS REPEALED [EFFECTIVE JULY 1
2022]. Sec. 6. The rules of the state department may not be inconsistent
with this title or any other Indiana statute.
SECTION 12. IC 16-19-3-6.5 IS REPEALED [EFFECTIVE JULY
1, 2022]. Sec. 6.5. (a) The state department shall adopt guidelines
concerning the safety of children during bad weather conditions.
(b) The guidelines adopted under subsection (a) must include a
listing of places that are safe during the following types of weather
conditions:
(A) Blizzards.



1	(B) Tornados.
2	(C) Rain storms.
3	(D) Lightning storms.
4	(E) Hail storms.
5	(F) Wind storms.
6	(G) Extreme heat.
7	(H) Any other weather condition for which the National Weather
8	Service issues an advisory, a watch, or a warning.
9	(e) The guidelines adopted under subsection (a) must cover the
10	following types of events and places where children may be exposed to
11	weather conditions:
12	(1) Schools and activities organized by schools.
13	(2) Child care centers and child care homes licensed under
14	<del>IC 12-17.2.</del>
15	(3) Preschool (as defined in IC 12-7-2-143.5).
16	(4) Organized sporting events.
17	(5) Public parks.
18	(d) The state department shall:
19	(1) distribute the guidelines adopted under subsection (a) to the
20	department of education, which shall then distribute the
21	guidelines to each:
22	(A) school corporation; and
23	(B) nonpublic school; and
24	(2) make available the guidelines adopted under subsection (a) to
25	any person that:
26	(A) operates a place; or
27	(B) organizes or conducts an activity or event;
28	described in subsection (c).
29	SECTION 13. IC 16-19-3-7 IS AMENDED TO READ AS
30	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The state
31	department may make sanitary inspections and surveys throughout
32	Indiana and of all public buildings and institutions.
33	(b) The state department may make indoor air quality inspections of
34	all public buildings and institutions that are occupied by an agency of
35	state or local government.
36	(c) The state department may enforce all laws and rules
37	concerning the character and location of plumbing, drainage,
38	water supply, disposal of sewage, lighting, heating, and ventilation
39	and all sanitary features of all public buildings and institutions.
40	(e) (d) After due notice is given, the state department may enter

upon and inspect private property in regard to the presence of cases of

infectious and contagious diseases and the possible cause and source



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of diseases.

SECTION 14. IC 16-19-3-8 IS REPEALED [EFFECTIVE JULY 1, 2022]. Sec. 8. The state department may enforce all laws and rules concerning the character and location of plumbing, drainage, water supply, disposal of sewage, lighting, heating, and ventilation and all sanitary features of all public buildings and institutions.

SECTION 15. IC 16-19-3-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 13. The state department may remove a local health officer in the state for any of the following reasons:

- (1) Intemperance.
- (2) (1) Failure to collect vital statistics.
- (3) (2) Failure to obey rules.
- (4) (3) Failure to keep records.
- (5) (4) Failure to make reports.
- (6) (5) Failure to answer letters of inquiry of the state department concerning the health of the people.
- (7) (6) Neglect of official duty.

SECTION 16. IC 16-19-3-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 17. Whenever a hearing is provided for or authorized to be held by the state department, the state department may **request that the office of administrative law proceedings** designate a person as the state department's agent or representative to conduct the hearings. administer the proceeding. The agent or representative selected by the office of administrative law proceedings shall conduct the hearings administer the proceeding in the manner provided by law.

SECTION 17. IC 16-19-3-20 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 20. The state department shall provide facilities and personnel for investigation, research, and dissemination of knowledge to the public concerning dental oral public health.

SECTION 18. IC 16-19-3-22 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 22. (a) The state department or the state department's designee shall maintain a toll-free telephone answering service to provide information on safety precautions and emergency procedures with regard to poisons.

- (b) The telephone number shall be widely disseminated throughout Indiana and shall be manned on a twenty-four (24) hour per day basis.
- (c) The telephone companies in Indiana, the state department, all hospitals, and all other boards or commissions registering or licensing health care professions or emergency medical services shall cooperate



1	in making the toll-free telephone number available to the public.
2	SECTION 19. IC 16-19-3-23 IS AMENDED TO READ AS
3	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 23. (a) The state
4	department shall maintain a toll-free telephone line to provide
5	information, referral, follow-up, and personal assistance concerning
6	federal, state, local, and private programs that provide the following:
7	(1) Services to children less than twenty-one (21) years of age
8	with long term health care needs.
9	(2) Assistance to pregnant women to obtain prenatal care.
10	<b>(b)</b> The state department shall provide the telephone service
11	required in subsection (a) to the following:
12	(1) Families with children having long term health care needs.
13	(2) Pregnant women.
14	(2) (3) Health care providers.
15	(3) (4) Employees of state and local governmental entities.
16	<del>(4)</del> <b>(5)</b> Educators.
17	(5) (6) Other entities that provide services to children with long
18	term health care needs.
19	(b) (c) The state department may adopt rules under IC 4-22-2 to
20	implement this section.
21	SECTION 20. IC 16-19-3-27.5, AS ADDED BY P.L.261-2019,
22	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23	JULY 1, 2022]: Sec. 27.5. (a) As used in this section, "technology new
24	to Indiana" (referred to in this section as "TNI") means sewage
25	treatment or disposal methods, processes, or equipment that are not
26	described in the administrative rules of the state department or the
27	executive board concerning residential onsite sewage systems (410
28	IAC 6-8.3) or commercial onsite sewage systems (410 IAC 6-10.1).
29	(b) The state department shall establish and maintain a technical
30	review panel consisting of individuals with technical or scientific
31	knowledge relating to onsite sewage systems. The technical review
32	panel shall:
33	(1) decide under subsection (f) whether to approve:
34	(A) proprietary residential wastewater treatment devices; and
35	(B) proprietary commercial wastewater treatment devices;
36	for general use in Indiana;
37	(2) biannually review the performance of residential septic
38	systems and commercial onsite sewage systems;
39	(3) assist the state department in developing standards and
40	guidelines for proprietary residential wastewater treatment
41	devices and proprietary commercial wastewater treatment
42	devices; and



1	(4) assist the executive board and the state department in updating
2	rules adopted under sections section 4 and 5 of this chapter
3	concerning residential septic systems and commercial onsite
4	sewage systems.
5	(c) The technical review panel shall include the following:
6	(1) A member of the staff of the state department, who shall serve
7	as the chair.
8	(2) A local health department environmental health specialist
9	appointed by the governor.
10	(3) An Indiana professional engineer registered under IC 25-31-1
11	representing the American Council of Engineering Companies.
12	(4) A representative of the Indiana Builders Association.
13	(5) An Indiana registered professional soil scientist (as defined in
14	IC 25-31.5-1-6) representing the Indiana Registry of Soil
15	Scientists.
16	(6) A representative of an Indiana college or university with a
17	specialty in engineering, soil science, environmental health, or
18	biology appointed by the governor.
19	(7) A representative of the Indiana Onsite Wastewater
20	Professionals Association.
21	(8) An Indiana onsite sewage system contractor appointed by the
22	governor.
23	(9) A representative of the Indiana State Building and
24	Construction Trades Council.
25	All members of the technical review panel are voting members.
26	(d) In the case of a tie vote of the technical review panel, the
27	technical review panel shall, not more than seven (7) days after the day
28	of the tie vote:
29	(1) contact the applicant by phone call and by mail; and
30	(2) request more information or provide an explanation of how the
31	applicant can modify the application to make it more complete.
32	The technical review panel shall review any new information provided
33	by the applicant and vote again on the application not more than thirty
34	(30) days after receiving the information.
35	(e) The technical review panel shall do the following:
36	(1) Receive applications for the approval of TNI for general use
37	in:
38	(A) residential septic systems under sections 4 and 5 of this
39	chapter, section 27 of this chapter and IC 16-41-25; and
40	(B) commercial onsite sewage systems under sections 4 and 5
41	of this chapter, section 27 of this chapter and IC 16-19-3.5.
42	(2) Meet at least four (4) times per year to review applications



1	described in subdivision (1).
2	(3) Notify each person who submits an application described in
3	subdivision (1):
4	(A) that the person's application has been received by the
5	technical review panel; and
6	(B) of whether the application is complete;
7	not later than thirty (30) days after the technical review panel
8	receives the application.
9	(4) Inform each person who submits an application described in
0	subdivision (1) of:
1	(A) a tentative decision of the technical review panel; or
2	(B) the technical review panel's final decision under
3	subsection (f);
4	concerning the application not more than ninety (90) days after
5	the technical review panel notifies the person under subdivision
6	(3) that the panel has received the person's application.
7	(f) In response to each application described in subsection (e)(1),
8	the technical review panel shall make, and inform the applicant of, one
9	(1) of the following final decisions:
20	(1) That the TNI to which the application relates is approved for
1	general use in Indiana.
22 23 24	(2) That the TNI to which the application relates is approved for
.3	use in Indiana with certain conditions, which may include:
25	<ul><li>(A) a requirement that the TNI be used initially only in a pilot project;</li></ul>
26	(B) restrictions on the number or type of installations of the
27	TNI;
28	(C) sampling and analysis requirements for TNI involving or
9	comprising a secondary treatment system;
0	(D) requirements relating to training concerning the TNI;
1	(E) requirements concerning the operation and maintenance of
2	the TNI; or
3	(F) other requirements.
4	(3) That the TNI to which the application relates is approved on
5	a project-by-project basis.
6	(4) That the TNI is not approved for use in Indiana, which must
7	be accompanied by a statement of the reason for the decision.
8	(g) If the technical review panel makes a decision under subsection
9	(f)(4) that the TNI is not approved for use in Indiana, the applicant
0	may:
-1	(1) submit a new application to the technical review panel under
-2	this section; or



1	(2) file a petition for review of the technical review panel's
2	decision under IC 4-21.5-3.
3	(h) If the technical review panel fails to notify a person who submits
4	an application of the technical review panel's tentative decision or final
5	recommendation within ninety (90) days after receiving the application
6	as required by subsection (e)(4), the person who submitted the
7	application may use the TNI to which the application relates in a single
8	residential septic system or commercial onsite sewage system, as if the
9	TNI had been approved only for use in a pilot project.
10	(i) The technical review panel shall decide that the TNI to which an
11	application relates is approved for general use in Indiana if:
12	(1) the TNI has been certified as meeting the NSF/ANSI 40
13	Standard;
14	(2) a proposed Indiana design and installation manual for the TNI
15	is submitted with the permit application; and
16	(3) the technical review panel certifies that the proposed Indiana
17	design and installation manual meets the vertical and horizontal
18	separation, sizing, and soil loading criteria of the state
19	department.
20	(j) Subsection (k) applies if:
21	(1) a particular TNI meets the requirements of NSF/ANSI 40,
22	NSF/ANSI 245, or NSF/ANSI 350;
23	(2) the proposed Indiana design and installation manual for the
24	TNI meets the vertical and horizontal separation, sizing, and soil
25	loading criteria of the state department; and
26	(3) an Indiana professional engineer registered under IC 25-31-1
27	prepares site specific plans for the use of the TNI for a residential
28	or commercial application.
29	(k) In a case described in subsection (j):
30	(1) if the TNI is to be used in a residential application, the site
31	specific plans prepared under subsection (j)(3), after being
32	submitted to the local health department of the county, city, or
33	multiple county unit in which the TNI would be installed, may be
34	approved by the local health department within the period set
35	forth in IC 16-41-25-1(a); and
36	(2) if the TNI is to be used in a commercial application, the site
37	specific plans prepared under subsection (j)(3) shall be approved
38	by the state department upon submission of the site specific plans.
39	SECTION 21. IC 16-19-3-29.2 IS REPEALED [EFFECTIVE JULY
40	1, 2022]. Sec. 29.2. The state department may adopt rules under
41	IC 4-22-2 to implement the requirements set forth in IC 24-4-15
42	concerning automated external defibrillators in health clubs.



1	SECTION 22. IC 16-19-3-30.5, AS ADDED BY P.L.208-2015,
2	SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2022]: Sec. 30.5. The state department may enter into
4	partnerships and joint ventures to encourage best practices in the
5	following:
6	(1) The identification and testing of populations at risk of disease
7	related to illegal drug use. substance abuse disorder.
8	(2) The health care treatment of incarcerated individuals for
9	conditions related to illegal drug use. substance abuse disorder.
10	SECTION 23. IC 16-19-3-32 IS ADDED TO THE INDIANA
11	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
12	[EFFECTIVE JULY 1, 2022]: Sec. 32. (a) The state department shall
13	employ a licensed physician as chief medical officer for the state
14	department.
15	(b) The chief medical officer serves as an advisor to the state
16	health commissioner on clinical matters and may perform the
17	functions of the commissioner when the commissioner is not
18	available.
19	SECTION 24. IC 16-19-4-9 IS REPEALED [EFFECTIVE JULY 1,
20	2022]. Sec. 9. (a) This section applies:
21	(1) when a proposed rule is published in the Indiana Register by:
22	(A) the office of the secretary of family and social services;
23	(B) a division of family and social services; or
24	(C) the office of Medicaid policy and planning; and
25	(2) if the state department has rule making authority in an area
26	similar to the area that would be affected by the proposed rule.
27	(b) The commissioner shall submit written comments on a proposed
28	rule to the entity described in subsection (a) that proposed the rule not
29	more than thirty (30) days after the rule is published in the Indiana
30	Register.
31	SECTION 25. IC 16-19-5-1 IS AMENDED TO READ AS
32	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) In addition to
33	other fees provided by this title, the state department may establish and
34	collect reasonable fees for specific services described under subsection
35	(b) provided by the state department. The fees may not exceed the cost
36	of services provided.
37	(b) Fees may be charged for the following services:
38	(1) Plan reviews conducted under rules adopted under
39	IC 16-19-3-4(b)(13).
40	(2) Licensing of agricultural labor camps under IC 16-41-26.
41	(3) Services provided to persons other than governmental entities

under rules adopted under <del>IC 16-19-3-5.</del> **IC 16-19-3-4(d).** 



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1	(4) Services provided by the state health laboratory under
2	IC 16-19-8.
3	(5) Services provided under IC 16-19-11-3.
4	(6) (5) Services provided under IC 24-6 by the state metrology
5	laboratory.
6	SECTION 26. IC 16-19-5-2 IS REPEALED [EFFECTIVE JULY 1,
7	2022]. Sec. 2. In addition to other fees provided by this title, the state
8	department shall charge and collect the following fees:
9	(1) For performance of any standard serological test for an
10	applicant for a marriage license, two dollars and fifty cents
11	<del>(\$2.50).</del>
12	(2) Fees prescribed in IC 16-19-3-21.
13	SECTION 27. IC 16-19-5-4, AS AMENDED BY P.L.32-2021,
14	SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15	JULY 1, 2022]: Sec. 4. (a) The weights and measures fund is
16	established for the purpose of providing funds for training and
17	equipment for weights and measures inspectors and the state metrology
18	laboratory. The state department shall administer the fund.
19	(b) The fund consists of fees collected under section $\frac{1}{(b)(6)}$ 1(b)(5)
20	of this chapter.
21	(c) Money in the fund at the end of a state fiscal year does not revert
22	to the state general fund.
23	SECTION 28. IC 16-19-6 IS REPEALED [EFFECTIVE JULY 1,
24	2022]. (Administrative Unit for Special Institutions).
24 25	SECTION 29. IC 16-19-8-2 IS AMENDED TO READ AS
26	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) The state health
27	laboratory shall be located at in Indianapolis and shall be used to:
28	(1) analyze foods and drugs for the purpose of enforcing the pure
29	food and drug laws; and
30	(2) perform sanitary analyses, pathological examinations, and
31	studies in hygiene and preventive medicine; and
32	(3) support public health activities;
33	to aid in the enforcement of the health laws and for no other purpose.
34	(b) All work done in the state health laboratory must be done
35	exclusively and entirely for the public benefit.
36	(c) The state department may establish fee schedules and charges
37	for services provided by the state health laboratory.
38	SECTION 30. IC 16-19-8-3 IS AMENDED TO READ AS
39	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) For the conduct
40	of the state health laboratory, the state department shall employ and
41	appoint a superintendent laboratory director other than the state
42	health commissioner.
· <i>-</i>	months commissioner.



1	(b) The superintendent laboratory director shall have charge of
2	and manage the state health laboratory. The superintendent laboratory
3	director is entitled to receive a salary established by the state
4	department subject to approval by the budget agency. The
5	superintendent laboratory director must be learned and skilled in
6	bacteriology and pathology.
7	(c) The state department shall also employ a skilled chemist, whose
8	salary is established by the state department subject to approval by the
9	budget agency.
10	(d) Both appointees must be temperate, healthy, well recommended,
11	and of good moral character.
12	(e) The state department may employ employees the state
13	department considers necessary for the successful conduct of the
14	laboratory. The state department may define the duties and fix the
15	compensation of the employees, whose employment is by consent of
16	the governor.
17	SECTION 31. IC 16-19-9-1 IS AMENDED TO READ AS
18	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. The state department
19	is the designated state agency to adopt rules under IC 4-22-2 and
20	accept delegation from the federal Department of Health and Human
21	Services to carry out the purposes of the Clinical Laboratory
22	Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201,
23	263a).
24	SECTION 32. IC 16-19-9-2 IS REPEALED [EFFECTIVE JULY 1,
25	2022]. Sec. 2. The state department is the designated state agency to
26	adopt rules under IC 4-22-2 to carry out the purposes of the Clinical
27	Laboratory Improvement Amendments of 1988 (P.L.100-578) (42
28	<del>U.S.C. 201, 263a).</del>
29	SECTION 33. IC 16-19-11 IS REPEALED [EFFECTIVE JULY 1,
30	2022]. (Protection and Regulation of State Department of Health
31	Property).
32	SECTION 34. IC 16-19-12-1 IS AMENDED TO READ AS
33	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) Except as
34	otherwise provided, a person who recklessly violates or fails to comply
35	with the following commits a Class B misdemeanor:
36	IC 16-19-1
37	IC 16-19-2



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IC 16-19-3

IC 16-19-4

IC 16-19-5

IC 16-19-7

IC 16-19-10.

1	<del>IC 16-19-11.</del>
2	(b) Each day a violation continues constitutes a separate offense.
3	SECTION 35. IC 16-19-13-4 IS AMENDED TO READ AS
4	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The state health
5	commissioner shall appoint persons to staff the office, including:
6	(1) the director of the office; and
7	(2) any other employees that the state health commissioner
8	determines are necessary.
9	(b) The employees appointed under subsection (a)(2) shall report to
10	the director. The director shall report to the state health commissioner.
11	(c) The director shall supervise the employees assigned to the office.
12	(d) The director shall oversee the administrative functions of the
13	office.
14	SECTION 36. IC 16-21-15-3, AS ADDED BY P.L.104-2021,
15	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	UPON PASSAGE]: Sec. 3. (a) Any hospital entering into a merger
17	agreement with another hospital may submit an application to the state
18	department for a certificate of public advantage to govern the merger
19	agreement in the manner prescribed by the state department. However,
20	a hospital may not submit an application under this chapter after July
21	1, 2026.
22	(b) The application for a certificate of public advantage must
23	include the following:
24	(1) A written copy of the merger agreement.
25	(2) A written description of the nature and scope of the merger.
26	(c) Any documentation submitted under this section with the
27	application that is deemed to be proprietary information shall be clearly
28	identified as proprietary information and a copy of the application with
29	the proprietary information redacted for public records must be
30	submitted by the applicant.
31	(d) An applicant must also file a complete copy of the application
32	for a certificate of public advantage with:
33	(1) the office of the secretary of family and social services in a
34	manner prescribed by the office of the secretary; and
35	(2) the office of the attorney general in a manner prescribed by the
36	office of the attorney general.
37	(e) The state department shall assess a filing fee for an application
38	for a certificate of public advantage that is reasonably sufficient to fully
39	fund the costs of the review of the application and ongoing supervision
40	if the application is granted, including any fees for consultants and
41	experts. The state department may not spend any money on the
42	implementation of this chapter until the state department has received



a filed application and received the filing fee.
(f) If the state department incurs costs of the review of the
application and administration of the program that exceed the
application fee, the applicant for a certificate of public advantage
shall pay the reasonable charges incurred by the state department,

as determined by the state department.

- (g) The reasonable costs of services concerning the program:
  - (1) include the cost of fees for consultants and experts; and
  - (2) must be commensurate with the usual compensation for like services.

SECTION 37. IC 16-21-15-6, AS ADDED BY P.L.104-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) The state department shall annually review a certificate of public advantage issued by the state department under this chapter.

- (b) The holder of a certificate of public advantage shall pay the reasonable costs incurred by the state department shall require a reasonably sufficient fee for the renewal of the certification of public advantage that covers the reasonable costs of the ongoing supervision of the certification, including any fees for consultants and experts.
- (c) In conducting the review, the state department shall consider whether the hospital continues to meet the standards required for the issuance of a certificate under this chapter.
  - (d) This section expires July 1, 2026.

SECTION 38. IC 16-21-15-7, AS ADDED BY P.L.104-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) The state department shall monitor a hospital operating under a certificate of public advantage issued under this chapter to ensure that the conduct of the hospital furthers the purposes of this chapter.

- (b) The holder of a certificate of public advantage shall pay the reasonable costs incurred by the state department shall assess an annual monitoring fee to a hospital issued a certificate of public advantage under this chapter that covers to cover the reasonable costs of the ongoing monitoring and supervision of the certification, including any fees for consultants and experts.
- (c) A hospital operating under a certificate of public advantage may not increase the charge for each individual service the hospital offers by more than the increase in the preceding year's annual average of the Consumer Price Index for Medical Care as published by the federal Bureau of Labor Statistics.
  - (d) For the first five (5) years that a hospital is operating under a



1	certificate of public advantage the hospital must:
2	(1) invest the realized cost savings from the identified efficiencies
3	and improvements included in the certificate of public advantage
4	application in the areas of Indiana the hospital serves for the
5	benefit of the community; and
6	(2) summarize the realized cost savings and investments in the
7	hospital's annual report submitted under section 8 of this chapter
8	SECTION 39. IC 16-38-3 IS REPEALED [EFFECTIVE JULY 1
9	2022]. (Blind Registry).
10	SECTION 40. IC 16-38-6-3 IS AMENDED TO READ AS
11	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. The state departmen
12	shall may use information compiled by a public or private entity to the
13	greatest extent possible in the development of a statewide chronic
14	disease registry under this chapter.
15	SECTION 41. IC 16-42-18.5 IS ADDED TO THE INDIANA
16	CODE AS A <b>NEW</b> CHAPTER TO READ AS FOLLOWS
17	[EFFECTIVE JULY 1, 2022]:
18	Chapter 18.5. Food: Certificate of Free Sale
19	Sec. 1. As used in this chapter, "certificate of free sale" means
20	a document that:
21	(1) is issued to an Indiana food manufacturer, processor
22	packager, distributor, or warehouser that is inspected by the
23	state department; and
24	(2) verifies that the specified items are freely marketed in the
25	United States and eligible for export to any foreign country
26	if the particular manufacturer, processor, packager
27	distributor, or warehouser does not have any unresolved
28	enforcement actions pending before the state department
29	under this article or rules adopted by the state department.
30	Sec. 2. A certificate of free sale is evidence that goods, including
31	food items, are:
32	(1) legally sold or distributed in the open market freely
33	without restriction; and
34	(2) approved by the regulatory authorities in the United
35	States.
36	Sec. 3. The state department may, upon request of a business
37	issue certificates of free sale for food items manufactured
38	processed, packaged, distributed, or warehoused in Indiana. A
39	certificate of free sale may not include more than twenty-five (25)
40	items and all items must be from the same manufacturer.

Sec. 4. (a) Before issuing a certificate of free sale, a business shall provide the following to the state department:



1	(1) Proof of registration with the Indiana secretary of state.
2	(2) The most recent inspection report showing the business is
3	in good standing.
4	(3) A completed application.
5	(4) The fee for the certificate of free sale.
6	(b) The state department shall charge the following fees for
7	issuing a certificate of free sale:
8	(1) For each original certificate, a fee of forty dollars (\$40).
9	(2) For each additional copy, a fee of ten dollars (\$10).
10	Sec. 5. (a) The certificate of free sale fund is established for the
11	purpose of carrying out this chapter. The state department shall
12	administer the fund.
13	(b) The fund consists of fees collected under section 4(b) of this
14	chapter.
15	(c) The expenses of the certificate of free sale program shall be
16	paid from money in the fund.
17	(d) Money in the fund at the end of a state fiscal year does not
18	revert to the state general fund.
19	SECTION 42. IC 16-46-16.5-2, AS ADDED BY P.L.110-2021,
20	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21	UPON PASSAGE]: Sec. 2. As used in this chapter, "person" means an
22	individual, employer, employer association, nonprofit organization,
23	for-profit organization, municipality (as defined in IC 36-1-2-11), unit
24	(as defined in IC 36-1-2-23), school corporation, charter school,
25	accredited nonpublic school, research institution, health insurance plan,
26	health insurance ministry, or any combination of these.
27	SECTION 43. IC 20-35-12-6, AS ADDED BY P.L.260-2019,
28	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29	JULY 1, 2022]: Sec. 6. As used in this chapter, "deaf or hard of
30	hearing", which may be referred to as a hearing impairment, means the
31	following:
32	(1) A disability that, with or without the use of an amplification
33	device, adversely affects the student's:
34	(A) ability to use hearing for developing language and
35	learning;
36	(B) educational performance; and
37	(C) developmental progress.
38	(2) The hearing loss may be:
39	(A) permanent or fluctuating;
40	(B) mild to profound; or
41	(C) unilateral or bilateral.
42	(3) Students who are deaf or hard of hearing may use:



1	(A) spoken language;
2	(B) sign language; or
3	(C) a combination of spoken language and signed systems.
4	(4) Students who are deaf or hard of hearing who may have:
5	(A) an individualized family service plan;
6	(B) an individualized education program;
7	(C) a plan developed under Section 504 of the federal
8	Rehabilitation Act of 1973, 29 U.S.C. 794;
9	(D) a service plan;
10	(E) a choice special education plan; or
11	(F) no educational plan or program.
12	SECTION 44. IC 20-35-12-16, AS ADDED BY P.L.260-2019,
13	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	JULY 1, 2022]: Sec. 16. Subject to section 18 of this chapter, The
15	office of the secretary may administer annually to a child who is:
16	(1) less than three (3) years of age; and
17	(2) deaf or hard of hearing;
18	at least one (1) of the assessments approved by the center under section
19	15 of this chapter.
20	SECTION 45. IC 20-35-12-17, AS ADDED BY P.L.260-2019,
21	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22	JULY 1, 2022]: Sec. 17. Subject to section 18 of this chapter, Each
23	school corporation may administer annually to a child who:
24	(1) is at least three (3) years of age and less than eleven (11) years
25	of age;
26	(2) is deaf or hard of hearing; and
27	(3) has legal settlement in the school corporation;
28	at least one (1) of the assessments approved by the center under section
29	15 of this chapter.
30	SECTION 46. IC 20-35-12-18 IS REPEALED [EFFECTIVE JULY
31	1, 2022]. Sec. 18. (a) A parent of a child who is deaf or hard of hearing
32	may opt the child out of the administration of the annual assessment
33	required under section 16 or 17 of this chapter. To opt out of an annual
34	assessment required under this chapter, a parent of a child who is deaf
35	or hard of hearing must provide, in writing, to the office of the
36	secretary or the school corporation, whichever is applicable, the
37	parent's intent to opt out of the annual assessment for the child.
38	(b) The office of the secretary and a school corporation is not
39	required to administer an annual assessment to a child who is deaf or
40	hard of hearing under this chapter if the parent provides, in writing, to

the office of the secretary or the school corporation, whichever is applicable, the parent's intent to opt out of the annual assessment.



SECTION 47. IC 20-35-12-20, AS ADDED BY P.L.260-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 20. Subject to any applicable federal laws, the office of the secretary and each school corporation shall provide to the center the results of any all tools and assessments administered to a child in accordance with this chapter.

SECTION 48. IC 25-1-2-8, AS AMENDED BY P.L.128-2017, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 8. This chapter applies to the imposition and collection of fees under the following:

(1) IC 14-24-10.

<del>IC 16-19-5-2</del>

(2) IC 25-30-1-17.

SECTION 49. IC 35-45-21-4, AS ADDED BY P.L.158-2013, SECTION 547, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) As used in this section, "tattoo" means:

- (1) any indelible design, letter, scroll, figure, symbol, or other mark placed with the aid of needles or other instruments; or
- (2) any design, letter, scroll, figure, or symbol done by scarring; upon or under the skin.
- (b) As used in this section, "body piercing" means the perforation of any human body part other than an earlobe for the purpose of inserting jewelry or other decoration or for some other nonmedical purpose.
- (c) Except as provided in subsection (e), a person who recklessly, knowingly, or intentionally provides a tattoo to a person who is less than eighteen (18) years of age commits tattooing a minor, a Class A misdemeanor.
- (d) This subsection does not apply to an act of a health care professional (as defined in IC 16-27-2-1) licensed under IC 25 when the act is performed in the course of the health care professional's practice. Except as provided in subsection (e), a person who recklessly, knowingly, or intentionally performs body piercing upon a person who is less than eighteen (18) years of age commits body piercing a minor, a Class A misdemeanor.
- (e) A person may provide a tattoo to a person who is less than eighteen (18) years of age or perform body piercing upon a person who is less than eighteen (18) years of age if a parent or legal guardian of the person receiving the tattoo or undergoing the body piercing:
  - (1) is present at the time the tattoo is provided or the body piercing is performed; and



1	(2) provides written permission for the person to receive the tattoo
2	or undergo the body piercing.
3	(f) Notwithstanding IC 36-1-3-8(a), a unit (as defined in
4	IC 36-1-2-23) may adopt an ordinance that is at least as restrictive or
5	more restrictive than this section or a rule adopted under
6	<del>IC 16-19-3-4.1 or</del> <del>IC 16-19-3-4.2.</del> <b>IC 16-19-3-4(c).</b>
7	SECTION 50. IC 36-2-14-6.7, AS ADDED BY P.L.225-2007,
8	SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9	JULY 1, 2022]: Sec. 6.7. (a) This section applies to a child who:
10	(1) died suddenly and unexpectedly;
11	(2) was less than three (3) years of age at the time of death; and
12	(3) was in apparent good health before dying.
13	(b) A child death pathologist or a pathology resident acting under
14	the direct supervision of a child death pathologist shall conduct an
15	autopsy of a child described in subsection (a).
16	(c) A county coroner may not certify the cause of death of a child as
17	a sudden unexplained infant death described in subsection (a) until
18	an a comprehensive autopsy is performed at county expense that
19	includes the following:
20	(1) Imaging.
21	(2) Pathology.
22	(3) Toxicology.
23	(4) Death scene photos.
24	(5) Submission of the sudden unexplained infant death report
25	form to a child death pathologist.
26	(d) The county coroner shall contact the parent or guardian of a
27	child described in subsection (a) and notify the parent or guardian that
28	an autopsy will be conducted at county expense.
29	(e) The child death pathologist shall:
30	(1) ensure that a tangible summary of the autopsy results is
31	provided;
32	(2) provide informational material concerning sudden infant death
33	syndrome; and
34	(3) unless the release of autopsy results would jeopardize a law
35	enforcement investigation, provide notice that a parent or
36	guardian has the right to receive the preliminary autopsy results;
37	to the parents or guardian of the child within one (1) week after the
38	autopsy.
39	(f) If a parent or guardian of a child described in subsection (a)
40	requests the autopsy report of the child, the coroner shall provide the
41	autopsy report to the parent or guardian within thirty (30) days after



the:

1	(1) request; or
2	(2) completion of the autopsy report;
3	whichever is later, at no cost.
4	(g) A coroner shall notify:
5	(1) a local child fatality review team; or
6	(2) if the county does not have a local child fatality review team
7	the statewide child fatality review committee;
8	of the death of a child described in subsection (a).
9	SECTION 51. An emergency is declared for this act.

