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

HOUSE ENROLLED ACT No. 1169

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 5-10-8-7.3, AS AMENDED BY P.L.133-2020, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7.3. (a) As used in this section, "covered individual" means an individual who is:

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

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

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

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

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

(1) children who are eligible for early intervention services; and

(2) their families.

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

within Indiana.

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

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

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

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

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

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

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

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

SECTION 2. IC 5-22-12-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. This chapter applies only to the following governmental bodies:

(1) A state institution (as defined in IC 12-7-2-184).

(2) A penal facility operated by the department of correction.

~~(3) An institution operated by the state department of health under IC 16-19-6.~~

~~(4)~~ **(3)** A political subdivision.

SECTION 3. IC 12-8-10-1, AS AMENDED BY P.L.32-2021, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. This chapter applies only to the indicated money of the following state agencies to the extent that the money is used by the agency to obtain services from grantee agencies to carry out the program functions of the agency:

(1) Money appropriated or allocated to a state agency from money received by the state under the federal Social Services Block

Grant Act (42 U.S.C. 1397 et seq.).

(2) The division of aging, except this chapter does not apply to money expended under the following:

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

(i) IC 12-10-6.

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

(B) Epilepsy services.

(3) The division of family resources, for money expended under the following programs:

(A) The child development associate scholarship program.

(B) The dependent care program.

(C) Migrant day care.

(D) The commodities program.

(E) The migrant nutrition program.

(F) Any emergency shelter program.

(G) The energy weatherization program.

(4) The state department of health, for money expended under ~~the following statutes:~~

~~(A)~~ IC 16-19-10.

~~(B) IC 16-38-3.~~

(5) The group.

(6) All state agencies, for any other money expended for the purchase of services if all the following apply:

(A) The purchases are made under a contract between the state agency and the office of the secretary.

(B) The contract includes a requirement that the office of the secretary perform the duties and exercise the powers described in this chapter.

(C) The contract is approved by the budget agency.

(7) The division of mental health and addiction.

SECTION 4. IC 12-9-4-2, AS AMENDED BY P.L.141-2006, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. The division of disability and rehabilitative services advisory council is established **to advise and assist the division of disability and rehabilitative services in its effort to develop and sustain a system of supports and services for people with intellectual and developmental disabilities. The council will provide technical expertise and lived experiences and advise on specific areas such as:**

(1) technology;

(2) health;

(3) policy;

(4) law;

(5) marketing;
(6) public relations;
(7) provider services; and
(8) advocacy.

SECTION 5. IC 12-9-4-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. The council consists of the following ~~eleven (11)~~ **sixteen (16)** members:

(1) The director.

~~(2) Ten (10) individuals:~~

~~(A) appointed by the secretary; and~~

~~(B) who have a recognized knowledge of or interest in the programs administered by the division.~~

(2) An individual representing The Arc of Indiana, appointed by The Arc of Indiana.

(3) An individual representing the Indiana Association of Rehabilitation Facilities (INARF), appointed by INARF.

(4) An individual representing the Self-Advocates of Indiana, appointed by the Self-Advocates of Indiana.

(5) A representative of the governor's council for people with disabilities established by IC 4-23-29-7, appointed by the director.

(6) A representative of a case management provider contracting with the bureau of developmental disabilities services established by IC 12-11-1.1-1 to provide family supports Medicaid waiver and community integration habilitation Medicaid waiver case management services, appointed by the director.

(7) An individual representing the Indiana Association of Behavior Consultants, appointed by the Indiana Association of Behavior Consultants.

(8) An individual representing the Indiana Institute on Disability and Community, appointed by the Indiana Institute on Disability and Community.

(9) An individual representing the Indiana Resource Center for Families with Special Needs (INSOURCE), appointed by INSOURCE.

(10) An individual representing Indiana Disability Rights, appointed by Indiana Disability Rights.

(11) An individual representing Indiana Family to Family, appointed by Indiana Family to Family.

(12) Two (2) members, appointed by the director, each of whom is an individual with an intellectual or other developmental disability.

(13) Two (2) members, appointed by the director, each of whom is an immediate or extended family member of an

individual with an intellectual or other developmental disability.

(14) One (1) member, appointed by the director, who is employed by an agency that provides services to people with intellectual or other developmental disabilities.

SECTION 6. IC 12-9-4-4, AS AMENDED BY P.L.160-2012, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. Each member of the council appointed under section 3(2) **through 3(14)** of this chapter ~~has a fixed term as provided in IC 12-8-2.5-4.~~ **serves at the will of the appointing authority.**

SECTION 7. IC 12-9-4-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. The council shall meet at least ~~monthly~~ **six (6) times annually** and is subject to special meetings at the call of its presiding officer.

SECTION 8. IC 12-9-4-6.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 6.5. (a) The division shall provide the council with a quarterly report containing the following information relating to Medicaid waivers:**

(1) The number of current applications for an emergency placement priority waiver.

(2) The number of individuals served on a particular Medicaid waiver.

(3) The number of individuals who are currently on a wait list to be included in a Medicaid waiver.

(b) The division shall provide the council with a quarterly report containing the following information relating to vocational rehabilitation services:

(1) A status report of the division's effort to fill vocational counselor vacancies.

(2) A status report of the order of selection.

(3) The number of individuals who submitted applications for vocational rehabilitation services.

(4) The number of individuals who are currently on a wait list to obtain vocational rehabilitation services.

(5) The number of individuals who are currently receiving vocational rehabilitation services.

(c) The division shall provide the council with an annual report summarizing any rate analysis, study, or review conducted by the division.

(d) The division shall report to the council prior to any submission of a Medicaid waiver amendment regarding the changes being sought and an explanation of purpose.

(e) The division shall report to the council prior to any submission for a renewal of a Medicaid waiver:

(1) any changes being proposed to the Medicaid waiver;

(2) the current and projected needs of each geographic area of Indiana for residential services for individuals with intellectual or developmental disabilities; and

(3) the availability of developmental or vocational services to individuals with an intellectual or developmental disability living in their own home.

SECTION 9. IC 12-9-4-7, AS AMENDED BY P.L.160-2012, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. ~~IC 12-8-2.5 applies~~ **IC 12-8-2.5-9 through IC 12-8-2.5-11.5 apply** to the council.

SECTION 10. IC 16-18-2-4 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 4. "Administrative unit", for purposes of IC 16-19-6, has the meaning set forth in IC 16-19-6-1.~~

SECTION 11. IC 16-18-2-52.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 52.2. "Certificate of free sale", for purposes of IC 16-42-18.5, has the meaning set forth in IC 16-42-18.5-1.**

SECTION 12. IC 16-18-2-62 IS AMENDED TO READ AS 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 13. 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 14. 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 individual 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 15. 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 16. 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 17. 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 weight 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 18. 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 19. 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.~~

~~(B) Tornados.~~

~~(C) Rain storms.~~

~~(D) Lightning storms.~~

~~(E) Hail storms.~~

~~(F) Wind storms.~~

~~(G) Extreme heat.~~

~~(H) Any other weather condition for which the National Weather Service issues an advisory, a watch, or a warning.~~

~~(c) The guidelines adopted under subsection (a) must cover the following types of events and places where children may be exposed to weather conditions:~~

~~(1) Schools and activities organized by schools.~~

~~(2) Child care centers and child care homes licensed under IC 12-17.2.~~

~~(3) Preschool (as defined in IC 12-7-2-143.5).~~

~~(4) Organized sporting events.~~

~~(5) Public parks.~~

~~(d) The state department shall:~~

~~(1) distribute the guidelines adopted under subsection (a) to the department of education, which shall then distribute the guidelines to each:~~

~~(A) school corporation; and~~

~~(B) nonpublic school; and~~

~~(2) make available the guidelines adopted under subsection (a) to any person that:~~

~~(A) operates a place; or~~

~~(B) organizes or conducts an activity or event;~~

~~described in subsection (c).~~

SECTION 20. IC 16-19-3-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The state department may make sanitary inspections and surveys throughout Indiana and of all public buildings and institutions.

(b) The state department may make indoor air quality inspections of all public buildings and institutions that are occupied by an agency of state or local government.

(c) 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.

~~(c)~~ **(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 of diseases.

SECTION 21. 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 22. 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 23. 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 24. 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 25. 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 in making the toll-free telephone number available to the public.

SECTION 26. IC 16-19-3-23 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 23. (a) The state department shall maintain a toll-free telephone line to provide information, referral, follow-up, and personal assistance concerning federal, state, local, and private programs that provide **the following:**

(1) Services to children less than twenty-one (21) years of age with long term health care needs.

(2) Assistance to pregnant women to obtain prenatal care and other services to promote healthy women, babies, and families.

(b) The state department shall provide the telephone service **required in subsection (a)** to the following:

(1) Families with children having long term health care needs.

(2) Pregnant women.

~~(2)~~ **(3)** Health care providers.

~~(3)~~ **(4)** Employees of state and local governmental entities.

~~(4)~~ **(5)** Educators.

~~(5)~~ **(6)** Other entities that provide services to children with long term health care needs.

~~(b)~~ **(c)** The state department may adopt rules under IC 4-22-2 to implement this section.

SECTION 27. IC 16-19-3-27.5, AS ADDED BY P.L.261-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 27.5. (a) As used in this section, "technology new to Indiana" (referred to in this section as "TNI") means sewage treatment or disposal methods, processes, or equipment that are not described in the administrative rules of the state department or the executive board concerning residential onsite sewage systems (410 IAC 6-8.3) or commercial onsite sewage systems (410 IAC 6-10.1).

(b) The state department shall establish and maintain a technical

review panel consisting of individuals with technical or scientific knowledge relating to onsite sewage systems. The technical review panel shall:

(1) decide under subsection (f) whether to approve:

(A) proprietary residential wastewater treatment devices; and

(B) proprietary commercial wastewater treatment devices;

for general use in Indiana;

(2) biannually review the performance of residential septic systems and commercial onsite sewage systems;

(3) assist the state department in developing standards and guidelines for proprietary residential wastewater treatment devices and proprietary commercial wastewater treatment devices; and

(4) assist the executive board and the state department in updating rules adopted under ~~sections~~ **section** 4 ~~and 5~~ of this chapter concerning residential septic systems and commercial onsite sewage systems.

(c) The technical review panel shall include the following:

(1) A member of the staff of the state department, who shall serve as the chair.

(2) A local health department environmental health specialist appointed by the governor.

(3) An Indiana professional engineer registered under IC 25-31-1 representing the American Council of Engineering Companies.

(4) A representative of the Indiana Builders Association.

(5) An Indiana registered professional soil scientist (as defined in IC 25-31.5-1-6) representing the Indiana Registry of Soil Scientists.

(6) A representative of an Indiana college or university with a specialty in engineering, soil science, environmental health, or biology appointed by the governor.

(7) A representative of the Indiana Onsite Wastewater Professionals Association.

(8) An Indiana onsite sewage system contractor appointed by the governor.

(9) A representative of the Indiana State Building and Construction Trades Council.

All members of the technical review panel are voting members.

(d) In the case of a tie vote of the technical review panel, the technical review panel shall, not more than seven (7) days after the day of the tie vote:

(1) contact the applicant by phone call and by mail; and

(2) request more information or provide an explanation of how the applicant can modify the application to make it more complete.

The technical review panel shall review any new information provided by the applicant and vote again on the application not more than thirty (30) days after receiving the information.

(e) The technical review panel shall do the following:

(1) Receive applications for the approval of TNI for general use in:

(A) residential septic systems under sections 4 and ~~5 of this chapter, section~~ 27 of this chapter and IC 16-41-25; and

(B) commercial onsite sewage systems under sections 4 and ~~5 of this chapter, section~~ 27 of this chapter and IC 16-19-3.5.

(2) Meet at least four (4) times per year to review applications described in subdivision (1).

(3) Notify each person who submits an application described in subdivision (1):

(A) that the person's application has been received by the technical review panel; and

(B) of whether the application is complete;

not later than thirty (30) days after the technical review panel receives the application.

(4) Inform each person who submits an application described in subdivision (1) of:

(A) a tentative decision of the technical review panel; or

(B) the technical review panel's final decision under subsection (f);

concerning the application not more than ninety (90) days after the technical review panel notifies the person under subdivision (3) that the panel has received the person's application.

(f) In response to each application described in subsection (e)(1), the technical review panel shall make, and inform the applicant of, one (1) of the following final decisions:

(1) That the TNI to which the application relates is approved for general use in Indiana.

(2) That the TNI to which the application relates is approved for use in Indiana with certain conditions, which may include:

(A) a requirement that the TNI be used initially only in a pilot project;

(B) restrictions on the number or type of installations of the TNI;

(C) sampling and analysis requirements for TNI involving or comprising a secondary treatment system;

(D) requirements relating to training concerning the TNI;

(E) requirements concerning the operation and maintenance of the TNI; or

(F) other requirements.

(3) That the TNI to which the application relates is approved on a project-by-project basis.

(4) That the TNI is not approved for use in Indiana, which must be accompanied by a statement of the reason for the decision.

(g) If the technical review panel makes a decision under subsection (f)(4) that the TNI is not approved for use in Indiana, the applicant may:

(1) submit a new application to the technical review panel under this section; or

(2) file a petition for review of the technical review panel's decision under IC 4-21.5-3.

(h) If the technical review panel fails to notify a person who submits an application of the technical review panel's tentative decision or final recommendation within ninety (90) days after receiving the application as required by subsection (e)(4), the person who submitted the application may use the TNI to which the application relates in a single residential septic system or commercial onsite sewage system, as if the TNI had been approved only for use in a pilot project.

(i) The technical review panel shall decide that the TNI to which an application relates is approved for general use in Indiana if:

(1) the TNI has been certified as meeting the NSF/ANSI 40 Standard;

(2) a proposed Indiana design and installation manual for the TNI is submitted with the permit application; and

(3) the technical review panel certifies that the proposed Indiana design and installation manual meets the vertical and horizontal separation, sizing, and soil loading criteria of the state department.

(j) Subsection (k) applies if:

(1) a particular TNI meets the requirements of NSF/ANSI 40, NSF/ANSI 245, or NSF/ANSI 350;

(2) the proposed Indiana design and installation manual for the TNI meets the vertical and horizontal separation, sizing, and soil loading criteria of the state department; and

(3) an Indiana professional engineer registered under IC 25-31-1 prepares site specific plans for the use of the TNI for a residential or commercial application.

(k) In a case described in subsection (j):

(1) if the TNI is to be used in a residential application, the site specific plans prepared under subsection (j)(3), after being submitted to the local health department of the county, city, or multiple county unit in which the TNI would be installed, may be approved by the local health department within the period set forth in IC 16-41-25-1(a); and

(2) if the TNI is to be used in a commercial application, the site specific plans prepared under subsection (j)(3) shall be approved by the state department upon submission of the site specific plans.

SECTION 28. IC 16-19-3-29.2 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 29.2. The state department may adopt rules under IC 4-22-2 to implement the requirements set forth in IC 24-4-15 concerning automated external defibrillators in health clubs.~~

SECTION 29. IC 16-19-3-30.5, AS ADDED BY P.L.208-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 30.5. The state department may enter into partnerships and joint ventures to encourage best practices in the following:

(1) The identification and testing of populations at risk of disease related to ~~illegal drug use.~~ **substance abuse disorder.**

(2) The health care treatment of incarcerated individuals for conditions related to ~~illegal drug use.~~ **substance abuse disorder.**

SECTION 30. IC 16-19-3-32 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 32. (a) The state department shall employ a licensed physician as chief medical officer for the state department.**

(b) The chief medical officer serves as an advisor to the state health commissioner on clinical matters and may perform the functions of the commissioner when the commissioner is not available.

SECTION 31. IC 16-19-4-9 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 9. (a) This section applies:~~

~~(1) when a proposed rule is published in the Indiana Register by:~~

~~(A) the office of the secretary of family and social services;~~

~~(B) a division of family and social services; or~~

~~(C) the office of Medicaid policy and planning; and~~

~~(2) if the state department has rule making authority in an area similar to the area that would be affected by the proposed rule.~~

~~(b) The commissioner shall submit written comments on a proposed rule to the entity described in subsection (a) that proposed the rule not more than thirty (30) days after the rule is published in the Indiana Register.~~

SECTION 32. IC 16-19-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) In addition to other fees provided by this title, the state department may establish and collect reasonable fees for specific services described under subsection (b) provided by the state department. The fees may not exceed the cost of services provided.

(b) Fees may be charged for the following services:

(1) Plan reviews conducted under rules adopted under IC 16-19-3-4(b)(13).

(2) Licensing of agricultural labor camps under IC 16-41-26.

(3) Services provided to persons other than governmental entities under rules adopted under ~~IC 16-19-3-5.~~ **IC 16-19-3-4(d).**

(4) Services provided by the state health laboratory under IC 16-19-8.

~~(5) Services provided under IC 16-19-11-3.~~

~~(6)~~ **(5)** Services provided under IC 24-6 by the state metrology laboratory.

SECTION 33. IC 16-19-5-2 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 2. In addition to other fees provided by this title, the state department shall charge and collect the following fees:~~

~~(1) For performance of any standard serological test for an applicant for a marriage license, two dollars and fifty cents ($2.50).~~

~~(2) Fees prescribed in IC 16-19-3-21.~~

SECTION 34. IC 16-19-5-4, AS AMENDED BY P.L.32-2021, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The weights and measures fund is established for the purpose of providing funds for training and equipment for weights and measures inspectors and the state metrology laboratory. The state department shall administer the fund.

(b) The fund consists of fees collected under section ~~1(b)(6)~~ **1(b)(5)** of this chapter.

(c) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

SECTION 35. IC 16-19-6 IS REPEALED [EFFECTIVE JULY 1, 2022]. (Administrative Unit for Special Institutions).

SECTION 36. IC 16-19-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) The state health laboratory shall be located ~~at~~ **in** Indianapolis and shall be used to:

(1) analyze foods and drugs for the purpose of enforcing the pure food and drug laws; ~~and~~

(2) perform sanitary analyses, pathological examinations, and studies in hygiene and preventive medicine; **and**

(3) support public health activities;

to aid in the enforcement of the health laws and for no other purpose.

(b) All work done in the state health laboratory must be done exclusively and entirely for the public benefit.

(c) The state department may establish fee schedules and charges for services provided by the state health laboratory.

SECTION 37. IC 16-19-8-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) For the conduct

of the state health laboratory, the state department shall employ and appoint a ~~superintendent~~ **laboratory director** other than the state health commissioner.

(b) The ~~superintendent~~ **laboratory director** shall have charge of and manage the state health laboratory. The ~~superintendent~~ **laboratory director** is entitled to receive a salary established by the state department subject to approval by the budget agency. The ~~superintendent~~ **laboratory director** must be learned and skilled in bacteriology and pathology.

(c) The state department shall also employ a skilled chemist, whose salary is established by the state department subject to approval by the budget agency.

~~(d) Both appointees must be temperate, healthy, well recommended, and of good moral character.~~

~~(e) The state department may employ employees the state department considers necessary for the successful conduct of the laboratory. The state department may define the duties and fix the compensation of the employees, whose employment is by consent of the governor.~~

SECTION 38. IC 16-19-9-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. The state department is the designated state agency to **adopt rules under IC 4-22-2 and** accept delegation from the federal Department of Health and Human Services to carry out the purposes of the Clinical Laboratory Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201, 263a).

SECTION 39. IC 16-19-9-2 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 2. The state department is the designated state agency to adopt rules under IC 4-22-2 to carry out the purposes of the Clinical Laboratory Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201, 263a).~~

SECTION 40. IC 16-19-11 IS REPEALED [EFFECTIVE JULY 1, 2022]. (Protection and Regulation of State Department of Health Property).

SECTION 41. IC 16-19-12-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) Except as otherwise provided, a person who recklessly violates or fails to comply with the following commits a Class B misdemeanor:

IC 16-19-1
IC 16-19-2
IC 16-19-3
IC 16-19-4
IC 16-19-5
IC 16-19-7

IC 16-19-10.

~~IC 16-19-11.~~

(b) Each day a violation continues constitutes a separate offense.

SECTION 42. IC 16-19-13-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The state health commissioner shall appoint persons to staff the office, including:

(1) the director of the office; and

(2) any other employees that the state health commissioner determines are necessary.

(b) The employees appointed under subsection (a)(2) shall report to the director. ~~The director shall report to the state health commissioner.~~

(c) The director shall supervise the employees assigned to the office.

(d) The director shall oversee the administrative functions of the office.

SECTION 43. IC 16-21-15-3, AS ADDED BY P.L.104-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. (a) Any hospital entering into a merger agreement with another hospital may submit an application to the state department for a certificate of public advantage to govern the merger agreement in the manner prescribed by the state department. However, a hospital may not submit an application under this chapter after July 1, 2026.

(b) The application for a certificate of public advantage must include the following:

(1) A written copy of the merger agreement.

(2) A written description of the nature and scope of the merger.

(c) Any documentation submitted under this section with the application that is deemed to be proprietary information shall be clearly identified as proprietary information and a copy of the application with the proprietary information redacted for public records must be submitted by the applicant.

(d) An applicant must also file a complete copy of the application for a certificate of public advantage with:

(1) the office of the secretary of family and social services in a manner prescribed by the office of the secretary; and

(2) the office of the attorney general in a manner prescribed by the office of the attorney general.

(e) The state department shall assess a filing fee for an application for a certificate of public advantage that is reasonably sufficient to fully fund the costs of the review of the application and ongoing supervision if the application is granted, including any fees for consultants and experts. The state department may not spend any money on the 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 collected, 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 44. 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 45. 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 **actively supervise and** 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 certificate of public advantage the hospital must:

(1) invest the realized cost savings from the identified efficiencies and improvements included in the certificate of public advantage

application in the areas of Indiana the hospital serves for the benefit of the community; and

(2) summarize the realized cost savings and investments in the hospital's annual report submitted under section 8 of this chapter.

SECTION 46. IC 16-27-5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 5. Home Health Agency Cooperative Agreements

Sec. 1. The definitions in IC 16-27-1 apply throughout this chapter.

Sec. 2. As used in this chapter, "office" refers to the office of the secretary of family and social services established by IC 12-8-1.5-1.

Sec. 3. As used in this chapter, "secretary" refers to the secretary of family and social services appointed under IC 12-8-1.5-2.

Sec. 4. Home health agencies may enter into cooperative agreements to carry out the following activities for the Hoosier Care Connect program:

(1) To form and operate, either directly or indirectly, one (1) or more networks of home health agencies to arrange for the provision of health care services through such networks.

(2) To contract, either directly or through such networks, with the office, or the office's contractors, to provide:

(A) services to Medicaid beneficiaries; and

(B) health care services in an efficient and cost effective manner on a prepaid, capitation, or other reimbursement basis.

(3) To undertake other managed health care activities.

Sec. 5. (a) Any health care provider licensed under this title or IC 25 may apply to become a participating provider in the networks described in this chapter provided the services the provider contracts for are within the lawful scope of the provider's practice.

(b) This section does not require a plan or network to provide coverage for any specific health care service.

Sec. 6. A home health agency may authorize any of the following, or any combination of the following, to undertake or effectuate any of the activities identified in this chapter:

(1) The Indiana Association for Home and Hospice Care, Inc.

(2) Any subsidiary of the corporation named in subdivision (1).

(3) Any other association, corporation, or other person approved by the secretary.

Sec. 7. The secretary or the secretary's designee shall supervise and oversee the activities described in this chapter and may take

the following actions:

(1) Gather relevant facts, collect data, conduct public hearings, invite and receive public comments, investigate market conditions, conduct studies, and review documentary evidence or require the home health agencies or their third party designee to do the same.

(2) Evaluate the substantive merits of any action to be taken by the home health agencies and assess whether the action comports with the standards established by the general assembly.

(3) Issue written decisions approving, modifying, or disapproving the recommended action, and explaining the reasons and rationale for the decision.

(4) Require home health agencies or their third party designees to report annually on the extent of the benefits realized by the actions taken under this chapter.

Sec. 8. The secretary may adopt rules under IC 4-22-2 to implement this chapter.

Sec. 9. This chapter expires July 1, 2023.

SECTION 47. IC 16-38-3 IS REPEALED [EFFECTIVE JULY 1, 2022]. (Blind Registry).

SECTION 48. IC 16-38-6-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. The state department ~~shall~~ **may** use information compiled by a public or private entity to the greatest extent possible in the development of a statewide chronic disease registry under this chapter.

SECTION 49. IC 16-42-18.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 18.5. Food: Certificate of Free Sale

Sec. 1. As used in this chapter, "certificate of free sale" means a document that:

(1) is issued to an Indiana food manufacturer, processor, packager, distributor, or warehouser that is inspected by the state department; and

(2) verifies that the specified items are freely marketed in the United States and eligible for export to any foreign country, if the particular manufacturer, processor, packager, distributor, or warehouser does not have any unresolved enforcement actions pending before the state department under this article or rules adopted by the state department.

Sec. 2. A certificate of free sale is evidence that goods, including food items, are:

(1) legally sold or distributed in the open market freely without restriction; and

(2) approved by the regulatory authorities in the United States.

Sec. 3. The state department may, upon request of a business, issue certificates of free sale for food items manufactured, processed, packaged, distributed, or warehoused in Indiana. A certificate of free sale may not include more than twenty-five (25) 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) Proof of registration with the Indiana secretary of state.

(2) The most recent inspection report showing the business is in good standing.

(3) A completed application.

(4) The fee for the certificate of free sale.

(b) The state department shall charge the following fees for issuing a certificate of free sale:

(1) For each original certificate, a fee of twenty-five dollars ($25).

(2) For each additional copy, a fee of five dollars ($5).

Sec. 5. (a) The certificate of free sale fund is established for the purpose of carrying out this chapter. The state department shall administer the fund.

(b) The fund consists of fees collected under section 4(b) of this chapter.

(c) The expenses of the certificate of free sale program shall be paid from money in the fund.

(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

SECTION 50. IC 16-46-16.5-2, AS ADDED BY P.L.110-2021, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. As used in this chapter, "person" means an individual, employer, employer association, nonprofit organization, for-profit organization, ~~municipality (as defined in IC 36-1-2-11),~~ **unit (as defined in IC 36-1-2-23),** school corporation, charter school, accredited nonpublic school, research institution, health insurance plan, health insurance ministry, or any combination of these.

SECTION 51. IC 20-35-12-6, AS ADDED BY P.L.260-2019, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. As used in this chapter, "deaf or hard of hearing", which may be referred to as a hearing impairment, means the following:

(1) A disability that, with or without the use of an amplification device, adversely affects the student's:

(A) ability to use hearing for developing language and learning;

(B) educational performance; and
(C) developmental progress.
(2) The hearing loss may be:
(A) permanent or fluctuating;
(B) mild to profound; or
(C) unilateral or bilateral.
(3) Students who are deaf or hard of hearing may use:
(A) spoken language;
(B) sign language; or
(C) a combination of spoken language and signed systems.
(4) Students who are deaf or hard of hearing who may have:
(A) an individualized family service plan;
(B) an individualized education program;
(C) a plan developed under Section 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. 794;
(D) a service plan;
(E) a choice special education plan; or
(F) no educational plan or program.

SECTION 52. 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 53. IC 21-38-6-1, AS AMENDED BY P.L.133-2020, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) An employee health plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

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

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

SECTION 54. 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.

~~IC 16-19-5-2~~

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

SECTION 55. IC 25-26-13-2, AS AMENDED BY P.L.207-2021, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. As used in this chapter:

"Administering" means the direct application of a drug to the body of a person by injection, inhalation, ingestion, or any other means.

"Board" means the Indiana board of pharmacy.

"Controlled drugs" are those drugs on schedules I through V of the federal Controlled Substances Act or on schedules I through V of IC 35-48-2.

"Coronavirus disease" means the disease caused by the severe acute respiratory syndrome coronavirus 2 virus (SARS-CoV-2).

"Counseling" means effective communication between a pharmacist and a patient concerning the contents, drug to drug interactions, route, dosage, form, directions for use, precautions, and effective use of a drug or device to improve the therapeutic outcome of the patient through the effective use of the drug or device.

"Dispensing" means issuing one (1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to or use by a patient.

"Drug" means:

(1) articles or substances recognized in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them;

(2) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals;

(3) articles other than food intended to affect the structure or any function of the body of man or animals; or

(4) articles intended for use as a component of any article specified in subdivisions (1) through (3) and devices.

"Drug order" means a written order in a hospital or other health care institution for an ultimate user for any drug or device, issued and signed by a practitioner, or an order transmitted by other means of communication from a practitioner, which is immediately reduced to writing by the pharmacist, registered nurse, or other licensed health care practitioner authorized by the hospital or institution. The order shall contain the name and bed number of the patient; the name and strength or size of the drug or device; unless specified by individual institution policy or guideline, the amount to be dispensed either in quantity or days; adequate directions for the proper use of the drug or device when it is administered to the patient; and the name of the prescriber.

"Drug regimen review" means the retrospective, concurrent, and prospective review by a pharmacist of a patient's drug related history that includes the following areas:

(1) Evaluation of prescriptions or drug orders and patient records for drug allergies, rational therapy contradictions, appropriate dose and route of administration, appropriate directions for use, or duplicative therapies.

(2) Evaluation of prescriptions or drug orders and patient records for drug-drug, drug-food, drug-disease, and drug-clinical laboratory interactions.

(3) Evaluation of prescriptions or drug orders and patient records for adverse drug reactions.

(4) Evaluation of prescriptions or drug orders and patient records for proper utilization and optimal therapeutic outcomes.

"Drug utilization review" means a program designed to measure and assess on a retrospective and prospective basis the proper use of drugs.

"Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article including any component part or accessory, which is:

(1) recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to them;

(2) intended for use in the diagnosis of disease or other conditions or the cure, mitigation, treatment, or prevention of disease in man or other animals; or

(3) intended to affect the structure or any function of the body of man or other animals and which does not achieve any of its principal intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its principal intended purposes.

"Electronic data intermediary" means an entity that provides the infrastructure that connects a computer system or another electronic device used by a prescribing practitioner with a computer system or another electronic device used by a pharmacy to facilitate the secure transmission of:

(1) an electronic prescription order;

(2) a refill authorization request;

(3) a communication; and

(4) other patient care information;

between a practitioner and a pharmacy.

"Electronic signature" means an electronic sound, symbol, or process:

(1) attached to or logically associated with a record; and

(2) executed or adopted by a person;

with the intent to sign the record.

"Electronically transmitted" or "electronic transmission" means the transmission of a prescription in electronic form. The term does not include the transmission of a prescription by facsimile.

"Investigational or new drug" means any drug which is limited by state or federal law to use under professional supervision of a practitioner authorized by law to prescribe or administer such drug.

"Legend drug" has the meaning set forth in IC 16-18-2-199.

"License" and "permit" are interchangeable and mean a written certificate from the Indiana board of pharmacy for the practice of pharmacy or the operation of a pharmacy.

"Medication therapy management" means a distinct service or group of services that optimize therapeutic outcomes for individuals that are independent of, but may occur in conjunction with, the provision of a medication or medical device. The term includes the following services:

(1) Performing or obtaining assessments of an individual's health status.

(2) Formulating a medication treatment plan.

(3) Selecting, initiating, modifying, or administering medication therapy.

(4) Monitoring and evaluating an individual's response to therapy, including safety and effectiveness.

(5) Performing a comprehensive medication review to identify, resolve, and prevent medication related problems, including adverse drug events.

(6) Documenting the care delivered and communicating essential information to the patient's other health care providers.

(7) Providing education and training designed to enhance patient understanding and appropriate use of the individual's medications.

(8) Providing information and support services and resources designed to enhance patient adherence with the individual's therapeutic regimens, including medication synchronization.

(9) Coordinating and integrating medication therapy management services within the broader health care services being provided to an individual.

(10) Providing other patient care services allowable by law.

"Nonprescription drug" means a drug that may be sold without a prescription and that is labeled for use by a patient in accordance with state and federal laws.

"Person" means any individual, partnership, copartnership, firm, company, corporation, association, joint stock company, trust, estate, or municipality, or a legal representative or agent, unless this chapter expressly provides otherwise.

"Practitioner" has the meaning set forth in IC 16-42-19-5.

"Pharmacist" means a person licensed under this chapter.

"Pharmacist intern" means a person who is:

(1) permitted by the board to engage in the practice of pharmacy while under the personal supervision of a pharmacist and who is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist;

(2) a graduate of an approved college of pharmacy or a graduate who has established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee Certificate and who is permitted by the board to obtain practical experience as a requirement for licensure as a pharmacist;

(3) a qualified applicant awaiting examination for licensure; or

(4) an individual participating in a residency or fellowship program.

"Pharmacy" means any facility, department, or other place where prescriptions are filled or compounded and are sold, dispensed, offered, or displayed for sale and which has as its principal purpose the dispensing of drug and health supplies intended for the general health, welfare, and safety of the public, without placing any other activity on a more important level than the practice of pharmacy.

"The practice of pharmacy" or "the practice of the profession of pharmacy" means a patient oriented health care profession in which pharmacists interact with and counsel patients and with other health care professionals concerning drugs and devices used to enhance patients' wellness, prevent illness, and optimize the outcome of a drug or device, by accepting responsibility for performing or supervising a pharmacist intern or an unlicensed person under section 18.5 of this chapter to do the following acts, services, and operations:

(1) The offering of or performing of those acts, service operations, or transactions incidental to the interpretation, evaluation, and implementation of prescriptions or drug orders.

(2) The compounding, labeling, administering, dispensing, or selling of drugs and devices, including radioactive substances, whether dispensed under a practitioner's prescription or drug order or sold or given directly to the ultimate consumer.

(3) The proper and safe storage and distribution of drugs and devices.

(4) The maintenance of proper records of the receipt, storage, sale, and dispensing of drugs and devices.

(5) Counseling, advising, and educating patients, patients' caregivers, and health care providers and professionals, as necessary, as to the contents, therapeutic values, uses, significant problems, risks, and appropriate manner of use of drugs and

devices.

(6) Assessing, recording, and reporting events related to the use of drugs or devices.

(7) Provision of the professional acts, professional decisions, and professional services necessary to maintain all areas of a patient's pharmacy related care as specifically authorized to a pharmacist under this article.

(8) Provision of medication therapy management.

"Prescription" means a written order or an order transmitted by other means of communication from a practitioner to or for an ultimate user for any drug or device containing:

(1) the name and address of the patient;

(2) the date of issue;

(3) the name and strength or size (if applicable) of the drug or device;

(4) the amount to be dispensed (unless indicated by directions and duration of therapy);

(5) adequate directions for the proper use of the drug or device by the patient;

(6) the name of the practitioner; and

(7) if the prescription:

(A) is in written form, the signature of the practitioner; or

(B) is in electronic form, the electronic signature of the practitioner.

~~"Qualifying pharmacist" means the pharmacist who will qualify the pharmacy by being responsible to the board for the legal operations of the pharmacy under the permit.~~

"Record" means all papers, letters, memoranda, notes, prescriptions, drug orders, invoices, statements, patient medication charts or files, computerized records, or other written indicia, documents, or objects which are used in any way in connection with the purchase, sale, or handling of any drug or device.

"Sale" means every sale and includes:

(1) manufacturing, processing, transporting, handling, packaging, or any other production, preparation, or repackaging;

(2) exposure, offer, or any other proffer;

(3) holding, storing, or any other possession;

(4) dispensing, giving, delivering, or any other supplying; and

(5) applying, administering, or any other using.

SECTION 56. IC 25-26-13-3, AS AMENDED BY P.L.249-2019, SECTION 113, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) The Indiana board of pharmacy is created. The board consists of seven (7) members appointed by the governor for terms under IC 25-1-6.5.

(b) Subject to IC 25-1-6.5-3, the board consists of the following:

(1) One (1) member of the board, to represent the general public, who is a resident of this state who has never been associated with pharmacy in any way other than as a consumer.

(2) ~~Six (6)~~ **Five (5)** members who are pharmacists in good standing of recognized experience and ability from varied practice settings who hold a current license to practice pharmacy in Indiana, including one (1) member of the board who must be a practicing hospital pharmacist.

(3) One (1) member who is a pharmacy technician in good standing, engaged in active practice as a pharmacy technician, and holds a current certification from the Pharmacy Technician Certification Board.

(c) A member may be removed under IC 25-1-6.5-4.

(d) Not later than ten (10) days after a member's appointment, the member must subscribe by oath or affirmation to faithfully uphold the duties of the member's office. If a member fails to qualify as provided, a new member shall be appointed in the member's place.

(e) At the first meeting of each year the board shall elect from among its members a president and vice president who shall perform duties and have powers as the board prescribes.

(f) The board shall meet at least eight (8) times per year at such times and places as the board selects. At each meeting the board shall continue in session from day to day, for not more than five (5) days, until the business of the meeting is complete. Four (4) members of the board shall constitute a quorum.

(g) Each member of the board is entitled to compensation as determined by the rules of the budget agency for each day the member is actually engaged in business of the board, together with necessary travel and other expenses incurred in the performance of the member's duties.

(h) Approval by a majority of the quorum is required for any action to be taken by the board.

SECTION 57. IC 25-26-13-10, AS AMENDED BY P.L.101-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 10. (a) An applicant for registration as a pharmacist intern must furnish proof satisfactory to the board that the applicant:

(1) is actively enrolled in a school of pharmacy accredited by the American Council ~~of Pharmaceutical~~ **for Pharmacy** Education;

(2) has obtained the Foreign Pharmacy Graduate Examination Committee Certificate; or

(3) is a qualified applicant awaiting the examination for licensure as a pharmacist.

(b) A registration issued under subsection (a) is valid for one (1) year and may be renewed by the board in accordance with subsection (c) until the expiration date established by the Indiana professional licensing agency under IC 25-1-5-4.

(c) An application for registration or renewal must be accompanied by the appropriate fee and one (1) of the following:

(1) Proof of having obtained the Foreign Pharmacy Graduate Examination Committee Certificate.

(2) Proof of active enrollment in a school of pharmacy accredited by the American Council ~~of Pharmaceutical~~ **for Pharmacy** Education.

SECTION 58. IC 25-26-13-11, AS AMENDED BY P.L.98-2006, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 11. (a) To be eligible for licensure as a pharmacist, an individual must file such evidence as is required by the board that:

(1) the individual is at least eighteen (18) years of age;

(2) the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently;

(3) the individual:

(A) has graduated with a professional degree from a school of pharmacy accredited by the American Council ~~of Pharmaceutical~~ **for Pharmacy** Education or the Canadian Council ~~on Pharmacy Accreditation~~ **for Accreditation of Pharmacy Programs** and approved by the board; or

(B) has:

(i) graduated with a professional degree from a school of pharmacy located outside the United States and Canada; and

(ii) met the requirements under subsection (c); and

(4) the individual has satisfactorily completed a pharmacist intern program approved by the board.

(b) An applicant who has graduated with a professional degree from a school of pharmacy accredited by the Canadian Council ~~on Pharmacy Accreditation~~ **for Accreditation of Pharmacy Programs** and approved by the board must obtain the Foreign Pharmacy Graduate Examination Committee Certificate administered by the National Association of Boards of Pharmacy before taking the examination required under subsection (d).

(c) An applicant who has graduated with a professional degree from a school of pharmacy located outside the United States and Canada must do the following:

(1) Provide the board with verification of the applicant's academic record and graduation.

(2) Obtain the Foreign Pharmacy Graduate Examination

Committee Certificate administered by the National Association of Boards of Pharmacy.

(d) After filing an application on a form provided by the board, submitting the information required in subsection (a), and successfully completing the examination administered by the board, the applicant may be licensed as a pharmacist.

SECTION 59. IC 25-26-13-12, AS AMENDED BY P.L.98-2006, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 12. (a) An individual who is licensed as a pharmacist in another state where the requirements for licensure were not less than those required in this state at the time of original licensure may be issued a license in this state if:

(1) the individual has registered with and been approved by the National Association of Boards of Pharmacy;

(2) the individual has graduated with a professional degree in pharmacy from a school of pharmacy accredited by the American Council ~~of Pharmaceutical~~ **for Pharmacy** Education or the Canadian Council ~~on Pharmacy Accreditation~~ **for Accreditation of Pharmacy Programs** and approved by the board; and

(3) the individual has successfully completed an examination administered by the board concerning the federal statutes and regulations and the Indiana statutes and rules governing the practice of pharmacy.

(b) An individual who has a professional pharmacy degree from a school of pharmacy located outside the United States and Canada and who is licensed in another state where the requirements for licensure are substantially the same as those in this state may be issued a license under this chapter if:

(1) the individual has registered with and been approved by the National Association of Boards of Pharmacy;

(2) the individual has provided the board with proof of the applicant's:

(A) academic record and graduation with a professional degree from a school of pharmacy; and

(B) completion of the requirements for obtaining a Foreign Pharmacy Graduate Examination Committee Certificate administered by the National Association of Boards of Pharmacy; and

(3) the individual has successfully completed an examination administered by the board concerning the federal statutes and regulations and the Indiana statutes and rules governing the practice of pharmacy.

SECTION 60. IC 25-26-13-20, AS AMENDED BY P.L.207-2021, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2022]: Sec. 20. (a) A person desiring to open, establish, operate, or maintain a pharmacy shall apply to the board for a pharmacy permit on a form provided by the board. The applicant shall set forth:

(1) the name and occupation of the persons desiring the permit;

(2) the location, including street address and city, of the pharmacy; **and**

~~(3) the name of the pharmacist who will qualify the pharmacy by being responsible to the board for the legal operation of the pharmacy under the permit; and~~

~~(4)~~ **(3)** such other information as the board may require.

(b) If the applicant desires to open, establish, operate, or maintain more than one (1) pharmacy, the applicant must file a separate application for each. ~~Each pharmacy must be qualified by a different pharmacist.~~

(c) The board shall ~~permit a pharmacist to serve as a qualifying pharmacist for more than one (1) pharmacy holding a Category II pharmacy permit upon the holder of the Category II permit showing circumstances establishing that:~~

~~(1) the permit holder has made a reasonable effort, without success, to obtain a qualifying pharmacist who is not serving as a qualifying pharmacist at another Category II pharmacy; and~~

~~(2) the single pharmacist could effectively fulfill all duties and responsibilities of the qualifying pharmacist at both locations.~~

~~However, the board shall~~ hold the permit holder responsible and may not discipline or otherwise hold ~~the qualifying pharmacist~~ **an individual licensed under this chapter** responsible for staffing deficiencies of the pharmacy if the ~~qualifying pharmacist~~ **individual** does not have authority for staffing determinations of the pharmacy.

(d) The board shall grant or deny an application for a permit not later than one hundred twenty (120) days after the application and any additional information required by the board are submitted.

(e) The board may not issue a pharmacy permit to a person who desires to operate the pharmacy out of a residence.

SECTION 61. IC 25-26-13-24.8, AS AMENDED BY P.L.207-2021, SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 24.8. (a) Upon request of a patient, a pharmacy shall transfer to another pharmacy a prescription for the patient, including a prescription for a schedule II controlled substance, that the pharmacy has received but not filled unless:

(1) prohibited in writing on the prescription by the prescriber; or

(2) otherwise prohibited by federal law.

(b) Unless prohibited by federal law, a prescription for a patient may be transferred electronically or by facsimile by a pharmacy to another

pharmacy if the pharmacies do not share a common data base.

(c) A licensed pharmacy technician may transfer a prescription, ~~under subsection (b)~~ **including making a verbal transfer, as delegated by a pharmacist.**

SECTION 62. IC 25-26-13-27 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 27. (a) If a pharmacy will be closed for five (5) consecutive days or more, the permit holder shall notify the board and take such steps to secure the drugs in the pharmacy as the board may direct.

(b) If a pharmacy is to be permanently closed for any reason, the owner ~~or qualifying pharmacist~~ shall:

(1) notify the board not less than twenty (20) days before the transfer of any controlled substances and submit a copy of the inventory form required by the federal drug enforcement administration together with the name, address, and registration number of the person to whom the drugs will be transferred;

(2) remove all legend drugs from stock by:

(A) returning them to the wholesaler or manufacturer if ~~he~~ **the wholesaler or manufacturer** consents;

(B) transferring them to another pharmacy; or

(C) destroying them in the presence of a representative appointed by the board;

(3) before disposing of any other merchandise in the pharmacy, dispose of all controlled drugs and legend drugs as provided in clauses (1) and (2) and submit the licensed premises to an inspection by a representative of the board to certify that all legend and controlled drugs have been removed;

(4) remove from inside and outside the licensed area all symbols and signs using the words "drugs", "drugstore", "prescriptions", "pharmacy", "pharmacy department", "apothecary", or "apothecary shop", or any combination of such titles; and

(5) return the pharmacy permit for cancellation by the board within ten (10) days after all legend drugs, controlled drugs, drugs and devices are removed from the premises.

SECTION 63. IC 25-26-13-31.7, AS AMENDED BY P.L.207-2021, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 31.7. (a) Subject to rules adopted under subsection (c), a pharmacy technician may administer ~~an influenza or coronavirus disease~~ **any** immunization to an individual under a drug order or prescription, **as delegated by the pharmacist.**

(b) Subject to rules adopted under subsection (c), a pharmacy technician may administer an ~~influenza or coronavirus disease~~ immunization to an individual or a group of individuals under a drug order, under a prescription, or according to a protocol approved by a

physician, **as delegated by the pharmacist.**

(c) The board shall adopt rules under IC 4-22-2 to establish requirements applying to a pharmacy technician who administers an ~~influenza or coronavirus disease~~ immunization to an individual or group of individuals. The rules adopted under this section must provide for the direct supervision of the pharmacy technician by a pharmacist, a physician, a physician assistant, or an advanced practice registered nurse. Before July 1, 2021, the board shall adopt emergency rules under IC 4-22-2-37.1 to establish the requirements described in this subsection. ~~concerning the influenza immunization and the coronavirus disease immunization.~~ Notwithstanding IC 4-22-2-37.1(g), an emergency rule adopted by the board under this subsection and in the manner provided by IC 4-22-2-37.1 expires on the date on which a rule that supersedes the emergency rule is adopted by the board under IC 4-22-2-24 through IC 4-22-2-36.

(d) The board must approve all programs that provide training to pharmacy technicians to administer ~~influenza and coronavirus disease~~ immunizations as permitted by this section.

SECTION 64. IC 25-26-13.5-6, AS AMENDED BY P.L.207-2021, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) Before a remote dispensing facility may do business in Indiana, the remote dispensing facility must be registered with the board under this chapter and in the manner prescribed by the board.

(b) Before a pharmacy licensed under this article may operate a remote dispensing facility, the pharmacy must register with the board under this chapter.

(c) A facility must meet the following requirements in order to be registered as a remote dispensing facility under this chapter:

(1) If the remote dispensing facility is not jointly owned by the pharmacy, operate under a contract with a supervising pharmacy.

(2) Be supervised by a ~~qualifying~~ pharmacist who is licensed under this article and who is designated by the supervising pharmacy to be responsible for oversight of the remote dispensing facility.

(3) Be located at least ten (10) miles from an existing retail pharmacy unless:

(A) the applicant with the proposed remote dispensing facility demonstrates to the board how the proposed remote dispensing facility will promote public health; or

(B) the remote dispensing facility exclusively serves the patients of:

(i) a community mental health center established under IC 12-29;

(ii) a health care facility (as defined in IC 16-28-13-0.5); or
(iii) a physician clinic.

(4) Maintain a patient counseling area.

(5) Display a sign visible to the public indicating that the location is a remote dispensing facility. The sign must include the following information:

(A) That the facility provides remote services supervised by a pharmacist located in another pharmacy.

(B) The identification and address of the supervising pharmacy.

(C) Disclosure that a pharmacist is required to speak to the consumer using audio and video communication systems any time a new drug or device is dispensed at the remote dispensing facility.

(D) Whether patient counseling is provided on a prescription drug refill at the remote dispensing facility.

(E) That the facility is under continuous video surveillance and that the video is recorded.

(d) If the remote dispensing facility is operating under a contract with a supervising pharmacy, the contract must:

(1) specify the responsibilities of each party to the contract; and

(2) be available for review by the board at the board's request.

SECTION 65. IC 25-26-13.5-7, AS ADDED BY P.L.202-2017, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. A supervising pharmacy shall implement policies and procedures that address each of the following before engaging in the practice of telepharmacy under this chapter:

(1) Minimum standards and practices that ensure the safety, accuracy, security, sanitation, record keeping, and patient confidentiality at the remote dispensing facility. The standards and practices must include the following:

(A) Identification of personnel authorized to accept delivery of the drugs and to have access to drug storage and dispensing areas at the remote dispensing facility.

(B) Procedures for the procurement of drugs and devices at the remote dispensing facility and any automated dispensing machine system used.

(C) Criteria for the required inspection of the remote dispensing facility by ~~the qualifying~~ **a** pharmacist.

(2) The adoption of training standards required for personnel employed at a remote dispensing facility to ensure the competence and ability of employees in operating the electronic verification, electronic record keeping, and communication systems.

(3) A written plan for recovery from an event that interrupts or prevents pharmacist supervision of the remote dispensing facility.

(4) Policies concerning the dispensing of prescription drugs.

SECTION 66. IC 25-26-13.5-8 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 8. (a) The qualifying pharmacist and a pharmacist on duty are responsible for ensuring that the supervising pharmacy and remote dispensing facility are sufficiently staffed to avoid the risk of harm to public health and safety.~~

~~(b) In order to serve as a qualifying pharmacist, the pharmacist must be in good standing with the board.~~

~~(c) A qualifying pharmacist may have this designation for only one (1) supervising pharmacy and for one (1) remote dispensing facility at a time.~~

~~(d) A qualifying pharmacist must be able to be physically at the remote dispensing facility within a certain time set by the board to address emergencies and safety issues that arise. However, in the qualifying pharmacist's absence the qualifying pharmacist may designate another pharmacist to fulfill the qualifying pharmacist's duties at the remote dispensing facility.~~

~~(e) A qualifying pharmacist shall visit a remote dispensing facility at least as often as required by the board to inspect the facility and address personnel matters. The qualifying pharmacist shall complete any forms required by the board concerning the required inspection and maintain the records in a manner specified by the board.~~

~~(f) If the remote dispensing facility is located at a hospital or physician clinic and uses an automated dispensing machine, the qualifying pharmacist shall maintain an up to date inventory of any schedule II controlled substances. The qualifying pharmacist shall at least monthly inventory all controlled substances.~~

~~(g) The qualifying pharmacist shall develop and implement a continuous quality improvement program. The program must include a reporting mechanism for errors that occur concerning the remote dispensing facility. Information concerning the program must be available to the board upon request.~~

SECTION 67. IC 25-26-13.5-8.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 8.5. A pharmacy operating a remote dispensing facility is responsible for ensuring the following:**

(1) The remote dispensing facility is sufficiently staffed to avoid the risk of harm to public health and safety.

(2) The pharmacist servicing the remote dispensing facility is in good standing with the board.

(3) A pharmacy may not operate more than one (1) remote dispensing facility at a time, unless otherwise approved by the

board.

(4) A pharmacist must be able to be physically present at the remote dispensing facility within a certain time set by the board to address emergencies and safety issues that arise.

(5) A pharmacist shall visit the remote dispensing facility at least as often as required by the board to inspect the facility, address personnel matters, complete any forms required by the board concerning the required inspection, and maintain records in the manner specified by the board.

(6) If the remote dispensing facility is located at a hospital or physician clinic and uses an automated dispensing machine, a pharmacist must maintain an up to date inventory of any schedule II controlled substances. An inventory of all controlled substances must be completed at least once a month.

(7) The pharmacy must develop a continuous quality improvement program, which must include a reporting mechanism for errors that occur concerning the remote dispensing facility. Information concerning the remote dispensing facility must be made available to the board upon request.

SECTION 68. IC 25-26-13.5-9, AS AMENDED BY P.L.246-2019, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. (a) There must be at least one (1) pharmacist working at a remote dispensing facility for every six (6) pharmacist interns, licensed pharmacy technicians, and pharmacy technicians in training at the supervising pharmacy and remote dispensing facility. However, an individual whose only duty is to act as the cashier is not included in the number of employees that may work for one (1) pharmacist under this subsection.

(b) A remote dispensing facility that is not staffed by a pharmacist must be staffed by at least one (1) pharmacy technician who meets the following requirements:

(1) Is licensed under IC 25-26-19.

(2) Has at least two thousand (2,000) hours of experience working as a pharmacy technician in a pharmacy licensed under this article and under the direct supervision of a pharmacist.

(3) Has successfully passed a certification examination offered by the Pharmacy Technician Certification Board or another nationally recognized certification body approved by the board.

(4) If the remote dispensing facility is located in a hospital or physician clinic setting, either:

(A) has graduated from a pharmacy technician training program accredited by the American Council ~~of Pharmaceutical~~ **for Pharmacy** Education or the American

Society of Health System Pharmacists; or

(B) obtained the hours described in subdivision (2) before July 1, 2017.

(5) Is supervised by a pharmacist at the supervising pharmacy at all times that the remote dispensing facility is operational. As used in this subdivision, supervision does not require that the pharmacist be physically present at the remote dispensing facility as long as the pharmacist is supervising telepharmacy operations electronically through a computer link, video link, and audio link.

(6) Is currently in good standing with the board.

(c) A pharmacy technician in training may not work at a remote dispensing facility unless a pharmacist is on site.

(d) The board shall adopt rules that require pharmacy technicians working at a remote dispensing facility that is not staffed by a pharmacist to complete continuing education requirements established by the board.

SECTION 69. IC 25-26-13.5-11, AS AMENDED BY P.L.207-2021, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 11. (a) A supervising pharmacy of a remote dispensing facility must maintain a video and audio communication system that provides for effective communication between the supervising pharmacy, the remote dispensing facility, and any consumers. The system must do the following:

(1) Provide an adequate number of views of the entire remote dispensing facility.

(2) Facilitate adequate pharmacist supervision.

(3) Allow an appropriate exchange of visual, verbal, and written communications for patient counseling and other matters concerning the lawful transaction of business.

(b) The remote dispensing facility must retain a recording of facility surveillance, excluding patient communications, for at least thirty (30) days.

(c) A ~~qualifying~~ pharmacist is adequately supervising through the use of video surveillance by maintaining constant visual supervision and auditory communication with the remote dispensing facility and by maintaining full supervisory control of the automated system, if applicable. The auditory communication must be available, as needed, with the remote dispensing facility and the ~~qualifying~~ pharmacist.

(d) A video monitor that is being used to properly identify and communicate with consumers must meet the following requirements:

(1) Provide both the supervising pharmacy and the remote dispensing facility with direct visual contact between the pharmacist and the consumer.

(2) Be secure and compliant with the federal Health Insurance

Portability and Accountability Act (HIPAA).

(e) If any component of the communication system is not in operating order, the remote dispensing facility shall remain closed until the communication system is fully operational, unless a pharmacist is located at the remote dispensing facility.

SECTION 70. IC 25-26-13.5-14, AS ADDED BY P.L.202-2017, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 14. (a) A remote dispensing facility shall have adequate security. The security must do the following:

(1) Record the entrance and exit of individuals to the facility.

(2) Use alarms or other comparable monitoring systems that protect the equipment, records, drug supply, devices, and other items from unauthorized access, acquisition, or use.

(3) Use at least two (2) factoring credentials for employee entry to the remote dispensing facility, using two (2) of the following:

(A) A knowledge factor, including a password.

(B) Biometrics.

(C) An inanimate object.

(b) ~~The qualifying~~ **A** pharmacist shall periodically review the record of entries into the remote dispensing facility.

(c) The prescription storage area may remain open while a pharmacist or pharmacy technician is on duty.

SECTION 71. IC 25-26-13.5-15, AS ADDED BY P.L.202-2017, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 15. (a) A controlled substance may not be dispensed at the remote dispensing facility unless:

(1) the facility maintains a perpetual inventory of controlled substances; and

(2) the supervising pharmacist checks the Indiana scheduled prescription electronic collection and tracking program established by IC 25-1-13-4 or as directed by the board before:

(A) verification of the finished controlled substance prescription; and

(B) counseling the patient.

(b) Drugs may be transported to a remote dispensing facility that uses an automated dispensing machine only in a sealed container with a list identifying each drug, drug strength, and quantity included in the container.

(c) A delivery of drugs may be accepted at the remote dispensing facility only if a pharmacist or a licensed pharmacy technician is present to accept delivery and verify and sign for the receipt of the drugs, unless the drugs are placed in a secured delivery area that complies with federal and state law.

(d) If the delivery is received by a pharmacy technician, a

pharmacist at the supervising pharmacy shall ensure through the use of the electronic audio and video communication system or bar code technology that the pharmacy technician has accurately restocked the drugs.

(e) A remote dispensing facility must store drugs in a manner that:

(1) complies with federal and state law;

(2) protects the identity, safety, security, and integrity of the drug; and

(3) limits access to:

(A) a pharmacist employed by the supervising pharmacy; and

(B) a pharmacy technician who has written authorization of ~~the qualifying~~ **a** pharmacist to access the facility.

SECTION 72. IC 25-26-14-11, AS AMENDED BY P.L.264-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 11. As used in this chapter, "wholesale distribution" means to distribute legend drugs to persons other than a consumer or patient. The term does not include:

(1) a sale or transfer between a division, a subsidiary, a parent, an affiliated, or a related company under the common ownership and control of a corporate entity;

(2) the purchase or acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for the hospital's or health care entity's own use from the group purchasing organization or from other hospitals or health care entities that are members of the organization;

(3) the sale or transfer of a drug by a charitable organization described in Section 501(c)(3) of the Internal Revenue Code, to:

(A) a nonprofit affiliate of the organization; or

(B) a nonprofit entity described in Section 501(c)(3) of the Internal Revenue Code that is not affiliated with the organization;

to the extent otherwise permitted by law;

(4) the sale of a drug among hospitals or other health care entities that are under common control;

(5) the sale of a drug for emergency medical reasons, including transfers of legend drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage, if the gross dollar value of the transfers does not exceed five percent (5%) of the total legend drug sales revenue of either the transferor or transferee pharmacy during any twelve (12) consecutive month period;

(6) the sale of a drug or the dispensing of a drug pursuant to a prescription;

(7) the distribution of drug samples by manufacturers'

representatives or distributors' representatives;

(8) the sale of blood and blood components intended for transfusion;

(9) the sale of a drug by a retail pharmacy to a practitioner (as defined in IC 25-26-13-2) for office use, if the gross dollar value of the transfers does not exceed five percent (5%) of the retail pharmacy's total legend drug sales during any twelve (12) consecutive months;

(10) the sale of a drug by a retail pharmacy that is ending its business and liquidating its inventory to another retail pharmacy;

(11) drug returns by a hospital, health care entity, or charitable institution conducted under 21 CFR 203.23;

(12) the sale of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use;

(13) the distribution of prescription drugs by the original manufacturer of the finished form of the prescription drug or the distribution of the co-licensed products by a partner of the original manufacturer of the finished form of the prescription drug; ~~or~~

(14) drug returns that meet criteria established by rules adopted by the board; **or**

(15) the sale of a drug for research or clinical trial purposes, provided the seller is authorized by the federal Food and Drug Administration to sell the drug for research or clinical trial purposes.

SECTION 73. IC 25-27-1-2, AS AMENDED BY P.L.196-2021, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person or business entity to do the following:

(1) Practice physical therapy without first obtaining from the board a license authorizing the person to practice physical therapy in this state.

(2) Profess to be or promote an employee to be a physical therapist, physiotherapist, doctor of physiotherapy, doctor of physical therapy, or registered physical therapist or to use the initials "P.T.", "D.P.T.", "L.P.T.", or "R.P.T.", or any other letters, words, abbreviations, or insignia indicating that physical therapy is provided by a physical therapist, unless physical therapy is provided by or under the direction of a physical therapist.

(3) Advertise services for physical therapy or physiotherapy services, unless the individual performing those services is a physical therapist.

(b) Except as provided in subsection (e) and section 2.5 of this

chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, **a** podiatrist, **a** psychologist, **a** chiropractor, **a** dentist, ~~nurse practitioner,~~ **an advanced practice registered nurse,** or **a** physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist assistant except as provided under this chapter. For the purposes of this subsection, the function of:

(1) teaching;

(2) doing research;

(3) providing advisory services; or

(4) conducting seminars on physical therapy;

is not considered to be a practice of physical therapy.

(c) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person to profess to be or act as a physical therapist assistant or to use the initials "P.T.A." or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist assistant. It is unlawful for the person to act as a physical therapist assistant other than under the general supervision of a licensed physical therapist who is in responsible charge of a patient. However, nothing in this chapter prohibits a person licensed or registered in this state under another law from engaging in the practice for which the person is licensed or registered. These exempted persons include persons engaged in the practice of osteopathic medicine, chiropractic, or podiatric medicine.

(d) Except as provided in section 2.5 of this chapter, this chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist assistant to:

(1) evaluate any physical disability or mental disorder except upon the order or referral of a physician, **a** podiatrist, **a** psychologist, **a** chiropractor, **a** physician assistant, ~~nurse practitioner,~~ **an advanced practice registered nurse,** or **a** dentist;

(2) practice medicine, surgery (as described in IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic medicine, psychology, chiropractic, or podiatric medicine; or

(3) prescribe a drug or other remedial substance used in medicine.

(e) Upon the referral of a licensed school psychologist, a physical therapist who is:

(1) licensed under this article; and

(2) an employee or contractor of a school corporation;

may provide mandated school services to a student that are within the

physical therapist's scope of practice.

SECTION 74. IC 27-8-14.5-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health insurance plan issued by an insurer must provide coverage for diabetes self-management training that is:

(1) medically necessary;

(2) ordered in writing by a physician licensed under IC 25-22.5, ~~or~~ a podiatrist licensed under IC 25-29, **an advanced practice registered nurse licensed under IC 25-23, or a physician assistant licensed under IC 25-27.5;** and

(3) provided by a health care professional who:

(A) is licensed, registered, or certified under IC 25; and

(B) has specialized training in the management of diabetes.

(b) Coverage for diabetes self-management training may be limited to the following:

(1) One (1) or more visits after receiving a diagnosis of diabetes.

(2) One (1) or more visits after receiving a diagnosis by a physician licensed under IC 25-22.5 or a podiatrist licensed under IC 25-29 that:

(A) represents a significant change in the insured's symptoms or condition; and

(B) makes changes in the insured's self-management medically necessary.

(3) One (1) or more visits for reeducation or refresher training.

(c) Coverage for diabetes self-management training is subject to the requirements of the health insurance plan regarding the use of participating providers.

SECTION 75. IC 27-8-27-6, AS AMENDED BY P.L.133-2020, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health insurance plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

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

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

SECTION 76. 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

(2) provides written permission for the person to receive the tattoo or undergo the body piercing.

(f) Notwithstanding IC 36-1-3-8(a), a unit (as defined in IC 36-1-2-23) may adopt an ordinance that is at least as restrictive or more restrictive than this section or a rule adopted under ~~IC 16-19-3-4.1 or IC 16-19-3-4.2.~~ **IC 16-19-3-4(c).**

SECTION 77. IC 36-2-14-5.5, AS ADDED BY P.L.225-2007, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5.5. A child death pathologist shall:

(1) consult with a coroner concerning a death described in section 6.3(b) of this chapter;

(2) conduct an autopsy of a child as described in sections 6.3(c) and 6.7(b) of this chapter; and

(3) perform duties described in section ~~6.7(c)~~ **6.7(f)** of this chapter.

SECTION 78. IC 36-2-14-6.7, AS ADDED BY P.L.225-2007, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2022]: Sec. 6.7. (a) This section applies to a child who:

(1) died suddenly and unexpectedly;

(2) was less than three (3) years of age at the time of death; and

(3) was in apparent good health before dying.

(b) A child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct an autopsy of a child described in subsection (a).

(c) A county coroner may not certify the cause of death of a child described in subsection (a) until an autopsy is performed at county expense.

(d) The county coroner shall contact the parent or guardian of a child described in subsection (a) and notify the parent or guardian that an autopsy will be conducted at county expense.

(e) A county coroner may not certify the cause of death for an infant described in subsection (a) as a sudden unexplained infant death, including sudden infant death syndrome, until a comprehensive death investigation is performed at the county's expense that includes the following:

(1) Comprehensive autopsy including the following:

(A) Imaging.

(B) Pathology.

(C) Toxicology.

(2) Death scene investigation to include death scene photos.

(3) Submission of the sudden unexplained infant death report form to a child death pathologist.

~~(c)~~ **(f)** The child death pathologist shall:

(1) ensure that a tangible summary of the autopsy results is provided;

(2) provide informational material concerning sudden infant death syndrome; and

(3) unless the release of autopsy results would jeopardize a law enforcement investigation, provide notice that a parent or guardian has the right to receive the preliminary autopsy results;

to the parents or guardian of the child within one (1) week after the autopsy.

~~(f)~~ **(g)** If a parent or guardian of a child described in subsection (a) requests the autopsy report of the child, the coroner shall provide the autopsy report to the parent or guardian within thirty (30) days after the:

(1) request; or

(2) completion of the autopsy report;

whichever is later, at no cost.

~~(g)~~ **(h)** A coroner shall notify:

(1) a local child fatality review team; or

(2) if the county does not have a local child fatality review team, the statewide child fatality review committee;

of the death of a child described in subsection (a).

SECTION 79. [EFFECTIVE UPON PASSAGE] **(a) The terms of members appointed to the division of disability and rehabilitative services advisory council under IC 12-9-4-3, before its amendment by this act, expire June 30, 2022.**

(b) This SECTION expires July 1, 2023.

SECTION 80. **An emergency is declared for this act.**

Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____