



Reprinted
January 28, 2020

HOUSE BILL No. 1182

DIGEST OF HB 1182 (Updated January 27, 2020 5:41 pm - DI 77)

Citations Affected: IC 5-10; IC 16-18; IC 16-21; IC 16-30; IC 16-41; IC 16-51; IC 20-26; IC 20-30; IC 20-34; IC 31-11; IC 31-33; IC 34-30; IC 34-46.

Synopsis: HIV and fatality reviews. Removes acquired immune deficiency syndrome (AIDS) from the statutory definition of "exposure risk disease". Replaces the term "AIDS" with the term "human immunodeficiency virus (HIV)" where appropriate. Replaces the term "carrier" with the term "individual with a communicable disease" where appropriate. Replaces the term "danger" with the term "risk" where appropriate. Replaces the term "spread" with the term "transmission" where appropriate. Replaces the term "HIV antibody" with "human immunodeficiency virus (HIV)" where appropriate. Requires the state department of health (department) to specify, in any literature provided to children and young adults concerning HIV, that abstinence is the best way to prevent the transmission of HIV as a result of sexual activity. Provides that a physician or the authorized representative of a physician may not order an HIV test unless the physician or the authorized representative of a physician: (1) informs the patient of the test orally or in writing; (2) provides the patient with an explanation of the test orally, in writing, by video, or by a combination of these methods; and (3) informs the patient orally or in writing of the patient's right to ask questions and to refuse the test. Requires the information to be communicated to the patient in a language or manner that the patient understands. Requires a physician or an authorized representative of the physician to inform a patient of
(Continued next page)

Effective: July 1, 2020.

Clere, Cook, Barrett, Fleming

January 13, 2020, read first time and referred to Committee on Public Health.
January 23, 2020, amended, reported — Do Pass.
January 27, 2020, read second time, amended, ordered engrossed.

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Digest Continued

the counseling services and treatment options available to the patient if an HIV test indicates that the patient is HIV positive. Requires a patient to be notified of their right to a: (1) hearing; and (2) counsel; in certain situations involving a court ordered HIV test. Specifies that the use of antiretroviral drugs and other medical interventions may lessen the likelihood of transmitting HIV to a child during childbirth. (Current law states that birth by caesarean section may lessen the likelihood of transmitting HIV to a child during childbirth). Provides that the requirement to dispose of semen that contains the HIV antibody does not apply if the semen is used according to safer conception practices endorsed by the federal Centers for Disease Control and Prevention or other generally accepted medical experts. Requires a suicide and overdose fatality review team (SOFR team) to review certain suicide and overdose fatalities. Allows a SOFR team to make recommendations concerning the prevention of suicide and overdose fatalities. Specifies membership, record keeping, and data entry requirements for SOFR teams. Defines certain terms. Makes conforming amendments.

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January 28, 2020

Second Regular Session of the 121st General Assembly (2020)

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

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

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1182

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

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

- 1 SECTION 1. IC 5-10-13-1 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. As used in this
3 chapter, "exposure risk disease" refers to:
4 (1) ~~acquired immune deficiency syndrome (AIDS);~~
5 (2) ~~(1) anthrax;~~
6 (3) ~~(2) hepatitis;~~
7 (4) ~~(3) human immunodeficiency virus (HIV);~~
8 (5) ~~(4) meningococcal meningitis;~~
9 (6) ~~(5) smallpox; and or~~
10 (7) ~~(6) tuberculosis.~~
11 SECTION 2. IC 5-10-13-5 IS AMENDED TO READ AS
12 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) Except as
13 provided in section 6 of this chapter, an employee who:
14 (1) is diagnosed with a health condition caused by an exposure
15 risk disease that:

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- 1 (A) requires medical treatment; and
2 (B) results in total or partial disability or death;
3 (2) by written affidavit has provided to the employee's employer
4 a verification described in subsection (b), (c), (d), (e), or (f); and
5 (3) before the employee is diagnosed with a health condition
6 caused by hepatitis or tuberculosis, tests negative for evidence of
7 hepatitis or tuberculosis through medical testing;
8 is presumed to have a disability or death incurred in the line of duty.
9 (b) An employee who is diagnosed with a health condition caused
10 by hepatitis and, if the health condition results in disability or death,
11 wishes to have a presumption of disability or death incurred in the line
12 of duty apply to the employee shall, by written affidavit executed
13 before death, provide verification that the employee has not:
14 (1) outside the scope of the employee's current employment, been
15 exposed through transfer of body fluids to an individual known to
16 have a medical condition caused by hepatitis;
17 (2) received blood products other than a transfusion received
18 because of an injury to the employee that occurred in the scope of
19 the employee's current employment;
20 (3) received blood products for the treatment of a coagulation
21 disorder since testing negative for hepatitis;
22 (4) engaged in sexual practices or other behavior identified as
23 high risk by the Centers for Disease Control and Prevention or the
24 Surgeon General of the United States;
25 (5) had sexual relations with another individual known to the
26 employee to have engaged in sexual practices or other behavior
27 described in subdivision (4); or
28 (6) used intravenous drugs that were not prescribed by a
29 physician.
30 (c) An employee who is diagnosed with a health condition caused
31 by meningococcal meningitis and, if the health condition results in
32 disability or death, wishes to have a presumption of disability or death
33 incurred in the line of duty apply to the employee shall, by written
34 affidavit executed before death, provide verification that the employee,
35 in the ten (10) days immediately preceding the diagnosis, was not
36 exposed to another individual known to:
37 (1) have meningococcal meningitis; or
38 (2) be an asymptomatic carrier of meningococcal meningitis;
39 outside the scope of the employee's current employment.
40 (d) An employee who is diagnosed with a health condition caused
41 by tuberculosis and, if the health condition results in disability or death,
42 wishes to have a presumption of disability or death incurred in the line



1 of duty apply to the employee shall, by written affidavit executed
 2 before death, provide verification that the employee has not, outside the
 3 scope of the employee's current employment, been exposed to another
 4 individual known to have tuberculosis.

5 (e) An employee who is diagnosed with a health condition caused
 6 by ~~AIDS or~~ HIV and, if the health condition results in disability or
 7 death, wishes to have a presumption of disability or death incurred in
 8 the line of duty apply to the employee shall, by written affidavit
 9 executed before death, provide verification that the employee has not:

10 (1) outside the scope of the employee's current employment, been
 11 exposed through transfer of body fluids to an individual known to
 12 have a medical condition caused by ~~AIDS or~~ HIV;

13 (2) received blood products other than a transfusion received
 14 because of an injury to the employee that occurred in the scope of
 15 the employee's current employment;

16 (3) received blood products for the treatment of a coagulation
 17 disorder since testing negative for ~~AIDS or~~ HIV;

18 (4) engaged in sexual practices or other behavior identified as
 19 high risk by the Centers for Disease Control and Prevention or the
 20 Surgeon General of the United States;

21 (5) had sexual relations with another individual known to the
 22 employee to have engaged in sexual practices or other behavior
 23 described in subdivision (4); or

24 (6) used intravenous drugs that were not prescribed by a
 25 physician.

26 (f) An employee who is diagnosed with a health condition caused by
 27 smallpox and, if the health condition results in disability or death,
 28 wishes to have a presumption of disability or death incurred in the line
 29 of duty apply to the employee shall, by written affidavit executed
 30 before death, provide verification that the employee has not, outside the
 31 scope of the employee's current employment, been exposed to another
 32 individual known to have smallpox.

33 (g) A presumption of disability or death incurred in the line of duty
 34 may be rebutted by competent evidence.

35 (h) A meeting or hearing held to rebut a presumption of disability
 36 or death incurred in the line of duty may be held as an executive
 37 session under IC 5-14-1.5-6.1(b)(1).

38 SECTION 3. IC 16-18-2-49 IS REPEALED [EFFECTIVE JULY 1,
 39 2020]. Sec. 49: "Carrier", for purposes of IC 16-41, means a person
 40 who has:

41 (1) tuberculosis in a communicable stage; or

42 (2) another dangerous communicable disease.



1 SECTION 4. IC 16-18-2-91 IS REPEALED [EFFECTIVE JULY 1,
2 2020]. Sec. 91. "~~Dangerous communicable disease~~", for purposes of
3 IC 16-41, means a communicable disease that is set forth in the list
4 published by the state department under IC 16-41-2-1.

5 SECTION 5. IC 16-18-2-188.3 IS ADDED TO THE INDIANA
6 CODE AS A NEW SECTION TO READ AS FOLLOWS
7 [EFFECTIVE JULY 1, 2020]: Sec. 188.3. "**Individual with a**
8 **communicable disease**", for purposes of IC 16-41, means a person
9 who has:

10 (1) tuberculosis in a communicable state; or

11 (2) another serious communicable disease.

12 SECTION 6. IC 16-18-2-194.5, AS ADDED BY P.L.138-2006,
13 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2020]: Sec. 194.5. "Isolation", for purposes of IC 16-41-9,
15 means the physical separation, including confinement or restriction, of
16 an individual or a group of individuals from the general public if the
17 individual or group is infected with a ~~dangerous~~ **serious** communicable
18 disease (as described in ~~IC 16-18-2-91~~ **IC 16-18-2-327.5** and 410
19 IAC 1-2.3-47), in order to prevent or limit the transmission of the
20 disease to an uninfected individual.

21 SECTION 7. IC 16-18-2-302.6, AS ADDED BY P.L.138-2006,
22 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2020]: Sec. 302.6. "Quarantine", for purposes of IC 16-41-9,
24 means the physical separation, including confinement or restriction of
25 movement, of an individual or a group of individuals who have been
26 exposed to a ~~dangerous~~ **serious** communicable disease (as described
27 in ~~IC 16-18-2-91~~ **IC 16-18-2-327.5** and 410 IAC 1-2.3-47), during the
28 disease's period of communicability, in order to prevent or limit the
29 transmission of the disease to an uninfected individual.

30 SECTION 8. IC 16-18-2-327.5 IS ADDED TO THE INDIANA
31 CODE AS A NEW SECTION TO READ AS FOLLOWS
32 [EFFECTIVE JULY 1, 2020]: Sec. 327.5. "**Serious communicable**
33 **disease**", for purposes of IC 16-41, means a communicable disease
34 that is classified by the state department as posing a serious health
35 risk under IC 16-41-2-1.

36 SECTION 9. IC 16-18-2-328 IS AMENDED TO READ AS
37 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 328. "Serious and
38 present ~~danger~~ **risk** to the health of others", for purposes of IC 16-41-7
39 and IC 16-41-9, has the meaning set forth in IC 16-41-7-2.

40 SECTION 10. IC 16-21-7-4, AS AMENDED BY P.L.138-2006,
41 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2020]: Sec. 4. With the approval of the budget director and



1 upon the recommendation of the budget committee, each county that
 2 has incurred costs for ~~a carrier~~ **an individual with a communicable**
 3 **disease** under:

- 4 (1) IC 16-41-1;
 5 (2) IC 16-41-2;
 6 (3) IC 16-41-3;
 7 (4) IC 16-41-5;
 8 (5) IC 16-41-6;
 9 (6) IC 16-41-7;
 10 (7) IC 16-41-8;
 11 (8) IC 16-41-9; or
 12 (9) IC 16-41-13;

13 is entitled to a pro rata share of the money remaining at the end of the
 14 state fiscal year in the fund established under this chapter.

15 SECTION 11. IC 16-30-4-1 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. The state department
 17 shall consider the following factors in determining the allocation to a
 18 political subdivision of resources or funds that are appropriated from
 19 the general fund to the state department for the prevention of the ~~spread~~
 20 **transmission of acquired immune deficiency syndrome (AIDS): the**
 21 **human immunodeficiency virus (HIV):**

- 22 (1) The population size.
 23 (2) The reported incidence of the human immunodeficiency virus
 24 (HIV).
 25 (3) The availability of resources.

26 SECTION 12. IC 16-41-2-1, AS AMENDED BY P.L.218-2019,
 27 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2020]: Sec. 1. (a) The state department may adopt rules under
 29 IC 4-22-2, including emergency rules under IC 4-22-2-37.1, that
 30 establish reporting, monitoring, and preventive procedures for
 31 communicable diseases.

32 (b) The state department shall publish a list of:

- 33 (1) reportable communicable diseases;
 34 (2) other diseases or conditions that ~~are a danger to pose a~~
 35 **serious health risk** based upon the characteristics of the disease
 36 or condition; and
 37 (3) the control measures for the diseases and conditions;

38 on the state department's Internet web site. The state department is not
 39 required to adopt rules under subsection (a) for the list described in this
 40 subsection.

41 (c) In updating the list described in subsection (b), the state
 42 department:

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1 (1) shall consider recommendations from:

2 (A) the United States Centers for Disease Control and
3 Prevention; and

4 (B) the Council of State and Territorial Epidemiologists; and

5 (2) may consult with local health departments.

6 SECTION 13. IC 16-41-3-1, AS AMENDED BY P.L.1-2006,
7 SECTION 304, IS AMENDED TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The state department may
9 adopt rules under IC 4-22-2 concerning the compilation for statistical
10 purposes of information collected under IC 16-41-2.

11 (b) The state department shall adopt procedures to gather, monitor,
12 and tabulate case reports of incidents involving ~~dangerous~~ **serious**
13 communicable diseases or unnatural outbreaks of diseases known or
14 suspected to be used as weapons. The state department shall
15 specifically engage in medical surveillance, tabulation, and reporting
16 of confirmed or suspected cases set forth by the Centers for Disease
17 Control and Prevention of the United States Department of Health and
18 Human Services and the United States Public Health Service of the
19 United States Department of Health and Human Services.

20 (c) The state department shall notify the:

21 (1) department of homeland security;

22 (2) Indiana State Police; and

23 (3) county health department and local law enforcement agency
24 having jurisdiction of each unnatural outbreak or reported case
25 described in subsection (b);

26 as soon as possible after the state department receives a report under
27 subsection (b). Notification under this subsection must be made not
28 more than twenty-four (24) hours after receiving a report.

29 SECTION 14. IC 16-41-3-2 IS AMENDED TO READ AS
30 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) The state
31 department shall tabulate all case reports of tuberculosis and other
32 ~~dangerous~~ **serious** communicable diseases reported under this article
33 or under rules adopted under this article. The state department shall
34 determine the prevalence and distribution of disease in Indiana and
35 devise methods for restricting and controlling disease.

36 (b) The state department shall include the information on the
37 prevalence and distribution of tuberculosis and other ~~dangerous~~ **serious**
38 communicable diseases in the state department's annual report.

39 (c) The state department shall disseminate the information prepared
40 under this section.

41 (d) The state department shall develop capabilities and procedures
42 to perform preliminary analysis and identification in as close to a real



1 time basis as is scientifically possible of unknown bacterial substances
 2 that have been or may be employed as a weapon. The state department
 3 shall implement the developed capacity and procedures immediately
 4 after the state department achieves a Level B capability as determined
 5 by the Centers for Disease Control and Prevention of the United States
 6 Department of Health and Human Services and the United States
 7 Public Health Service of the United States Department of Health and
 8 Human Services.

9 SECTION 15. IC 16-41-4-1 IS AMENDED TO READ AS
 10 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. The state department
 11 must provide information stressing the moral aspects of abstinence
 12 from sexual activity in any literature that the state department
 13 distributes to school children and young adults concerning available
 14 methods for the prevention of ~~acquired immune deficiency syndrome~~
 15 ~~(AIDS):~~ **the human immunodeficiency virus (HIV)**. Such literature
 16 must state that the best way to ~~avoid AIDS~~ **prevent HIV transmission**
 17 **as a result of sexual activity** is for young people to refrain from sexual
 18 activity until the young people are ready as adults to establish, in the
 19 context of marriage, a mutually faithful monogamous relationship.

20 SECTION 16. IC 16-41-4-2 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The state department
 22 may not distribute ~~AIDS HIV~~ literature described in section 1 of this
 23 chapter to school children without the consent of the governing body
 24 of the school corporation the school children attend.

25 SECTION 17. IC 16-41-5-2 IS AMENDED TO READ AS
 26 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The health officer
 27 may make an investigation of each ~~carrier of a dangerous individual~~
 28 **with a communicable disease** to determine whether the environmental
 29 conditions surrounding the ~~carrier individual with a communicable~~
 30 **disease** or the conduct of the ~~carrier individual with a communicable~~
 31 **disease** requires intervention by the health officer or designated health
 32 official to prevent the ~~spread~~ **transmission** of disease to others.

33 SECTION 18. IC 16-41-6-1, AS AMENDED BY P.L.129-2018,
 34 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2020]: Sec. 1. (a) As used in this section, "physician's
 36 authorized representative" means:

37 (1) an advanced practice registered nurse (as defined by
 38 IC 25-23-1-1(b)) who is operating in collaboration with a licensed
 39 physician; or

40 (2) an individual acting under the supervision of a licensed
 41 physician and within the individual's scope of employment.

42 (b) If A physician or the physician's authorized representative



1 ~~determines that it is medically necessary to conduct~~ **shall not order** an
 2 HIV test on an individual under the care of a physician ~~the physician,~~
 3 ~~or physician's authorized representative may order the test if unless~~ the
 4 physician or the physician's authorized representative **does the**
 5 **following:**

- 6 (1) Informs the patient of the test, **orally or in writing.**
 7 (2) Provides **the patient with** an explanation of the test **orally, in**
 8 **writing, by video, or by a combination of these methods. and**
 9 (3) Informs the patient of the patient's right to **ask questions and**
 10 **to refuse the test.**

11 Subject to subsection (d), if the patient refuses the test, the physician
 12 or the physician's authorized representative may not perform the test
 13 and shall document the patient's refusal in the patient's medical record.

14 (c) **Unless it is clearly not feasible, the information delivered to**
 15 **the patient who is to be tested under subsection (b) must be**
 16 **provided in the native language or other communication used by**
 17 **the patient. If the patient is unable to read written materials, the**
 18 **materials must be translated or read to the patient in a language**
 19 **the patient understands.**

20 (e) (d) After ordering an HIV test for a patient, the physician or the
 21 physician's authorized representative shall

- 22 (1) ~~discuss with the patient the availability of counseling~~
 23 ~~concerning the test results; and~~
 24 (2) notify the patient of the test results **and the availability of**
 25 **HIV and other blood borne disease prevention counseling.**

26 If a test conducted under this section indicates that a patient is HIV
 27 ~~infected,~~ **positive,** in addition to the requirements set forth in
 28 IC 16-41-2, the physician or the physician's authorized representative
 29 shall inform the patient of **the availability of counseling and of the**
 30 **treatment and referral options available to the patient.**

31 (d) (e) A physician or a physician's authorized representative may
 32 order an HIV test to be performed without informing the patient or the
 33 patient's representative (as defined in IC 16-36-1-2) of the test or
 34 regardless of the patient's or the patient's representative's refusal of the
 35 HIV test if any of the following conditions apply:

- 36 (1) If ordered by a physician, consent can be implied due to
 37 emergency circumstances and the test is medically necessary to
 38 diagnose or treat the patient's **emergent** condition.
 39 (2) Under a court order based on clear and convincing evidence
 40 of a serious and present health threat to others posed by an
 41 individual. A **patient shall be notified of the patient's right to:**
 42 (A) a hearing; and



- 1 **(B) counsel;**
 2 **before a hearing is** held under this subdivision. **Any hearing**
 3 **conducted under this subdivision** shall be held in camera at the
 4 request of the individual.
 5 (3) If the test is done on blood collected or tested anonymously as
 6 part of an epidemiologic survey under IC 16-41-2-3 or
 7 IC 16-41-17-10(a)(5).
 8 (4) The test is ordered under section 4 of this chapter.
 9 (5) The test is required or authorized under IC 11-10-3-2.5.
 10 (6) The individual upon whom the test will be performed is
 11 described in IC 16-41-8-6 or IC 16-41-10-2.5.
 12 (7) A court has ordered the individual to undergo testing for HIV
 13 under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(17).
 14 (8) Both of the following are met:
 15 (A) The individual is not capable of providing consent and an
 16 authorized representative of the individual is not immediately
 17 available to provide consent or refusal of the test.
 18 (B) A health care provider acting within the scope of the
 19 health care provider's employment comes into contact with the
 20 blood or body fluids of the individual in a manner that has
 21 been epidemiologically demonstrated to transmit HIV.
 22 (⌘) **(f)** The state department shall make HIV testing and treatment
 23 information from the federal Centers for Disease Control and
 24 Prevention available to health care providers.
 25 (⌘) **(g)** The state department may adopt rules under IC 4-22-2
 26 necessary to implement this section.
 27 SECTION 19. IC 16-41-6-2 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) As used in this
 29 section, "informed consent" means authorization for a physical
 30 examination, made without undue inducement or any form of force,
 31 fraud, constraint, deceit, duress, or coercion after the following:
 32 (1) A fair explanation of the examination, including the purpose,
 33 potential uses, limitations, and the fair meaning of the
 34 examination results.
 35 (2) A fair explanation of the procedures to be followed, including
 36 the following:
 37 (A) The voluntary nature of the examination.
 38 (B) The right to withdraw consent to the examination process
 39 at any time.
 40 (C) The right to anonymity to the extent provided by law with
 41 respect to participation in the examination and disclosure of
 42 examination results.



- 1 (D) The right to confidential treatment to the extent provided
 2 by law of information identifying the subject of the
 3 examination and the results of the examination.
- 4 (b) If the state health commissioner, the state health commissioner's
 5 legally authorized agent, or local health official has reasonable grounds
 6 to believe that an individual may have a communicable disease or other
 7 disease that ~~poses is a danger to~~ **serious health risk**, the state health
 8 commissioner, the state health commissioner's legally authorized agent,
 9 or local health officer may ask the individual for written informed
 10 consent to be examined to prevent the transmission of the disease to
 11 other individuals.
- 12 (c) If the individual, when requested, refuses such an examination,
 13 the state health commissioner, the state health commissioner's legally
 14 authorized agent, or local health officer may compel the examination
 15 only upon a court order based on clear and convincing evidence of a
 16 serious and present health threat to others posed by the individual.
- 17 (d) A hearing held under this section shall be held in camera at the
 18 request of the individual.
- 19 SECTION 20. IC 16-41-6-11 IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 11. (a) The state
 21 department shall adopt rules under IC 4-22-2 that include procedures:
 22 (1) to inform the woman of the test results under this chapter,
 23 whether they are positive or negative;
 24 (2) for explaining the side effects of any treatment for HIV if the
 25 test results under this chapter are positive; and
 26 (3) to establish a process for a woman who tests positive under
 27 this chapter to appeal the woman's status on a waiting list on a
 28 treatment program for which the woman is eligible. The rule
 29 must:
 30 (A) include a requirement that the state department make a
 31 determination in the process described in this subdivision not
 32 later than seventy-two (72) hours after the state department
 33 receives all the requested medical information; and
 34 (B) set forth the necessary medical information that must be
 35 provided to the state department and reviewed by the state
 36 department in the process described in this subdivision.
- 37 (b) The state department shall maintain rules under IC 4-22-2 that
 38 set forth standards to provide to women who are pregnant, before
 39 delivery, at delivery, and after delivery, information concerning HIV.
 40 The rules must include:
 41 (1) an explanation of the nature of AIDS and HIV;
 42 (2) information concerning discrimination and legal protections;



- 1 (3) information concerning the duty to notify persons at risk as
- 2 described in IC 16-41-7-1;
- 3 (4) information about risk behaviors for HIV transmission;
- 4 (5) information about the risk of transmission through breast
- 5 feeding;
- 6 (6) notification that if the woman chooses not to be tested for HIV
- 7 before delivery, at delivery the child will be tested subject to
- 8 section 4 of this chapter;
- 9 (7) procedures for obtaining informed, written consent for testing
- 10 under this chapter;
- 11 (8) procedures for post-test counseling by a health care provider
- 12 when the test results are communicated to the woman, whether
- 13 the results are positive or negative;
- 14 (9) procedures for referral for physical and emotional services if
- 15 the test results are positive;
- 16 (10) procedures for explaining the importance of immediate entry
- 17 into medical care if the test results are positive; and
- 18 (11) procedures for explaining that ~~giving birth by cesarean~~
- 19 ~~section may the use of antiretroviral drugs and other medical~~
- 20 ~~interventions~~ lessen the likelihood of ~~passing on transmitting~~
- 21 HIV to the child during childbirth. ~~especially when done in~~
- 22 ~~combination with medications, if the test results are positive.~~
- 23 SECTION 21. IC 16-41-7-1 IS AMENDED TO READ AS
- 24 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) This section
- 25 applies to the following ~~dangerous serious~~ communicable diseases:
- 26 (1) ~~Acquired immune deficiency syndrome (AIDS).~~
- 27 (2) ~~(1)~~ Human immunodeficiency virus (HIV).
- 28 (3) ~~(2)~~ Hepatitis B.
- 29 (b) As used in this section, "high risk activity" means sexual or
- 30 needle sharing contact that has been ~~demonstrated~~ epidemiologically
- 31 **demonstrated, as determined by the federal Centers for Disease**
- 32 **Control and Prevention, to bear a significant risk of transmit**
- 33 **transmitting a dangerous serious** communicable disease described in
- 34 subsection (a).
- 35 (c) As used in this section, "person at risk" means:
- 36 (1) past and present sexual or needle sharing partners who may
- 37 have engaged in high risk activity; or
- 38 (2) sexual or needle sharing partners before engaging in high risk
- 39 activity;
- 40 with ~~the carrier~~ **an individual with a communicable disease who has**
- 41 **of a dangerous serious** communicable disease described in subsection
- 42 (a).



1 (d) ~~Carriers~~ **Individuals with a communicable disease** who know
 2 of their status as a ~~carrier~~ **an individual with a communicable disease**
 3 **and have** of a ~~dangerous~~ **serious** communicable disease described in
 4 subsection (a) have a duty to ~~warn~~ **inform** or cause to be ~~warned~~
 5 **notified** by a third party a person at risk of the following:

6 (1) The ~~carrier's~~ **individual with a communicable disease's**
 7 disease status.

8 (2) The need to seek health care such as counseling and testing.

9 SECTION 22. IC 16-41-7-2 IS AMENDED TO READ AS
 10 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) ~~A carrier~~ **An**
 11 **individual with a communicable disease** is a "serious and present
 12 ~~danger~~ **risk** to the health of others" under the following conditions:

13 (1) The ~~carrier~~ **individual with a communicable disease** engages
 14 repeatedly in a behavior that has been demonstrated
 15 epidemiologically (as defined by rules adopted by the state
 16 department under IC 4-22-2) to transmit a ~~dangerous~~ **serious**
 17 communicable disease or that indicates a careless disregard for
 18 the transmission of the disease to others.

19 (2) The ~~carrier's~~ **individual with a communicable disease's** past
 20 behavior or statements indicate an imminent ~~danger~~ **risk** that the
 21 ~~carrier~~ **individual with a communicable disease** will engage in
 22 behavior that transmits a ~~dangerous~~ **serious** communicable
 23 disease to others.

24 (3) The ~~carrier~~ **individual with a communicable disease** has
 25 failed or refused to carry out the ~~carrier's~~ **individual with a**
 26 **communicable disease's** duty to ~~warn~~ **inform** under section 1 of
 27 this chapter.

28 (b) A person who has reasonable cause to believe that a person:

29 (1) is a serious and present ~~danger~~ **risk** to the health of others as
 30 described in subsection (a);

31 (2) has engaged in noncompliant behavior; or

32 (3) is suspected of being a person at risk (as described in section
 33 1 of this chapter);

34 may report that information to a health officer.

35 (c) A person who makes a report under subsection (b) in good faith
 36 is not subject to liability in a civil, an administrative, a disciplinary, or
 37 a criminal action.

38 (d) A person who knowingly or recklessly makes a false report
 39 under subsection (b) is civilly liable for actual damages suffered by a
 40 person reported on and for punitive damages.

41 SECTION 23. IC 16-41-7-3 IS AMENDED TO READ AS
 42 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) A licensed



1 physician who diagnoses, treats, or counsels a patient with a ~~dangerous~~
 2 **serious** communicable disease shall inform the patient of the patient's
 3 duty under section 1 of this chapter.

4 (b) A physician described in subsection (a) may notify the
 5 following:

6 (1) A health officer if the physician has reasonable cause to
 7 believe that a patient:

8 (A) is a serious and present ~~danger~~ **risk** to the health of others
 9 as described in section 2(a) of this chapter;

10 (B) has engaged in noncompliant behavior; or

11 (C) is suspected of being a person at risk (as defined in section
 12 1 of this chapter).

13 (2) A person at risk (as defined in section 1 of this chapter) or a
 14 person legally responsible for the patient if the physician:

15 (A) has medical verification that the patient is a ~~carrier~~;

16 **an individual with a communicable disease**;

17 (B) knows the identity of the person at risk;

18 (C) has a reasonable belief of a significant risk of harm to the
 19 identified person at risk;

20 (D) has reason to believe the identified person at risk has not
 21 been informed and will not be informed of the risk by the
 22 patient or another person; and

23 (E) has made reasonable efforts to inform the ~~carrier~~
 24 **individual with a communicable disease** of the physician's
 25 intent to make or cause the state department of health to make
 26 a disclosure to the person at risk.

27 (c) A physician who notifies a person at risk under this section shall
 28 do the following:

29 (1) Identify the ~~dangerous~~ **serious** communicable disease.

30 (2) Inform the person of available health care measures such as
 31 counseling and testing.

32 (d) A physician who in good faith provides notification under this
 33 section is not subject to liability in a civil, an administrative, a
 34 disciplinary, or a criminal action.

35 (e) A patient's privilege with respect to a physician under
 36 IC 34-46-3-1 is waived regarding:

37 (1) notification under subsection (b); and

38 (2) information provided about a patient's noncompliant behavior
 39 in an investigation or action under this chapter, IC 16-41-2,
 40 IC 16-41-3, IC 16-41-5, IC 16-41-6, IC 16-41-8, IC 16-41-9,
 41 IC 16-41-13, IC 16-41-14, and IC 16-41-16.

42 (f) A physician's immunity from liability under subsection (d)



1 applies only to the provision of information reasonably calculated to
 2 protect an identified person who is at epidemiological risk of infection.

3 (g) A physician who notifies a person under this section is also
 4 required to satisfy the reporting requirements under IC 16-41-2-2
 5 through IC 16-41-2-8.

6 SECTION 24. IC 16-41-7-4 IS AMENDED TO READ AS
 7 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) As used in this
 8 section, "person at risk" means an individual who in the best judgment
 9 of a licensed physician:

10 (1) has engaged in high risk activity (as defined in section 1 of
 11 this chapter); or

12 (2) is in imminent ~~danger risk~~ of engaging in high risk activity (as
 13 defined in section 1 of this chapter).

14 (b) If a health officer is notified in writing by a physician under
 15 section 3(b)(1)(A) of this chapter of a patient:

16 (1) for whom the physician has medical verification that the
 17 patient is a ~~carrier~~; **an individual with a communicable disease**;
 18 and

19 (2) who, in the best judgment of the physician, is a serious and
 20 present ~~danger risk~~ to the health of others;

21 the health officer shall make an investigation of the ~~carrier individual~~
 22 **with a communicable disease** as authorized in IC 16-41-5-2 to
 23 determine whether the environmental conditions surrounding the
 24 ~~carrier individual with a communicable disease~~ or the conduct of the
 25 ~~carrier individual with a communicable disease~~ requires the
 26 intervention by the health officer or designated health official to
 27 prevent the ~~spread transmission~~ of disease to others.

28 (c) If the state department is requested in writing by a physician who
 29 has complied with the requirements of section 3(b)(2) of this chapter
 30 to notify a person at risk, the state department shall notify the person
 31 at risk unless, in the opinion of the state department, the person at risk:

32 (1) has already been notified;

33 (2) will be notified; or

34 (3) will otherwise be made aware that the person is a person at
 35 risk.

36 (d) The state department shall establish a confidential registry of all
 37 persons submitting written requests under subsection (c).

38 (e) The state department shall adopt rules under IC 4-22-2 to
 39 implement this section. Local health officers may submit advisory
 40 guidelines to the state department to implement this chapter,
 41 IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9. The
 42 state department shall fully consider such advisory guidelines before



1 adopting a rule under IC 4-22-2-29 implementing this chapter,
2 IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9.

3 SECTION 25. IC 16-41-8-1, AS AMENDED BY P.L.218-2019,
4 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2020]: Sec. 1. (a) As used in this chapter, "potentially disease
6 transmitting offense" means any of the following:

7 (1) Battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3)
8 involving placing a bodily fluid or waste on another person.

9 (2) An offense relating to a criminal sexual act (as defined in
10 IC 35-31.5-2-216), if sexual intercourse or other sexual conduct
11 (as defined in IC 35-31.5-2-221.5) occurred.

12 The term includes an attempt to commit an offense, if sexual
13 intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5)
14 occurred, and a delinquent act that would be a crime if committed by
15 an adult.

16 (b) Except as provided in this chapter, a person may not disclose or
17 be compelled to disclose medical or epidemiological information
18 involving a communicable disease or other **serious** disease ~~that is a~~
19 ~~danger to health~~ (as set forth in the list published under IC 16-41-2-1).

20 This information may not be released or made public upon subpoena
21 or otherwise, except under the following circumstances:

22 (1) Release may be made of medical or epidemiologic information
23 for statistical purposes if done in a manner that does not identify
24 an individual.

25 (2) Release may be made of medical or epidemiologic information
26 with the written consent of all individuals identified in the
27 information released.

28 (3) Release may be made of medical or epidemiologic information
29 to the extent necessary to enforce public health laws, laws
30 described in IC 31-37-19-4 through IC 31-37-19-6, IC 31-37-19-9
31 through IC 31-37-19-10, IC 31-37-19-12 through IC 31-37-19-23,
32 IC 35-38-1-7.1, and IC 35-45-21-1 or to protect the health or life
33 of a named party.

34 (4) Release may be made of the medical information of a person
35 in accordance with this chapter.

36 (c) Except as provided in this chapter, a person responsible for
37 recording, reporting, or maintaining information required to be reported
38 under IC 16-41-2 who recklessly, knowingly, or intentionally discloses
39 or fails to protect medical or epidemiologic information classified as
40 confidential under this section commits a Class A misdemeanor.

41 (d) In addition to subsection (c), a public employee who violates this
42 section is subject to discharge or other disciplinary action under the



1 personnel rules of the agency that employs the employee.

2 (e) Release shall be made of the medical records concerning an
3 individual to:

- 4 (1) the individual;
5 (2) a person authorized in writing by the individual to receive the
6 medical records; or
7 (3) a coroner under IC 36-2-14-21.

8 (f) An individual may voluntarily disclose information about the
9 individual's communicable disease.

10 (g) The provisions of this section regarding confidentiality apply to
11 information obtained under IC 16-41-1 through IC 16-41-16.

12 SECTION 26. IC 16-41-8-5, AS AMENDED BY P.L.65-2016,
13 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2020]: Sec. 5. (a) This section does not apply to medical
15 testing of an individual for whom an indictment or information is filed
16 for a sex crime and for whom a request to have the individual tested
17 under section 6 of this chapter is filed.

18 (b) The following definitions apply throughout this section:

- 19 (1) "Bodily fluid" means blood, human waste, or any other bodily
20 fluid.
21 (2) ~~"Dangerous disease"~~ **"Serious disease"** means any of the
22 following:
23 (A) Chancroid.
24 (B) Chlamydia.
25 (C) Gonorrhea.
26 (D) Hepatitis.
27 (E) Human immunodeficiency virus (HIV).
28 (F) Lymphogranuloma venereum.
29 (G) Syphilis.
30 (H) Tuberculosis.

31 (3) "Offense involving the transmission of a bodily fluid" means
32 any offense (including a delinquent act that would be a crime if
33 committed by an adult) in which a bodily fluid is transmitted from
34 the defendant to the victim in connection with the commission of
35 the offense.

36 (c) This subsection applies only to a defendant who has been
37 charged with a potentially disease transmitting offense. At the request
38 of an alleged victim of the offense, the parent, guardian, or custodian
39 of an alleged victim who is less than eighteen (18) years of age, or the
40 parent, guardian, or custodian of an alleged victim who is an
41 endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney
42 shall petition a court to order a defendant charged with the commission



1 of a potentially disease transmitting offense to submit to a screening
 2 test to determine whether the defendant is infected with a ~~dangerous~~
 3 **serious** disease. In the petition, the prosecuting attorney must set forth
 4 information demonstrating that the defendant has committed a
 5 potentially disease transmitting offense. The court shall set the matter
 6 for hearing not later than forty-eight (48) hours after the prosecuting
 7 attorney files a petition under this subsection. The alleged victim, the
 8 parent, guardian, or custodian of an alleged victim who is less than
 9 eighteen (18) years of age, and the parent, guardian, or custodian of an
 10 alleged victim who is an endangered adult (as defined in IC 12-10-3-2)
 11 are entitled to receive notice of the hearing and are entitled to attend
 12 the hearing. The defendant and the defendant's counsel are entitled to
 13 receive notice of the hearing and are entitled to attend the hearing. If,
 14 following the hearing, the court finds probable cause to believe that the
 15 defendant has committed a potentially disease transmitting offense, the
 16 court may order the defendant to submit to a screening test for one (1)
 17 or more ~~dangerous~~ **serious** diseases. If the defendant is charged with
 18 battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving
 19 placing a bodily fluid or waste on another person, the court may limit
 20 testing under this subsection to a test only for human
 21 immunodeficiency virus (HIV). However, the court may order
 22 additional testing for human immunodeficiency virus (HIV) as may be
 23 medically appropriate. The court shall take actions to ensure the
 24 confidentiality of evidence introduced at the hearing.

25 (d) This subsection applies only to a defendant who has been
 26 charged with an offense involving the transmission of a bodily fluid. At
 27 the request of an alleged victim of the offense, the parent, guardian, or
 28 custodian of an alleged victim who is less than eighteen (18) years of
 29 age, or the parent, guardian, or custodian of an alleged victim who is
 30 an endangered adult (as defined in IC 12-10-3-2), the prosecuting
 31 attorney shall petition a court to order a defendant charged with the
 32 commission of an offense involving the transmission of a bodily fluid
 33 to submit to a screening test to determine whether the defendant is
 34 infected with a ~~dangerous~~ **serious** disease. In the petition, the
 35 prosecuting attorney must set forth information demonstrating that:

- 36 (1) the defendant has committed an offense; and
- 37 (2) a bodily fluid was transmitted from the defendant to the victim
 38 in connection with the commission of the offense.

39 The court shall set the matter for hearing not later than forty-eight (48)
 40 hours after the prosecuting attorney files a petition under this
 41 subsection. The alleged victim of the offense, the parent, guardian, or
 42 custodian of an alleged victim who is less than eighteen (18) years of



1 age, and the parent, guardian, or custodian of an alleged victim who is
 2 an endangered adult (as defined in IC 12-10-3-2) are entitled to receive
 3 notice of the hearing and are entitled to attend the hearing. The
 4 defendant and the defendant's counsel are entitled to receive notice of
 5 the hearing and are entitled to attend the hearing. If, following the
 6 hearing, the court finds probable cause to believe that the defendant has
 7 committed an offense and that a bodily fluid was transmitted from the
 8 defendant to the alleged victim in connection with the commission of
 9 the offense, the court may order the defendant to submit to a screening
 10 test for one (1) or more ~~dangerous~~ **serious** diseases. If the defendant is
 11 charged with battery (IC 35-42-2-1) or domestic battery
 12 (IC 35-42-2-1.3) involving placing bodily fluid or waste on another
 13 person, the court may limit testing under this subsection to a test only
 14 for human immunodeficiency virus (HIV). However, the court may
 15 order additional testing for human immunodeficiency virus (HIV) as
 16 may be medically appropriate. The court shall take actions to ensure
 17 the confidentiality of evidence introduced at the hearing.

18 (e) The testimonial privileges applying to communication between
 19 a husband and wife and between a health care provider and the health
 20 care provider's patient are not sufficient grounds for not testifying or
 21 providing other information at a hearing conducted in accordance with
 22 this section.

23 (f) A health care provider (as defined in IC 16-18-2-163) who
 24 discloses information that must be disclosed to comply with this
 25 section is immune from civil and criminal liability under Indiana
 26 statutes that protect patient privacy and confidentiality.

27 (g) The results of a screening test conducted under this section shall
 28 be kept confidential if the defendant ordered to submit to the screening
 29 test under this section has not been convicted of the potentially disease
 30 transmitting offense or offense involving the transmission of a bodily
 31 fluid with which the defendant is charged. The results may not be made
 32 available to any person or public or private agency other than the
 33 following:

- 34 (1) The defendant and the defendant's counsel.
- 35 (2) The prosecuting attorney.
- 36 (3) The department of correction or the penal facility, juvenile
 37 detention facility, or secure private facility where the defendant
 38 is housed.
- 39 (4) The alleged victim or the parent, guardian, or custodian of an
 40 alleged victim who is less than eighteen (18) years of age, or the
 41 parent, guardian, or custodian of an alleged victim who is an
 42 endangered adult (as defined in IC 12-10-3-2), and the alleged



- 1 victim's counsel.
- 2 The results of a screening test conducted under this section may not be
- 3 admitted against a defendant in a criminal proceeding or against a child
- 4 in a juvenile delinquency proceeding.
- 5 (h) As soon as practicable after a screening test ordered under this
- 6 section has been conducted, the alleged victim or the parent, guardian,
- 7 or custodian of an alleged victim who is less than eighteen (18) years
- 8 of age, or the parent, guardian, or custodian of an alleged victim who
- 9 is an endangered adult (as defined in IC 12-10-3-2), and the victim's
- 10 counsel shall be notified of the results of the test.
- 11 (i) An alleged victim may disclose the results of a screening test to
- 12 which a defendant is ordered to submit under this section to an
- 13 individual or organization to protect the health and safety of or to seek
- 14 compensation for:
- 15 (1) the alleged victim;
- 16 (2) the alleged victim's sexual partner; or
- 17 (3) the alleged victim's family.
- 18 (j) The court shall order a petition filed and any order entered under
- 19 this section sealed.
- 20 (k) A person that knowingly or intentionally:
- 21 (1) receives notification or disclosure of the results of a screening
- 22 test under this section; and
- 23 (2) discloses the results of the screening test in violation of this
- 24 section;
- 25 commits a Class B misdemeanor.
- 26 SECTION 27. IC 16-41-9-1.5, AS AMENDED BY P.L.109-2015,
- 27 SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 28 JULY 1, 2020]: Sec. 1.5. (a) If a public health authority has reason to
- 29 believe that:
- 30 (1) an individual:
- 31 (A) has been infected with; or
- 32 (B) has been exposed to;
- 33 a ~~dangerous~~ **serious** communicable disease or outbreak; and
- 34 (2) the individual is likely to cause the infection of an uninfected
- 35 individual if the individual is not restricted in the individual's
- 36 ability to come into contact with an uninfected individual;
- 37 the public health authority may petition a circuit or superior court for
- 38 an order imposing isolation or quarantine on the individual. A petition
- 39 for isolation or quarantine filed under this subsection must be verified
- 40 and include a brief description of the facts supporting the public health
- 41 authority's belief that isolation or quarantine should be imposed on an
- 42 individual, including a description of any efforts the public health



1 authority made to obtain the individual's voluntary compliance with
2 isolation or quarantine before filing the petition.

3 (b) Except as provided in subsections (e) and (k), an individual
4 described in subsection (a) is entitled to notice and an opportunity to
5 be heard, in person or by counsel, before a court issues an order
6 imposing isolation or quarantine. A court may restrict an individual's
7 right to appear in person if the court finds that the individual's personal
8 appearance is likely to expose an uninfected person to a ~~dangerous~~
9 **serious** communicable disease or outbreak.

10 (c) If an individual is restricted from appearing in person under
11 subsection (b), the court shall hold the hearing in a manner that allows
12 all parties to fully and safely participate in the proceedings under the
13 circumstances.

14 (d) If the public health authority proves by clear and convincing
15 evidence that:

16 (1) an individual has been infected or exposed to a ~~dangerous~~
17 **serious** communicable disease or outbreak; and

18 (2) the individual is likely to cause the infection of an uninfected
19 individual if the individual is not restricted in the individual's
20 ability to come into contact with an uninfected individual;

21 the court may issue an order imposing isolation or quarantine on the
22 individual. The court shall establish the conditions of isolation or
23 quarantine, including the duration of isolation or quarantine. The court
24 shall impose the least restrictive conditions of isolation or quarantine
25 that are consistent with the protection of the public.

26 (e) If the public health authority has reason to believe that an
27 individual described in subsection (a) is likely to expose an uninfected
28 individual to a ~~dangerous~~ **serious** communicable disease or outbreak
29 before the individual described in subsection (a) can be provided with
30 notice and an opportunity to be heard, the public health authority may
31 seek in a circuit or superior court an emergency order of quarantine or
32 isolation by filing a verified petition for emergency quarantine or
33 isolation. The verified petition must include a brief description of the
34 facts supporting the public health authority's belief that:

35 (1) isolation or quarantine should be imposed on an individual;
36 and

37 (2) the individual described in subsection (a) may expose an
38 uninfected individual to a ~~dangerous~~ **serious** communicable
39 disease or outbreak before the individual described in subsection

40 (a) can be provided with notice and an opportunity to be heard.

41 The verified petition must include a description of any efforts the
42 public health authority made to obtain the individual's voluntary



1 compliance with isolation or quarantine before filing the petition.

2 (f) If the public health authority proves by clear and convincing
3 evidence that:

4 (1) an individual has been infected or exposed to a ~~dangerous~~
5 **serious** communicable disease or outbreak;

6 (2) the individual is likely to cause the infection of an uninfected
7 individual if the individual is not restricted in the individual's
8 ability to come into contact with an uninfected individual; and

9 (3) the individual may expose an uninfected individual to a
10 ~~dangerous~~ **serious** communicable disease or outbreak before the
11 individual can be provided with notice and an opportunity to be
12 heard;

13 the court may issue an emergency order imposing isolation or
14 quarantine on the individual. The court shall establish the duration and
15 other conditions of isolation or quarantine. The court shall impose the
16 least restrictive conditions of isolation or quarantine that are consistent
17 with the protection of the public.

18 (g) A court may issue an emergency order of isolation or quarantine
19 without the verified petition required under subsection (e) if the court
20 receives sworn testimony of the same facts required in the verified
21 petition:

22 (1) in a nonadversarial, recorded hearing before the judge;

23 (2) orally by telephone or radio;

24 (3) in writing by facsimile transmission (fax); or

25 (4) through other electronic means approved by the court.

26 If the court agrees to issue an emergency order of isolation or
27 quarantine based upon information received under subdivision (2), the
28 court shall direct the public health authority to sign the judge's name
29 and to write the time and date of issuance on the proposed emergency
30 order. If the court agrees to issue an emergency order of isolation or
31 quarantine based upon information received under subdivision (3), the
32 court shall direct the public health authority to transmit a proposed
33 emergency order to the court, which the court shall sign, add the date
34 of issuance, and transmit back to the public health authority. A court
35 may modify the conditions of a proposed emergency order.

36 (h) If an emergency order of isolation or quarantine is issued under
37 subsection (g)(2), the court shall record the conversation on audiotape
38 and order the court reporter to type or transcribe the recording for entry
39 in the record. The court shall certify the audiotape, the transcription,
40 and the order retained by the judge for entry in the record.

41 (i) If an emergency order of isolation or quarantine is issued under
42 subsection (g)(3), the court shall order the court reporter to retype or



1 copy the facsimile transmission for entry in the record. The court shall
 2 certify the transcription or copy and order retained by the judge for
 3 entry in the record.

4 (j) The clerk shall notify the public health authority who received an
 5 emergency order under subsection (g)(2) or (g)(3) when the
 6 transcription or copy required under this section is entered in the
 7 record. The public health authority shall sign the typed, transcribed, or
 8 copied entry upon receiving notice from the court reporter.

9 (k) The public health authority may issue an immediate order
 10 imposing isolation or quarantine on an individual if exigent
 11 circumstances, including the number of affected individuals, exist that
 12 make it impracticable for the public health authority to seek an order
 13 from a court, and obtaining the individual's voluntary compliance is or
 14 has proven impracticable or ineffective. An immediate order of
 15 isolation or quarantine expires after seventy-two (72) hours, excluding
 16 Saturdays, Sundays, and legal holidays, unless renewed in accordance
 17 with subsection (l). The public health authority shall establish the other
 18 conditions of isolation or quarantine. The public health authority shall
 19 impose the least restrictive conditions of isolation or quarantine that are
 20 consistent with the protection of the public. If the immediate order
 21 applies to a group of individuals and it is impracticable to provide
 22 individual notice, the public health authority shall post a copy of the
 23 order where it is likely to be seen by individuals subject to the order.

24 (l) The public health authority may seek to renew an order of
 25 isolation or quarantine or an immediate order of isolation or quarantine
 26 issued under this section by doing the following:

27 (1) By filing a petition to renew the emergency order of isolation
 28 or quarantine or the immediate order of isolation or quarantine
 29 with:

30 (A) the court that granted the emergency order of isolation or
 31 quarantine; or

32 (B) a circuit or superior court, in the case of an immediate
 33 order.

34 The petition for renewal must include a brief description of the
 35 facts supporting the public health authority's belief that the
 36 individual who is the subject of the petition should remain in
 37 isolation or quarantine and a description of any efforts the public
 38 health authority made to obtain the individual's voluntary
 39 compliance with isolation or quarantine before filing the petition.

40 (2) By providing the individual who is the subject of the
 41 emergency order of isolation or quarantine or the immediate order
 42 of isolation or quarantine with a copy of the petition and notice of



- 1 the hearing at least twenty-four (24) hours before the time of the
 2 hearing.
- 3 (3) By informing the individual who is the subject of the
 4 emergency order of isolation or quarantine or the immediate order
 5 of isolation or quarantine that the individual has the right to:
- 6 (A) appear, unless the court finds that the individual's personal
 7 appearance may expose an uninfected person to a ~~dangerous~~
 8 **serious** communicable disease or outbreak;
- 9 (B) cross-examine witnesses; and
- 10 (C) counsel, including court appointed counsel in accordance
 11 with subsection (c).
- 12 (4) If:
- 13 (A) the petition applies to a group of individuals; and
- 14 (B) it is impracticable to provide individual notice;
 15 by posting the petition in a conspicuous location on the isolation
 16 or quarantine premises.
- 17 (m) If the public health authority proves by clear and convincing
 18 evidence at a hearing under subsection (l) that:
- 19 (1) an individual has been infected or exposed to a ~~dangerous~~
 20 **serious** communicable disease or outbreak; and
- 21 (2) the individual is likely to cause the infection of an uninfected
 22 individual if the individual is not restricted in the individual's
 23 ability to come into contact with an uninfected individual;
- 24 the court may renew the existing order of isolation or quarantine or
 25 issue a new order imposing isolation or quarantine on the individual.
 26 The court shall establish the conditions of isolation or quarantine,
 27 including the duration of isolation or quarantine. The court shall
 28 impose the least restrictive conditions of isolation or quarantine that are
 29 consistent with the protection of the public.
- 30 (n) Unless otherwise provided by law, a petition for isolation or
 31 quarantine, or a petition to renew an immediate order for isolation or
 32 quarantine, may be filed in a circuit or superior court in any county.
 33 Preferred venue for a petition described in this subsection is:
- 34 (1) the county or counties (if the area of isolation or quarantine
 35 includes more than one (1) county) where the individual,
 36 premises, or location to be isolated or quarantined is located; or
- 37 (2) a county adjacent to the county or counties (if the area of
 38 isolation or quarantine includes more than one (1) county) where
 39 the individual, premises, or location to be isolated or quarantined
 40 is located.
- 41 This subsection does not preclude a change of venue for good cause
 42 shown.



1 (o) Upon the motion of any party, or upon its own motion, a court
2 may consolidate cases for a hearing under this section if:

- 3 (1) the number of individuals who may be subject to isolation or
4 quarantine, or who are subject to isolation or quarantine, is so
5 large as to render individual participation impractical;
6 (2) the law and the facts concerning the individuals are similar;
7 and
8 (3) the individuals have similar rights at issue.

9 A court may appoint an attorney to represent a group of similarly
10 situated individuals if the individuals can be adequately represented.
11 An individual may retain his or her own counsel or proceed pro se.

12 (p) A public health authority that imposes a quarantine that is not in
13 the person's home:

- 14 (1) shall allow the parent or guardian of a child who is
15 quarantined under this section; and
16 (2) may allow an adult;

17 to remain with the quarantined individual in quarantine. As a condition
18 of remaining with the quarantined individual, the public health
19 authority may require a person described in subdivision (2) who has not
20 been exposed to a ~~dangerous~~ **serious** communicable disease to receive
21 an immunization or treatment for the disease or condition, if an
22 immunization or treatment is available and if requiring immunization
23 or treatment does not violate a constitutional right.

24 (q) If an individual who is quarantined under this section is the sole
25 parent or guardian of one (1) or more children who are not quarantined,
26 the child or children shall be placed in the residence of a relative,
27 friend, or neighbor of the quarantined individual until the quarantine
28 period has expired. Placement under this subsection must be in
29 accordance with the directives of the parent or guardian, if possible.

30 (r) State and local law enforcement agencies shall cooperate with
31 the public health authority in enforcing an order of isolation or
32 quarantine.

33 (s) The court shall appoint an attorney to represent an indigent
34 individual in an action brought under this chapter or under IC 16-41-6.
35 If funds to pay for the court appointed attorney are not available from
36 any other source, the state department may use the proceeds of a grant
37 or loan to reimburse the county, state, or attorney for the costs of
38 representation.

39 (t) A person who knowingly or intentionally violates a condition of
40 isolation or quarantine under this chapter commits violating quarantine
41 or isolation, a Class A misdemeanor.

42 (u) The state department shall adopt rules under IC 4-22-2 to



1 implement this section, including rules to establish guidelines for:

- 2 (1) voluntary compliance with isolation and quarantine;
 3 (2) quarantine locations and logistical support; and
 4 (3) moving individuals to and from a quarantine location.

5 The absence of rules adopted under this subsection does not preclude
 6 the public health authority from implementing any provision of this
 7 section.

8 SECTION 28. IC 16-41-9-1.7, AS ADDED BY P.L.138-2006,
 9 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2020]: Sec. 1.7. (a) An immunization program established by
 11 a public health authority to combat a public health emergency
 12 involving a ~~dangerous~~ **serious** communicable disease must comply
 13 with the following:

- 14 (1) The state department must develop and distribute or post
 15 information concerning the risks and benefits of immunization.
 16 (2) No person may be required to receive an immunization
 17 without that person's consent. No child may be required to receive
 18 an immunization without the consent of the child's parent,
 19 guardian, or custodian. The state department may implement the
 20 procedures described in section 1.5 of this chapter concerning a
 21 person who refuses to receive an immunization or the child of a
 22 parent, guardian, or custodian who refuses to consent to the child
 23 receiving an immunization.

24 (b) The state department shall adopt rules to implement this section.
 25 The absence of rules adopted under this subsection does not preclude
 26 the public health authority from implementing any provision of this
 27 section.

28 SECTION 29. IC 16-41-9-3 IS AMENDED TO READ AS
 29 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) The local health
 30 officer may exclude from school a student who has a ~~dangerous~~ **serious**
 31 communicable disease that:

- 32 (1) is transmissible through normal school contacts; and
 33 (2) poses a substantial threat to the health and safety of the school
 34 community.

35 (b) If the local health officer subsequently determines that a student
 36 who has been excluded from school under subsection (a) does not have
 37 a ~~dangerous~~ **serious** communicable disease that:

- 38 (1) is transmissible through normal school contacts; and
 39 (2) poses a substantial threat to the health and safety of the school
 40 community;

41 the local health officer shall issue a certificate of health to admit or
 42 readmit the student to school.



1 (c) A person who objects to the determination made by the local
 2 health officer under this section may appeal to the executive board of
 3 the state department, which is the ultimate authority. IC 4-21.5 applies
 4 to proceedings under this section.

5 SECTION 30. IC 16-41-9-5 IS AMENDED TO READ AS
 6 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) If a designated
 7 health official determines that a ~~carrier~~ **an individual with a**
 8 **communicable disease** has a ~~dangerous~~ **serious** communicable disease
 9 and has reasonable grounds to believe that the ~~carrier~~ **individual with**
 10 **a communicable disease** is mentally ill and either dangerous or
 11 gravely disabled, the designated health official may request:

12 (1) immediate detention under IC 12-26-4; or

13 (2) emergency detention under IC 12-26-5;

14 for the purpose of having the ~~carrier~~ **individual with a communicable**
 15 **disease** apprehended, detained, and examined. The designated health
 16 official may provide to the superintendent of the psychiatric hospital or
 17 center or the attending physician information about the ~~carrier's~~
 18 communicable disease status **of the individual with a communicable**
 19 **disease**. Communications under this subsection do not constitute a
 20 breach of confidentiality.

21 (b) If the written report required under IC 12-26-5-5 states there is
 22 probable cause to believe the ~~carrier~~ **individual with a communicable**
 23 **disease** is mentally ill and either dangerous or gravely disabled and
 24 requires continuing care and treatment, proceedings may continue
 25 under IC 12-26.

26 (c) If the written report required under IC 12-26-5-5 states there is
 27 not probable cause to believe the ~~carrier~~ **individual with a**
 28 **communicable disease** is mentally ill and either dangerous or gravely
 29 disabled and requires continuing care and treatment, the ~~carrier~~
 30 **individual with a communicable disease** shall be referred to the
 31 designated health official who may take action under this article.

32 SECTION 31. IC 16-41-9-6 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. (a) The chief medical
 34 officer of a hospital or other institutional facility may direct that a
 35 ~~carrier~~ **an individual with a communicable disease** detained under
 36 this article be placed apart from the others and restrained from leaving
 37 the facility. ~~A carrier~~ **An individual with a communicable disease**
 38 detained under this article shall observe all the rules of the facility or
 39 is subject to further action before the committing court.

40 (b) ~~A carrier~~ **An individual with a communicable disease** detained
 41 under this article who leaves a tuberculosis hospital or other
 42 institutional facility without being authorized to leave or who fails to



1 return from an authorized leave without having been formally
2 discharged is considered absent without leave.

3 (c) The sheriff of the county in which ~~a carrier~~ **an individual with**
4 **a communicable disease** referred to in subsection (b) is found shall
5 apprehend the ~~carrier individual with a communicable disease~~ and
6 return the ~~carrier individual with a communicable disease~~ to the
7 facility at which the ~~carrier individual with a communicable disease~~
8 was being detained upon written request of the superintendent of the
9 facility. Expenses incurred under this section are treated as expenses
10 described in section 13 of this chapter.

11 SECTION 32. IC 16-41-9-7 IS AMENDED TO READ AS
12 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) ~~A carrier~~ **An**
13 **individual with a communicable disease** who:

14 (1) poses a serious and present ~~danger~~ **risk** to the health of others;
15 (2) has been voluntarily admitted to a hospital or other facility for
16 the treatment of tuberculosis or another ~~dangerous~~ **serious**
17 communicable disease; and
18 (3) who leaves the facility without authorized leave or against
19 medical advice or who fails to return from authorized leave;
20 shall be reported to a health officer by the facility not more than
21 twenty-four (24) hours after discovery of the ~~carrier's individual with~~
22 **a communicable disease's** absence.

23 (b) If a health officer fails or refuses to institute or complete
24 necessary legal measures to prevent a health threat (as defined in
25 IC 16-41-7-2) by the ~~carrier,~~ **individual with a communicable**
26 **disease**, the case shall be referred to a designated health official for
27 appropriate action under this article.

28 SECTION 33. IC 16-41-9-8, AS AMENDED BY P.L.1-2007,
29 SECTION 139, IS AMENDED TO READ AS FOLLOWS
30 [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) A local health officer may file
31 a report with the court that states that ~~a carrier~~ **an individual with a**
32 **communicable disease** who has been detained under this article may
33 be discharged without danger to the health or life of others.

34 (b) The court may enter an order of release based on information
35 presented by the local health officer or other sources.

36 SECTION 34. IC 16-41-9-9 IS AMENDED TO READ AS
37 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. (a) Not more than
38 thirty (30) days after the proposed release from a state penal institution
39 of a prisoner who is known to have:

40 (1) tuberculosis in a communicable stage; or
41 (2) ~~other dangerous~~ **another serious** communicable disease;
42 the chief administrative officer of the penal institution shall report to



1 the state department the name, address, age, sex, and date of release of
2 the prisoner.

3 (b) The state department shall provide the information furnished the
4 state department under subsection (a) to the health officer having
5 jurisdiction over the prisoner's destination address.

6 (c) Each health officer where the prisoner may be found has
7 jurisdiction over the released prisoner.

8 SECTION 35. IC 16-41-9-10 IS AMENDED TO READ AS
9 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. (a) The
10 administrator of a hospital or other facility for the treatment of
11 tuberculosis or other ~~dangerous~~ **serious** communicable disease may
12 transfer or authorize the transfer of a nonresident indigent ~~carrier~~
13 **individual with a communicable disease** to the ~~carrier's~~ state or
14 county of legal residence **of the individual with a communicable**
15 **disease** if the ~~carrier individual with a communicable disease~~ is able
16 to travel. If the ~~carrier individual with a communicable disease~~ is
17 unable to travel, the administrator may have the ~~carrier individual with~~
18 **a communicable disease** hospitalized until the ~~carrier individual with~~
19 **a communicable disease** is able to travel.

20 (b) Costs for the travel and hospitalization authorized by this section
21 shall be paid by the:

- 22 (1) ~~carrier individual with a communicable disease~~ under
23 section 13 of this chapter; or
- 24 (2) state department if the ~~carrier individual with a~~
25 **communicable disease** cannot pay the full cost.

26 SECTION 36. IC 16-41-9-12 IS AMENDED TO READ AS
27 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 12. (a) The
28 superintendent or the chief executive officer of the facility to which a
29 ~~carrier an individual with a communicable disease~~ has been ordered
30 under this chapter may decline to admit a patient if the superintendent
31 or chief executive officer determines that there is not available
32 adequate space, treatment staff, or treatment facilities appropriate to
33 the needs of the patient.

34 (b) The state department may commence an action under
35 IC 4-21.5-3-6 or IC 4-21.5-4 for issuance of an order of compliance and
36 a civil penalty not to exceed one thousand dollars (\$1,000) per
37 violation per day against a person who:

- 38 (1) fails to comply with IC 16-41-1 through IC 16-41-3,
39 IC 16-41-5 through IC 16-41-9, IC 16-41-13, IC 16-41-14, or
40 IC 16-41-16 or a rule adopted under these chapters; or
- 41 (2) interferes with or obstructs the state department or the state
42 department's designated agent in the performance of official



1 duties under IC 16-41-1 through IC 16-41-3, IC 16-41-5 through
 2 IC 16-41-9, IC 16-41-13, IC 16-41-14, or IC 16-41-16 or a rule
 3 adopted under these chapters.

4 (c) The state department may commence an action against a facility
 5 licensed by the state department under either subsection (b) or the
 6 licensure statute for that facility, but the state department may not bring
 7 an action arising out of one (1) incident under both statutes.

8 SECTION 37. IC 16-41-9-13, AS AMENDED BY P.L.138-2006,
 9 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2020]: Sec. 13. (a) The court shall determine what part of the
 11 cost of care or treatment ordered by the court, if any, the **carrier**
 12 **individual with a communicable disease** can pay and whether there
 13 are other available sources of public or private funding responsible for
 14 payment of the **carrier's individual's** care or treatment. The **carrier**
 15 **individual with a communicable disease** shall provide the court
 16 documents and other information necessary to determine financial
 17 ability. If the **carrier individual with a communicable disease** cannot
 18 pay the full cost of care and other sources of public or private funding
 19 responsible for payment of the **carrier's individual's** care or treatment
 20 are not available, the county is responsible for the cost. If the **carrier:**
 21 **individual with a communicable disease:**

22 (1) provides inaccurate or misleading information; or

23 (2) later becomes able to pay the full cost of care;

24 the **carrier individual with a communicable disease** becomes liable
 25 to the county for costs paid by the county.

26 (b) Except as provided in subsections (c) and (d), the costs incurred
 27 by the county under this chapter are limited to the costs incurred under
 28 section 1.5 of this chapter.

29 (c) However, subsection (b) does not relieve the county of the
 30 responsibility for the costs of a **carrier an individual with a**
 31 **communicable disease** who is ordered by the court under this chapter
 32 to a county facility.

33 (d) Costs, other than costs described in subsections (b) and (c) that
 34 are incurred by the county for care ordered by the court under this
 35 chapter, shall be reimbursed by the state under IC 16-21-7 to the extent
 36 funds have been appropriated for reimbursement.

37 SECTION 38. IC 16-41-9-15, AS ADDED BY P.L.16-2009,
 38 SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 JULY 1, 2020]: Sec. 15. In carrying out its duties under this chapter, a
 40 public health authority shall attempt to seek the cooperation of cases,
 41 **carriers, individuals with a communicable disease**, contacts, or
 42 suspect cases to implement the least restrictive but medically necessary



1 procedures to protect the public health.

2 SECTION 39. IC 16-41-10-2, AS AMENDED BY P.L.131-2018,
3 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2020]: Sec. 2. (a) This section applies to the following:

5 (1) An emergency medical services provider who is exposed to
6 blood and body fluids while providing emergency medical
7 services to a patient.

8 (2) A law enforcement officer who is exposed to blood and body
9 fluids while performing the law enforcement officer's official
10 duties.

11 (b) An emergency medical services provider or a law enforcement
12 officer may request notification concerning exposure to a ~~dangerous~~
13 **serious** communicable disease under this chapter if the exposure is of
14 a type that has been demonstrated epidemiologically to transmit a
15 ~~dangerous serious~~ communicable disease.

16 (c) If an emergency medical services provider or a law enforcement
17 officer desires to be notified of results of testing following a possible
18 exposure to a ~~dangerous serious~~ communicable disease under this
19 chapter, the emergency medical services provider or law enforcement
20 officer shall notify the emergency medical services provider's or law
21 enforcement officer's employer not more than twenty-four (24) hours
22 after the emergency medical services provider or law enforcement
23 officer is exposed on a form that is prescribed by the state department
24 and the Indiana emergency medical services commission.

25 (d) The emergency medical services provider or law enforcement
26 officer shall distribute a copy of the completed form required under
27 subsection (c) to the following:

28 (1) If applicable, the medical director of the emergency
29 department of the medical facility:

30 (A) to which the patient was admitted following the exposure;
31 or

32 (B) in which the patient was located at the time of the
33 exposure.

34 (2) The emergency medical services provider's or law
35 enforcement officer's employer.

36 (3) The state department.

37 SECTION 40. IC 16-41-10-2.5, AS AMENDED BY P.L.224-2019,
38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
39 JULY 1, 2020]: Sec. 2.5. (a) A patient (including a patient who is
40 unable to consent due to physical or mental incapacity) to whose blood
41 or body fluids an emergency medical services provider or a law
42 enforcement officer is exposed as described in section 2 of this chapter



1 is considered to have consented to:

- 2 (1) testing for the presence of a ~~dangerous~~ **serious** communicable
 3 disease of a type that has been epidemiologically demonstrated to
 4 be transmittable by an exposure of the kind experienced by the
 5 emergency medical services provider or law enforcement officer;
 6 and
 7 (2) release of the testing results to a medical director or physician
 8 described in section 3 of this chapter.

9 The medical director or physician shall notify the emergency medical
 10 services provider or law enforcement officer of the test results.

11 (b) If a patient described in subsection (a) refuses to provide a blood
 12 or body fluid specimen for testing for a ~~dangerous~~ **serious**
 13 communicable disease, the exposed emergency medical services
 14 provider or law enforcement officer, the exposed emergency medical
 15 services provider's or law enforcement officer's employer, or the state
 16 department may petition the circuit or superior court having
 17 jurisdiction in the county:

- 18 (1) of the patient's residence; or
 19 (2) where the employer of the exposed emergency medical
 20 services provider or law enforcement officer has the employer's
 21 principal office;

22 for an order requiring that the patient provide a blood or body fluid
 23 specimen, including an emergency order for a blood or body fluid
 24 specimen under section 2.6 of this chapter.

25 (c) If a patient described in subsection (a) refuses to provide a blood
 26 or body fluid specimen for testing for a dangerous communicable
 27 disease, and that patient is a witness, bystander, or victim of alleged
 28 criminal activity (IC 35-31.5-2-73), the exposed emergency medical
 29 services provider or law enforcement officer, the exposed emergency
 30 medical services provider's or law enforcement officer's employer, or
 31 the state department may submit the form described in section 2 of this
 32 chapter to the medical director or physician of a hospital licensed under
 33 IC 16-21-2, IC 16-22-2, or IC 16-23-1. The medical director or
 34 physician described in this section shall notify the emergency medical
 35 services provider or law enforcement officer of the test results not more
 36 than forty-eight (48) hours after the medical director or physician
 37 receives the test results.

38 SECTION 41. IC 16-41-10-3, AS AMENDED BY P.L.131-2018,
 39 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2020]: Sec. 3. (a) Except as provided in subsection (b), if a
 41 patient to whose blood or body fluids an emergency medical services
 42 provider or a law enforcement officer is exposed as described in section



- 1 2 of this chapter:
- 2 (1) is admitted to a medical facility following the exposure or is
- 3 located in a medical facility at the time of the exposure, a
- 4 physician designated by the medical facility shall, not more than
- 5 seventy-two (72) hours after the medical facility is notified under
- 6 section 2 of this chapter:
- 7 (A) cause a blood or body fluid specimen to be obtained from
- 8 the patient and testing to be performed for a ~~dangerous~~ **serious**
- 9 communicable disease of a type that has been
- 10 epidemiologically demonstrated to be transmittable by an
- 11 exposure of the kind experienced by the emergency medical
- 12 services provider or law enforcement officer; and
- 13 (B) notify the medical director of the emergency medical
- 14 services provider's employer or a physician as designated
- 15 under subsection (b) or (c); or
- 16 (2) is not described in subdivision (1), the exposed emergency
- 17 medical services provider or law enforcement officer, the exposed
- 18 emergency medical services provider's or law enforcement
- 19 officer's employer, or the state department may:
- 20 (A) arrange for testing of the patient as soon as possible; or
- 21 (B) petition the circuit or superior court having jurisdiction in
- 22 the county of the patient's residence or where the employer of
- 23 the exposed emergency medical services provider or law
- 24 enforcement officer has the employer's principal office for an
- 25 order requiring that the patient provide a blood or body fluid
- 26 specimen.
- 27 (b) An emergency medical services provider may, on the form
- 28 described in section 2 of this chapter, designate a physician other than
- 29 the medical director of the emergency medical services provider's
- 30 employer to receive the test results.
- 31 (c) A law enforcement officer shall, on the form described in section
- 32 2 of this chapter, designate a physician to receive the test results.
- 33 (d) The medical director or physician described in this section shall
- 34 notify the emergency medical services provider or law enforcement
- 35 officer of the test results not more than forty-eight (48) hours after the
- 36 medical director or physician receives the test results.
- 37 SECTION 42. IC 16-41-10-3.5 IS AMENDED TO READ AS
- 38 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3.5. (a) A medical
- 39 facility may not physically restrain a patient described in section 2.5 of
- 40 this chapter in order to test the patient for the presence of a ~~dangerous~~
- 41 **serious** communicable disease.
- 42 (b) Nothing in this chapter prohibits a patient from being discharged



1 from a medical facility before:

- 2 (1) a test is performed under section 2.5 or 3 of this chapter; or
 3 (2) the results of a test are released under section 3 of this chapter.

4 (c) A provider or a facility that tests a patient for the presence of a
 5 ~~dangerous serious~~ communicable disease under section 2.5 or ~~section~~
 6 3 of this chapter is immune from liability for the performance of the
 7 test over the patient's objection or without the patient's consent.
 8 However, this subsection does not apply to an act or omission that
 9 constitutes gross negligence or willful or wanton misconduct.

10 SECTION 43. IC 16-41-10-4, AS AMENDED BY P.L.131-2018,
 11 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2020]: Sec. 4. (a) A medical director or physician notified
 13 under section 3 of this chapter shall, not more than forty-eight (48)
 14 hours after receiving the notification under section 3 of this chapter,
 15 contact the emergency medical services provider or law enforcement
 16 officer described in section 2 of this chapter to do the following:

- 17 (1) Explain, without disclosing information about the patient, the
 18 ~~dangerous serious~~ communicable disease to which the emergency
 19 medical services provider or law enforcement officer was
 20 exposed.
 21 (2) Provide for any medically necessary treatment and counseling
 22 to the emergency medical services provider or law enforcement
 23 officer.

24 (b) Expenses of testing or treatment and counseling are the
 25 responsibility of the emergency medical services provider or the
 26 provider's or law enforcement officer's employer.

27 SECTION 44. IC 16-41-11-3 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. As used in this
 29 chapter, "universal precautions" means procedures specified by rule
 30 adopted by the state department under IC 4-22-2 that are used to
 31 prevent the transmission of ~~dangerous serious~~ communicable diseases
 32 ~~including acquired immune deficiency syndrome (AIDS)~~; through
 33 blood or other body fluids.

34 SECTION 45. IC 16-41-13-1 IS AMENDED TO READ AS
 35 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The attending
 36 physician or health care provider shall prepare and attach to the body
 37 of a deceased individual a conspicuous notice with the statement:
 38 "Observe Body Fluid Precautions" whenever the physician or provider
 39 knows that at least one (1) of the following disease processes was
 40 present in the deceased at the time of death:

- 41 (1) Hepatitis (Types B ~~non A; non B~~) and C).
 42 (2) Human immunodeficiency virus (HIV) infection. (~~acquired~~)



- 1 immune deficiency syndrome and AIDS related complex);
 2 (3) Tuberculosis.
 3 (4) Herpes.
 4 (5) Gonorrhea.
 5 (6) Syphilis (primary and secondary).
 6 (7) Burkett's lymphoma.
 7 (8) Kaposi's sarcoma.
 8 (9) Arthropod-borne viral diseases.
 9 (10) Babesiosis.
 10 (11) Creutzfeldt-Jakob disease.
 11 (12) Leptospirosis.
 12 (13) Malaria.
 13 (14) Rat-bite fever.
 14 (15) Relapsing fever.
 15 (16) Y. Pestis.
 16 (17) Hemorrhagic fevers.
 17 (18) Rabies.
 18 (19) Any other communicable disease (as defined in IC 16-41-2).
 19 (b) The notice required in this chapter must accompany the body
 20 when the body is picked up for disposition.
 21 SECTION 46. IC 16-41-14-8 IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. **(a) Except as**
 23 **provided in subsection (b)**, a practitioner shall dispose of a donation
 24 of semen after a confirmatory test indicates the presence of the HIV
 25 antibody. The disposal must be made according to the rules concerning
 26 the disposal of infectious waste.
 27 **(b) Subsection (a) does not apply to a donation of semen that:**
 28 **(1) indicates the presence of the HIV antibody; and**
 29 **(2) is used according to safer conception practices endorsed**
 30 **by the federal Centers for Disease Control and Prevention or**
 31 **other generally accepted medical experts.**
 32 SECTION 47. IC 16-41-16-4, AS AMENDED BY P.L.218-2019,
 33 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 34 JULY 1, 2020]: Sec. 4. (a) Except as provided in subsections (c) and
 35 (d), as used in this chapter, "infectious waste" means waste that
 36 epidemiologic evidence indicates is capable of transmitting a
 37 ~~dangerous~~ **serious** communicable disease (as set forth in the list
 38 published under IC 16-41-2-1).
 39 (b) The term includes the following:
 40 (1) Pathological wastes.
 41 (2) Biological cultures and associated biologicals.
 42 (3) Contaminated sharps.



- 1 (4) Infectious agent stock and associated biologicals.
 2 (5) Blood and blood products in liquid or semiliquid form.
 3 (6) Laboratory animal carcasses, body parts, and bedding.
 4 (7) Wastes (as described under section 8 of this chapter).
 5 (c) "Infectious waste", as the term applies to a:
 6 (1) home health agency; or
 7 (2) hospice service delivered in the home of a hospice patient;
 8 includes only contaminated sharps.
 9 (d) The term does not include an aborted fetus or a miscarried fetus.
 10 SECTION 48. IC 16-51 IS ADDED TO THE INDIANA CODE AS
 11 A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 12 2020]:
 13 **ARTICLE 51. SUICIDE AND OVERDOSE FATALITY**
 14 **REVIEW TEAMS**
 15 **Chapter 1. Definitions**
 16 **Sec. 1. The definitions in this chapter apply throughout this**
 17 **article.**
 18 **Sec. 2. As used in this chapter, "SOFR team" refers to:**
 19 (1) a county SOFR team; or
 20 (2) a regional SOFR team formed by multiple counties;
 21 established under IC 16-51-2-1.
 22 **Sec. 3. As used in this chapter, "SOFR" means suicide and**
 23 **overdose fatality review.**
 24 **Chapter 2. Suicide and Overdose Fatality Review Teams**
 25 **Sec. 1. (a) A:**
 26 (1) local health department; or
 27 (2) person or entity approved by the state department;
 28 may establish through a written agreement a SOFR team to review
 29 suicides and overdose fatalities for the purpose of gathering
 30 information concerning suicides and overdose fatalities and to use
 31 the information gathered to improve community resources and
 32 systems of care to reduce suicides and overdose fatalities.
 33 (b) A SOFR team may be established in a county or multiple
 34 counties in Indiana.
 35 (c) Upon the establishment of a SOFR team under this section,
 36 the SOFR team shall notify the state department of the
 37 establishment of the SOFR team.
 38 **Sec. 2. (a) A SOFR team shall do the following:**
 39 (1) Identify similarities, trends, and factual patterns
 40 concerning suicides and overdose fatalities in the area served
 41 by the SOFR team.
 42 (2) Identify reasons for any higher minority suicide and



- 1 overdose fatality rate in the area served by the SOFR team.
 2 (3) Create strategies and make recommendations for the
 3 prevention and reduction of suicides and overdose fatalities,
 4 including minority suicides and overdose fatalities, in the area
 5 served by the SOFR team.
 6 (b) A SOFR team may do any of the following:
 7 (1) Determine factors contributing to suicides and overdose
 8 fatalities.
 9 (2) Identify public health and clinical interventions to improve
 10 systems of care and enhance coordination.
 11 (3) Develop strategies for the prevention of suicides and
 12 overdose fatalities.
 13 Sec. 3. (a) A SOFR team must be multidisciplinary and
 14 culturally diverse. The SOFR team should include professionals
 15 and representatives of agencies that provide services or community
 16 resources for families in the community.
 17 (b) Members of a SOFR team must be appointed by the county
 18 health officer or another entity approved by the state department
 19 and may include local representatives from the following
 20 disciplines:
 21 (1) Public health.
 22 (2) Primary health care.
 23 (3) Mental health.
 24 (4) Law enforcement.
 25 (5) Behavioral health.
 26 (6) Parole or probation.
 27 (7) Addiction medicine.
 28 (8) Emergency medical services.
 29 (9) Social work.
 30 (c) Members may also include any of the following:
 31 (1) A coroner or deputy coroner.
 32 (2) An epidemiologist.
 33 (3) A pathologist.
 34 (d) The SOFR team shall meet at least quarterly.
 35 Sec. 4. (a) The first SOFR team meeting shall convene at the call
 36 of the county health officer, the county health administrator, or
 37 their designees, as applicable.
 38 (b) The SOFR team members shall elect a chairperson at the
 39 first SOFR team meeting and whenever there is a chairperson
 40 vacancy.
 41 (c) After the election of a team chairperson, the SOFR team
 42 shall meet upon the call of the elected chairperson or upon the call



1 of the county health officer in the event that there is a chairperson
2 vacancy.

3 **Sec. 5. (a) Before a member of the SOFR team may participate**
4 **in the review of a suicide or overdose fatality, the member must:**

- 5 (1) sign a confidentiality form prepared by the state
6 department;
7 (2) review the purpose and goal of the SOFR team; and
8 (3) review, for accuracy and comprehensiveness, any data
9 collection form developed by the state department, if
10 applicable.

11 (b) Individuals who are invited by the SOFR team chairperson
12 to attend a SOFR team meeting must sign a confidentiality form
13 before attending or participating in a SOFR team meeting.

14 (c) The state department shall create and make available a
15 standardized confidentiality form to be used by members of all
16 SOFR teams.

17 (d) The chairperson of a SOFR team is responsible for the
18 safekeeping of all confidentiality agreements signed under this
19 section.

20 **Sec. 6. (a) The SOFR team shall review the death of each person**
21 **whose death occurred in the area served by the SOFR team if one**
22 **(1) or more of the following conditions are met:**

23 (1) The person's cause of death is listed as one (1) or more of
24 the following:

- 25 (A) Poisoning.
26 (B) Intoxication.
27 (C) Toxicity.
28 (D) Inhalation.
29 (E) Ingestion.
30 (F) Overdose.
31 (G) Exposure.
32 (H) Chemical use.
33 (I) Neonatal abstinence syndrome (NAS) effects.

34 (2) The person's manner of death is classified as one (1) of the
35 following:

- 36 (A) Accident.
37 (B) Suicide.
38 (C) Undetermined.

39 (3) The person's manner of death is classified as natural but
40 drug intoxication or exposure is listed as a contributing
41 factor.

42 (b) When conducting a SOFR fatality review under subsection



1 (a), the SOFR team may review the following records if the records
 2 pertain to a person or incident within the scope of the SOFR team's
 3 review:

4 (1) Records held by the:

5 (A) local or state health department;

6 (B) INSPECT program (as described under IC 25-26-24);

7 or

8 (C) department of child services.

9 (2) Medical records.

10 (3) Law enforcement records.

11 (4) Autopsy reports.

12 (5) Coroner records.

13 (6) Mental health reports.

14 (7) Emergency medical services provider records.

15 (8) Fire department run reports.

16 (9) Disciplinary or health records generated by a local school
 17 system.

18 (10) Any other record concerning the assessment, care,
 19 fatality, diagnosis, near fatality, if applicable, or treatment of
 20 the person subject to a SOFR team review.

21 (c) Except as otherwise provided, information and records
 22 acquired by a SOFR team during the execution of the SOFR team's
 23 duties are confidential and exempt from disclosure.

24 (d) Subject to subsection (e), records, information, documents,
 25 and reports acquired or produced by a SOFR team are not:

26 (1) subject to subpoena or discovery; or

27 (2) admissible as evidence;

28 in any administrative or judicial proceeding.

29 (e) Records, information, documents, and reports that are
 30 admissible and otherwise discoverable from alternate sources do
 31 not become immune from discovery or use in any administrative
 32 or judicial proceeding because of their use by a SOFR team.

33 Sec. 7. A SOFR team shall review the death certificate of a
 34 decedent received from the county health officer in order to
 35 determine whether the fatality qualifies for a SOFR team review
 36 under section 6 of this chapter.

37 Sec. 8. (a) Subject to IC 34-30-15, the following persons or
 38 entities shall comply with a records request by a SOFR team:

39 (1) A coroner.

40 (2) An emergency medical services provider.

41 (3) A fire department.

42 (4) A health system.



- 1 **(5) A hospital.**
- 2 **(6) A law enforcement officer.**
- 3 **(7) A local or state governmental agency, including the**
- 4 **department of child services.**
- 5 **(8) A mental health professional.**
- 6 **(9) A physician.**
- 7 **(10) A school.**
- 8 **(11) A social services provider.**
- 9 **(b) A person or entity that complies, in good faith, with a record**
- 10 **request issued under subsection (a) may not be:**
- 11 **(1) disciplined;**
- 12 **(2) criminally prosecuted; or**
- 13 **(3) held administratively or civilly liable;**
- 14 **for any disclosure related to the person's or entity's compliance**
- 15 **with subsection (a).**
- 16 **(c) A person or entity subject to a records request by a SOFR**
- 17 **team under subsection (a) may charge a reasonable fee for the**
- 18 **service of duplicating any records requested by the SOFR team.**
- 19 **Sec. 9. If a fatality qualifies for a SOFR team review, the SOFR**
- 20 **team shall:**
- 21 **(1) identify the factors that contributed to the fatality of the**
- 22 **decedent;**
- 23 **(2) determine whether similar fatalities may be prevented in**
- 24 **the future;**
- 25 **(3) if applicable, identify other:**
- 26 **(A) agencies or entities; and**
- 27 **(B) resources;**
- 28 **that may be used to assist in the prevention of a similar**
- 29 **fatality; and**
- 30 **(4) if applicable, identify solutions to:**
- 31 **(A) improve practice and policy; and**
- 32 **(B) enhance coordination;**
- 33 **between the agencies, entities, and resources described in**
- 34 **subdivision (3).**
- 35 **Sec. 10. (a) Except as provided in subsection (b), SOFR team**
- 36 **meetings are open to the public.**
- 37 **(b) A SOFR team meeting that requires the use or discussion of**
- 38 **confidential records or confidential identifying information must**
- 39 **be closed to the public for the portion of the team meeting that uses**
- 40 **or discusses confidential information.**
- 41 **Sec. 11. (a) Members of a SOFR team and individuals who**
- 42 **attend a SOFR team meeting as invitees of the team chairperson:**



- 1 (1) may discuss, among themselves, confidential matters that
- 2 are before the SOFR team;
- 3 (2) are bound by all applicable laws concerning the
- 4 confidentiality of the matters reviewed by the SOFR team;
- 5 and
- 6 (3) except as provided in subsection (b), may not be:
- 7 (A) disciplined;
- 8 (B) criminally prosecuted; or
- 9 (C) held administratively or civilly liable;
- 10 for the sharing or discussion of any confidential matter before
- 11 the SOFR team during a SOFR team meeting.
- 12 (b) The immunity described in subsection (a)(3) does not apply
- 13 to a SOFR team member or a SOFR team invitee who discloses
- 14 confidential information:
- 15 (1) with malice;
- 16 (2) in bad faith; or
- 17 (3) negligently.
- 18 **Sec. 12. The chairperson of a SOFR team or the chairperson's**
- 19 **designee shall do the following for each SOFR team meeting:**
- 20 (1) Prepare the agenda for the scheduled SOFR team meeting.
- 21 (2) Provide meeting notices to all members of the SOFR team.
- 22 (3) Ensure that all:
- 23 (A) members of the SOFR team; and
- 24 (B) SOFR team invitees;
- 25 sign confidentiality forms as required under this chapter.
- 26 (4) Maintain all confidentiality forms signed under this
- 27 chapter.
- 28 (5) Enter and record all data reviewed by the SOFR team by
- 29 using:
- 30 (A) data collection tools provided to the SOFR team by the
- 31 state department, if applicable; and
- 32 (B) any other appropriate data collection system.
- 33 (6) Attend pertinent training concerning the use of the data
- 34 collection tools employed by the SOFR team.
- 35 (7) Serve as a liaison for the SOFR team as necessary.
- 36 (8) Destroy all records, information, and documents obtained
- 37 by the SOFR team under section 6 of this chapter upon the
- 38 conclusion of the SOFR team's review of a specific suicide or
- 39 overdose fatality.
- 40 **Sec. 13. Records held or maintained by a SOFR team are**
- 41 **subject to the confidentiality provisions of IC 31-33-18.**
- 42 **Sec. 14. (a) Before July 1 of each year, a SOFR team shall**



1 **submit a report to the state department that includes the following**
 2 **information:**

3 **(1) A summary of the data collected concerning the reviews**
 4 **conducted by the SOFR team for the previous calendar year.**

5 **(2) Actions recommended by the SOFR team to improve**
 6 **systems of care and community resources to reduce suicides**
 7 **and overdose fatalities in the area served by the SOFR team.**

8 **(3) Solutions proposed for any system inadequacies.**

9 **(b) The report described in subsection (a) may not contain**
 10 **identifying information relating to the deaths reviewed by the**
 11 **SOFR team.**

12 **(c) Review data concerning a suicide or overdose fatality is**
 13 **confidential and may not be released.**

14 **(d) The SOFR team may provide the state department with data**
 15 **concerning the reviews of a death under this chapter.**

16 **Sec. 15. Nothing in this chapter shall preclude any death, illness,**
 17 **or injury investigation or review to the extent authorized by other**
 18 **laws.**

19 SECTION 49. IC 20-26-15-8, AS AMENDED BY P.L.192-2018,
 20 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2020]: Sec. 8. (a) The contract must contain the following
 22 provisions:

23 (1) A list of the statutes and rules that are suspended from
 24 operation in a freeway school corporation or freeway school, as
 25 listed in section 5 of this chapter.

26 (2) A description of the privileges of a freeway school corporation
 27 or freeway school, as listed in section 6 of this chapter.

28 (3) A description of the educational benefits listed in section 7 of
 29 this chapter that a freeway school corporation or freeway school
 30 agrees to:

31 (A) achieve by the end of five (5) complete school years after
 32 the contract is signed; and

33 (B) maintain at the end of:

34 (i) the sixth; and

35 (ii) any subsequent;

36 complete school year after the contract is signed.

37 (4) Subject to section 15 of this chapter (before its expiration), a
 38 plan and a schedule for the freeway school corporation or freeway
 39 school to achieve the educational benefits listed in section 7 of
 40 this chapter by the end of five (5) complete school years after the
 41 contract is signed. The schedule must show some percentage of
 42 improvement by the end of the second, third, and fourth complete



1 school years after the contract is signed.

2 (5) A school by school strategy, including curriculum, in which
3 character education is demonstrated to be a priority. The strategy
4 required under this subdivision must include the following
5 subjects as integral parts of each school's character education:

6 (A) Hygiene.

7 (B) Alcohol and drugs.

8 (C) Diseases transmitted sexually or through drug use.
9 ~~including AIDS.~~

10 (D) Honesty.

11 (E) Respect.

12 (F) Abstinence and restraint.

13 (6) A plan under which the freeway school corporation or freeway
14 school will offer courses that will allow a student to become
15 eligible to receive an Indiana diploma with a Core 40 with
16 academic honors designation.

17 (7) A plan under which the freeway school corporation or freeway
18 school will maintain a safe and disciplined learning environment
19 for students and teachers.

20 (b) In the contract:

21 (1) the quantitative measures of benefits may be higher, but not
22 lower, than the minimum educational benefits listed in section 7
23 of this chapter; and

24 (2) educational benefits may be included in addition to the
25 minimum educational benefits listed in section 7 of this chapter.

26 SECTION 50. IC 20-30-5-12, AS AMENDED BY P.L.233-2015,
27 SECTION 227, IS AMENDED TO READ AS FOLLOWS
28 [EFFECTIVE JULY 1, 2020]: Sec. 12. (a) Each school corporation
29 shall:

30 (1) include in the school corporation's curriculum instruction
31 concerning the ~~disease acquired immune deficiency syndrome~~
32 ~~(AIDS);~~ **human immunodeficiency virus (HIV);** and

33 (2) integrate this effort to the extent possible with instruction on
34 other ~~dangerous~~ **serious** communicable diseases.

35 (b) Literature that is distributed to school children and young adults
36 under this section must include information required by IC 20-34-3-17.

37 (c) The department, in consultation with the state department of
38 health, shall develop ~~AIDS~~ **HIV** educational materials. The department
39 shall make the materials developed under this section available to
40 school corporations.

41 SECTION 51. IC 20-34-3-17, AS ADDED BY P.L.1-2005,
42 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2020]: Sec. 17. (a) The state board shall provide information
 2 stressing the moral aspects of abstinence from sexual activity in any
 3 literature that it distributes to students and young adults concerning
 4 available methods for the prevention of ~~acquired immune deficiency~~
 5 ~~syndrome (AIDS):~~ **the human immunodeficiency virus (HIV)**. The
 6 literature must state that the best way to ~~avoid AIDS~~ **prevent HIV**
 7 **transmission as a result of sexual activity** is for young people to
 8 refrain from sexual activity until they are ready as adults to establish,
 9 in the context of marriage, a mutually faithful monogamous
 10 relationship.

11 (b) The state board may not distribute ~~AIDS HIV~~ literature
 12 described in subsection (a) to students without the consent of the
 13 governing body of the school corporation the students attend.

14 SECTION 52. IC 31-11-4-4, AS AMENDED BY P.L.244-2019,
 15 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 16 JULY 1, 2020]: Sec. 4. (a) An application for a marriage license must
 17 be written and verified. The application must contain the following
 18 information concerning each of the applicants:

- 19 (1) Full name.
 20 (2) Birthplace.
 21 (3) Residence.
 22 (4) Age.
 23 (5) Names of dependent children.
 24 (6) Full name, including the maiden name of a mother, last known
 25 residence, and, if known, the place of birth of:
 26 (A) the birth parents of the applicant if the applicant is not
 27 adopted; or
 28 (B) the adoptive parents of the applicant if the applicant is
 29 adopted.
 30 (7) Whether either of the applicants is a lifetime sex or violent
 31 offender, and, if an applicant is a lifetime sex or violent offender,
 32 the county and state in which the conviction was entered giving
 33 rise to the applicant's status as a lifetime sex or violent offender.
 34 (8) A statement of facts necessary to determine whether any legal
 35 impediment to the proposed marriage exists.
 36 (9) Except as provided in subsection (e), an acknowledgment that
 37 both applicants must sign, affirming that the applicants have
 38 received the information described in section 5 of this chapter,
 39 including a list of test sites for the ~~virus that causes AIDS~~
 40 ~~(acquired immune deficiency syndrome):~~ **human**
 41 **immunodeficiency virus (HIV)**. The acknowledgment required
 42 by this subdivision must be in the following form:



1 information or videotaped information approved by the ~~AIDS HIV~~
2 advisory council of the state department of health concerning
3 ~~dangerous~~ **serious** communicable diseases that are sexually
4 transmitted.

5 (b) Written information and videotaped information distributed by
6 each clerk of the circuit court under subsection (a) must provide
7 current information on human immunodeficiency virus (HIV) infection
8 and other ~~dangerous~~ **serious** communicable diseases that are sexually
9 transmitted. The information must include an explanation of the
10 following:

11 (1) The etiology of ~~dangerous~~ **serious** communicable diseases that
12 are sexually transmitted.

13 (2) The behaviors that create a high risk of transmission of such
14 diseases.

15 (3) Precautionary measures that reduce the risk of contracting such
16 diseases.

17 (4) The necessity for consulting medical specialists if infection is
18 suspected.

19 (c) At the time of application for a marriage license, each clerk of the
20 circuit court shall:

21 (1) provide the marriage license applicants with written
22 information furnished under subsection (a) concerning dangerous
23 communicable diseases that are sexually transmitted; or

24 (2) show the marriage license applicants videotaped information
25 furnished under subsection (a) concerning dangerous
26 communicable diseases that are sexually transmitted.

27 (d) In addition to the information provided to marriage license
28 applicants under subsection (c), each clerk of the circuit court shall
29 inform each marriage license applicant that the applicant may be tested
30 on a voluntary basis for human immunodeficiency virus (HIV)
31 infection by the applicant's private physician or at another testing site.
32 The clerk shall provide the marriage applicants with a list of testing
33 sites in the community.

34 (e) An applicant who objects to the written information or videotaped
35 information on religious grounds is not required to receive the
36 information.

37 (f) If materials required by this section are not prepared by other
38 sources, the state department of health shall prepare the materials.

39 (g) The provider of the materials is responsible for all costs involved
40 in the development, preparation, and distribution of the information
41 required by this section. Except for the materials developed by the
42 state, the state and county are not liable for the costs of materials used



1 to implement this section and section 4 of this chapter.

2 SECTION 54. IC 31-33-18-2, AS AMENDED BY P.L.31-2019,
3 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2020]: Sec. 2. The reports and other material described in
5 section 1(a) of this chapter and the unredacted reports and other
6 material described in section 1(b) of this chapter shall be made
7 available only to the following:

8 (1) Persons authorized by this article.

9 (2) A legally mandated public or private child protective agency
10 investigating a report of child abuse or neglect or treating a child
11 or family that is the subject of a report or record.

12 (3) Any of the following who are investigating a report of a child
13 who may be a victim of child abuse or neglect:

14 (A) A police officer or other law enforcement agency.

15 (B) A prosecuting attorney.

16 (C) A coroner, in the case of the death of a child.

17 (4) A physician who has before the physician a child whom the
18 physician reasonably suspects may be a victim of child abuse or
19 neglect.

20 (5) An individual legally authorized to place a child in protective
21 custody if:

22 (A) the individual has before the individual a child whom the
23 individual reasonably suspects may be a victim of abuse or
24 neglect; and

25 (B) the individual requires the information in the report or record
26 to determine whether to place the child in protective custody.

27 (6) An agency having the legal responsibility or authorization to
28 care for, treat, or supervise a child who is the subject of a report or
29 record or a parent, guardian, custodian, or other person who is
30 responsible for the child's welfare.

31 (7) An individual named in the report or record who is alleged to
32 be abused or neglected or, if the individual named in the report is
33 a child or is otherwise incompetent, the individual's guardian ad
34 litem or the individual's court appointed special advocate, or both.

35 (8) Each parent, guardian, custodian, or other person responsible
36 for the welfare of a child named in a report or record and an
37 attorney of the person described under this subdivision, with
38 protection for the identity of reporters and other appropriate
39 individuals.

40 (9) A court, for redaction of the record in accordance with section
41 1.5 of this chapter, or upon the court's finding that access to the
42 records may be necessary for determination of an issue before the



- 1 court. However, except for disclosure of a redacted record in
 2 accordance with section 1.5 of this chapter, access is limited to in
 3 camera inspection unless the court determines that public
 4 disclosure of the information contained in the records is necessary
 5 for the resolution of an issue then pending before the court.
- 6 (10) A grand jury upon the grand jury's determination that access
 7 to the records is necessary in the conduct of the grand jury's official
 8 business.
- 9 (11) An appropriate state or local official responsible for child
 10 protection services or legislation carrying out the official's official
 11 functions.
- 12 (12) The community child protection team appointed under
 13 IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to
 14 enable the team to carry out the team's purpose under IC 31-33-3.
- 15 (13) A person about whom a report has been made, with protection
 16 for the identity of:
- 17 (A) any person reporting known or suspected child abuse or
 18 neglect; and
- 19 (B) any other person if the person or agency making the
 20 information available finds that disclosure of the information
 21 would be likely to endanger the life or safety of the person.
- 22 (14) An employee of the department, a caseworker, or a juvenile
 23 probation officer conducting a criminal history check under
 24 IC 31-26-5, IC 31-34, or IC 31-37 to determine the appropriateness
 25 of an out-of-home placement for a:
- 26 (A) child at imminent risk of placement;
- 27 (B) child in need of services; or
- 28 (C) delinquent child.
- 29 The results of a criminal history check conducted under this
 30 subdivision must be disclosed to a court determining the placement
 31 of a child described in clauses (A) through (C).
- 32 (15) A local child fatality review team established under
 33 IC 16-49-2.
- 34 (16) The statewide child fatality review committee established by
 35 IC 16-49-4.
- 36 (17) The department.
- 37 (18) The division of family resources, if the investigation report:
- 38 (A) is classified as substantiated; and
- 39 (B) concerns:
- 40 (i) an applicant for a license to operate;
- 41 (ii) a person licensed to operate;
- 42 (iii) an employee of; or



- 1 (iv) a volunteer providing services at;
 2 a child care center licensed under IC 12-17.2-4 or a child care
 3 home licensed under IC 12-17.2-5.
 4 (19) A citizen review panel established under IC 31-25-2-20.4.
 5 (20) The department of child services ombudsman established by
 6 IC 4-13-19-3.
 7 (21) The state superintendent of public instruction with protection
 8 for the identity of:
 9 (A) any person reporting known or suspected child abuse or
 10 neglect; and
 11 (B) any other person if the person or agency making the
 12 information available finds that disclosure of the information
 13 would be likely to endanger the life or safety of the person.
 14 (22) The state child fatality review coordinator employed by the
 15 state department of health under IC 16-49-5-1.
 16 (23) A person who operates a child caring institution, group home,
 17 or secure private facility if all the following apply:
 18 (A) The child caring institution, group home, or secure private
 19 facility is licensed under IC 31-27.
 20 (B) The report or other materials concern:
 21 (i) an employee of;
 22 (ii) a volunteer providing services at; or
 23 (iii) a child placed at;
 24 the child caring institution, group home, or secure private
 25 facility.
 26 (C) The allegation in the report occurred at the child caring
 27 institution, group home, or secure private facility.
 28 (24) A person who operates a child placing agency if all the
 29 following apply:
 30 (A) The child placing agency is licensed under IC 31-27.
 31 (B) The report or other materials concern:
 32 (i) a child placed in a foster home licensed by the child placing
 33 agency;
 34 (ii) a person licensed by the child placing agency to operate a
 35 foster family home;
 36 (iii) an employee of the child placing agency or a foster family
 37 home licensed by the child placing agency; or
 38 (iv) a volunteer providing services at the child placing agency
 39 or a foster family home licensed by the child placing agency.
 40 (C) The allegations in the report occurred in the foster family
 41 home or in the course of employment or volunteering at the child
 42 placing agency or foster family home.



- 1 (25) The National Center for Missing and Exploited Children.
- 2 (26) A local domestic violence fatality review team established
- 3 under IC 12-18-8, as determined by the department to be relevant
- 4 to the death or near fatality that the local domestic violence fatality
- 5 review team is reviewing.
- 6 (27) The statewide domestic violence fatality review committee
- 7 established under IC 12-18-9-3, as determined by the department
- 8 to be relevant to the death or near fatality that the statewide
- 9 domestic violence fatality review committee is reviewing.
- 10 (28) The statewide maternal mortality review committee
- 11 established under IC 16-50-1-3, as determined by the department
- 12 to be relevant to the case of maternal morbidity or maternal
- 13 mortality that the statewide maternal mortality review committee
- 14 is reviewing.
- 15 (29) A local fetal-infant mortality review team established under
- 16 IC 16-49-6, as determined by the department to be relevant to the
- 17 case of fetal or infant fatality that the local fetal-infant mortality
- 18 review team is reviewing.
- 19 **(30) A suicide and overdose fatality review team established**
- 20 **under IC 16-51-2, as determined by the department to be**
- 21 **relevant to the case of a suicide or overdose fatality that the**
- 22 **suicide and overdose fatality review team is reviewing.**
- 23 SECTION 55. IC 34-30-2-80 IS AMENDED TO READ AS
- 24 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 80. IC 16-41-2-6
- 25 (Concerning physicians, hospitals, and laboratories for reporting
- 26 communicable or ~~dangerous~~ **serious** diseases).
- 27 SECTION 56. IC 34-30-2-81, AS AMENDED BY P.L.86-2018,
- 28 SECTION 273, IS AMENDED TO READ AS FOLLOWS
- 29 [EFFECTIVE JULY 1, 2020]: Sec. 81. (a) IC 16-41-7-2 (Concerning
- 30 the good faith reporting to a health officer of an individual thought to
- 31 present a serious and present ~~danger~~ **risk** to the health of others, to
- 32 have engaged in noncompliant behavior, or to be at risk of carrying a
- 33 ~~dangerous~~ **serious** communicable disease).
- 34 (b) IC 16-41-7-3 (Concerning a physician who provides notification
- 35 to certain individuals regarding a patient's ~~dangerous~~ **serious**
- 36 communicable disease).
- 37 SECTION 57. IC 34-30-2-81.5 IS AMENDED TO READ AS
- 38 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 81.5. IC 16-41-10-3.5
- 39 (Concerning a provider who tests a patient for the presence of a
- 40 ~~dangerous~~ **serious** communicable disease).
- 41 SECTION 58. IC 34-30-2-83.9 IS ADDED TO THE INDIANA
- 42 CODE AS A NEW SECTION TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2020]: **Sec. 83.9. (a) IC 16-51-2-8**
2 **(Concerning certain persons and entities complying with a records**
3 **request related to a suicide or overdose fatality review).**

4 **(b) IC 16-51-2-11 (Concerning the substance of a suicide or**
5 **overdose fatality review team meeting).**

6 SECTION 59. IC 34-30-2-82 IS AMENDED TO READ AS
7 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 82. IC 16-41-10-6
8 (Concerning a person reporting that an emergency medical services
9 provider has been exposed to a ~~dangerous~~ **serious** communicable
10 disease during the course of emergency duties).

11 SECTION 60. IC 34-46-2-9 IS AMENDED TO READ AS
12 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. IC 16-41-2-4
13 (Concerning reports of communicable or ~~dangerous~~ **serious** diseases).

14 SECTION 61. IC 34-46-2-10 IS AMENDED TO READ AS
15 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. IC 16-41-7-3
16 (Concerning warning by physician of ~~dangerous~~ **serious** communicable
17 disease).



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1182, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 7, line 35, delete "(a) A physician or the physician's authorized".

Page 7, delete lines 36 through 38.

Page 7, line 39, reset in roman "(a)".

Page 7, line 39, delete "(b)".

Page 7, run in lines 35 through 39.

Page 8, line 4, reset in roman "(b)".

Page 8, line 4, delete "(c)".

Page 8, line 10, delete "test." and insert "test, **orally or in writing.**".

Page 8, line 11, delete ":".

Page 8, line 12, delete "(A)".

Page 8, line 12, delete "that includes information" and insert "**orally, in writing, by video, or by a combination of these methods.**".

Page 8, delete line 13.

Page 8, line 14, delete "statutory requirements concerning disclosure;"

Page 8, line 14, strike "and".

Page 8, run in lines 11 through 14.

Page 8, delete line 15.

Page 8, between lines 20 and 21, begin a new paragraph and insert:

"(c) Unless it is clearly not feasible, the information delivered to the patient who is to be tested under subsection (b) must be provided in the native language or other communication used by the patient. If the patient is unable to read written materials, the materials must be translated or read to the patient in a language the patient understands."

Page 8, line 30, delete "in person and orally".

Page 34, line 24, delete "A" and insert "**(a) Except as provided in subsection (b), a**".

Page 34, line 26, reset in roman "HIV antibody."

Page 34, line 26, delete "human immunodeficiency virus".

Page 34, line 27, delete "(HIV)."

Page 34, between lines 28 and 29, begin a new paragraph and insert:

"(b) Subsection (a) does not apply to a donation of semen that:
(1) indicates the presence of the HIV antibody; and
(2) is used according to safer conception practices endorsed by the federal Centers for Disease Control and Prevention or



other generally accepted medical experts."

Page 35, delete lines 7 through 42, begin a new paragraph and insert:
"SECTION 48. IC 16-51 IS ADDED TO THE INDIANA CODE AS
A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
2020]:

**ARTICLE 51. SUICIDE AND OVERDOSE FATALITY
REVIEW TEAMS**

Chapter 1. Definitions

Sec. 1. The definitions in this chapter apply throughout this article.

Sec. 2. As used in this chapter, "SOFR team" refers to:

- (1) a county SOFR team; or**
 - (2) a regional SOFR team formed by multiple counties;**
- established under IC 16-51-2-1.**

Sec. 3. As used in this chapter, "SOFR" means suicide and overdose fatality review.

Chapter 2. Suicide and Overdose Fatality Review Teams

Sec. 1. (a) A:

- (1) local health department; or**
 - (2) person or entity approved by the state department;**
- may establish through a written agreement a SOFR team to review suicides and overdose fatalities for the purpose of gathering information concerning suicides and overdose fatalities and to use the information gathered to improve community resources and systems of care to reduce suicides and overdose fatalities.**

(b) A SOFR team may be established in a county or multiple counties in Indiana.

(c) Upon the establishment of a SOFR team under this section, the SOFR team shall notify the state department of the establishment of the SOFR team.

Sec. 2. (a) A SOFR team shall do the following:

- (1) Identify similarities, trends, and factual patterns concerning suicides and overdose fatalities in the area served by the SOFR team.**
 - (2) Identify reasons for any higher minority suicide and overdose fatality rate in the area served by the SOFR team.**
 - (3) Create strategies and make recommendations for the prevention and reduction of suicides and overdose fatalities, including minority suicides and overdose fatalities, in the area served by the SOFR team.**
- (b) A SOFR team may do any of the following:**
- (1) Determine factors contributing to suicides and overdose**



fatalities.

(2) Identify public health and clinical interventions to improve systems of care and enhance coordination.

(3) Develop strategies for the prevention of suicides and overdose fatalities.

Sec. 3. (a) A SOFR team must be multidisciplinary and culturally diverse. The SOFR team should include professionals and representatives of agencies that provide services or community resources for families in the community.

(b) Members of a SOFR team must be appointed by the county health officer or another entity approved by the state department and may include representatives from the following disciplines:

(1) Primary health care.

(2) Mental health.

(3) Law enforcement.

(4) Behavioral health.

(5) Parole or probation.

(6) Addiction medicine.

(7) Emergency medical services.

(8) Social work.

(c) Members may also include any of the following:

(1) A coroner or deputy coroner.

(2) An epidemiologist.

(3) A pathologist.

(d) The SOFR team shall meet at least quarterly.

Sec. 4. (a) The first SOFR team meeting shall convene at the call of the county health officer, the county health administrator, or their designees, as applicable.

(b) The SOFR team members shall elect a chairperson at the first SOFR team meeting and whenever there is a chairperson vacancy.

(c) After the election of a team chairperson, the SOFR team shall meet upon the call of the elected chairperson or upon the call of the county health officer in the event that there is a chairperson vacancy.

Sec. 5. (a) Before a member of the SOFR team may participate in the review of a suicide or overdose fatality, the member must:

(1) sign a confidentiality form prepared by the state department;

(2) review the purpose and goal of the SOFR team; and

(3) review, for accuracy and comprehensiveness, any data collection form developed by the state department, if applicable.



(b) Individuals who are invited by the SOFR team chairperson to attend a SOFR team meeting must sign a confidentiality form before attending or participating in a SOFR team meeting.

(c) The state department shall create and make available a standardized confidentiality form to be used by members of all SOFR teams.

(d) The chairperson of a SOFR team is responsible for the safekeeping of all confidentiality agreements signed under this section.

Sec. 6. (a) The SOFR team shall review the death of each person whose death occurred in the area served by the SOFR team if one (1) or more of the following conditions are met:

(1) The person's cause of death is listed as one (1) or more of the following:

- (A) Poisoning.
- (B) Intoxication.
- (C) Toxicity.
- (D) Inhalation.
- (E) Ingestion.
- (F) Overdose.
- (G) Exposure.
- (H) Chemical use.
- (I) Neonatal abstinence syndrome (NAS) effects.

(2) The person's manner of death is classified as one (1) of the following:

- (A) Accident.
- (B) Suicide.
- (C) Undetermined.

(3) The person's manner of death is classified as natural but drug intoxication or exposure is listed as a contributing factor.

(b) When conducting a SOFR fatality review under subsection (a), the SOFR team may review the following records if the records pertain to a person or incident within the scope of the SOFR team's review:

(1) Records held by the:

- (A) local or state health department;
- (B) INSPECT program (as described under IC 25-26-24); or
- (C) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Coroner records.



- (6) Mental health reports.
- (7) Emergency medical services provider records.
- (8) Fire department run reports.
- (9) Disciplinary or health records generated by a local school system.
- (10) Any other record concerning the assessment, care, fatality, diagnosis, near fatality, if applicable, or treatment of the person subject to a SOFR team review.

(c) Except as otherwise provided, information and records acquired by a SOFR team during the execution of the SOFR team's duties are confidential and exempt from disclosure.

(d) Subject to subsection (e), records, information, documents, and reports acquired or produced by a SOFR team are not:

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

in any administrative or judicial proceeding.

(e) Records, information, documents, and reports that are admissible and otherwise discoverable from alternate sources do not become immune from discovery or use in any administrative or judicial proceeding because of their use by a SOFR team.

Sec. 7. A SOFR team shall review the death certificate of a decedent received from the county health officer in order to determine whether the fatality qualifies for a SOFR team review under section 6 of this chapter.

Sec. 8. (a) Subject to IC 34-30-15, the following persons or entities shall comply with a records request by a SOFR team:

- (1) A coroner.
- (2) An emergency medical services provider.
- (3) A fire department.
- (4) A health system.
- (5) A hospital.
- (6) A law enforcement officer.
- (7) A local or state governmental agency, including the department of child services.
- (8) A mental health professional.
- (9) A physician.
- (10) A school.
- (11) A social services provider.

(b) A person or entity that complies, in good faith, with a record request issued under subsection (a) may not be:

- (1) disciplined;
- (2) criminally prosecuted; or



(3) held administratively or civilly liable; for any disclosure related to the person's or entity's compliance with subsection (a).

(c) A person or entity subject to a records request by a SOFR team under subsection (a) may charge a reasonable fee for the service of duplicating any records requested by the SOFR team.

Sec. 9. If a fatality qualifies for a SOFR team review, the SOFR team shall:

(1) identify the factors that contributed to the fatality of the decedent;

(2) determine whether similar fatalities may be prevented in the future;

(3) if applicable, identify other:

(A) agencies or entities; and

(B) resources;

that may be used to assist in the prevention of a similar fatality; and

(4) if applicable, identify solutions to:

(A) improve practice and policy; and

(B) enhance coordination;

between the agencies, entities, and resources described in subdivision (3).

Sec. 10. (a) Except as provided in subsection (b), SOFR team meetings are open to the public.

(b) A SOFR team meeting that requires the use or discussion of confidential records or confidential identifying information must be closed to the public for the portion of the team meeting that uses or discusses confidential information.

Sec. 11. (a) Members of a SOFR team and individuals who attend a SOFR team meeting as invitees of the team chairperson:

(1) may discuss, among themselves, confidential matters that are before the SOFR team;

(2) are bound by all applicable laws concerning the confidentiality of the matters reviewed by the SOFR team; and

(3) except as provided in subsection (b), may not be:

(A) disciplined;

(B) criminally prosecuted; or

(C) held administratively or civilly liable;

for the sharing or discussion of any confidential matter before the SOFR team during a SOFR team meeting.

(b) The immunity described in subsection (a)(3) does not apply to a SOFR team member or a SOFR team invitee who discloses



confidential information:

- (1) with malice;
- (2) in bad faith; or
- (3) negligently.

Sec. 12. The chairperson of a SOFR team or the chairperson's designee shall do the following for each SOFR team meeting:

- (1) Prepare the agenda for the scheduled SOFR team meeting.
- (2) Provide meeting notices to all members of the SOFR team.
- (3) Ensure that all:
 - (A) members of the SOFR team; and
 - (B) SOFR team invitees;

sign confidentiality forms as required under this chapter.

- (4) Maintain all confidentiality forms signed under this chapter.
- (5) Enter and record all data reviewed by the SOFR team by using:
 - (A) data collection tools provided to the SOFR team by the state department, if applicable; and
 - (B) any other appropriate data collection system.
- (6) Attend pertinent training concerning the use of the data collection tools employed by the SOFR team.
- (7) Serve as a liaison for the SOFR team as necessary.
- (8) Destroy all records, information, and documents obtained by the SOFR team under section 6 of this chapter upon the conclusion of the SOFR team's review of a specific suicide or overdose fatality.

Sec. 13. Records held or maintained by a SOFR team are subject to the confidentiality provisions of IC 31-33-18.**Sec. 14. (a) Before July 1 of each year, a SOFR team shall submit a report to the state department that includes the following information:**

- (1) A summary of the data collected concerning the reviews conducted by the SOFR team for the previous calendar year.
 - (2) Actions recommended by the SOFR team to improve systems of care and community resources to reduce suicides and overdose fatalities in the area served by the SOFR team.
 - (3) Solutions proposed for any system inadequacies.
- (b) The report described in subsection (a) may not contain identifying information relating to the deaths reviewed by the SOFR team.
- (c) Review data concerning a suicide or overdose fatality is confidential and may not be released.



(d) The SOFR team may provide the state department with data concerning the reviews of a death under this chapter.

Sec. 15. Nothing in this chapter shall preclude any death, illness, or injury investigation or review to the extent authorized by other laws."

Delete pages 36 through 49.

Page 50, delete lines 1 through 4.

Page 54, between lines 28 and 29, begin a new paragraph and insert: "SECTION 54. IC 31-33-18-2, AS AMENDED BY P.L.31-2019, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The reports and other material described in section 1(a) of this chapter and the unredacted reports and other material described in section 1(b) of this chapter shall be made available only to the following:

- (1) Persons authorized by this article.
- (2) A legally mandated public or private child protective agency investigating a report of child abuse or neglect or treating a child or family that is the subject of a report or record.
- (3) Any of the following who are investigating a report of a child who may be a victim of child abuse or neglect:
 - (A) A police officer or other law enforcement agency.
 - (B) A prosecuting attorney.
 - (C) A coroner, in the case of the death of a child.
- (4) A physician who has before the physician a child whom the physician reasonably suspects may be a victim of child abuse or neglect.
- (5) An individual legally authorized to place a child in protective custody if:
 - (A) the individual has before the individual a child whom the individual reasonably suspects may be a victim of abuse or neglect; and
 - (B) the individual requires the information in the report or record to determine whether to place the child in protective custody.
- (6) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record or a parent, guardian, custodian, or other person who is responsible for the child's welfare.
- (7) An individual named in the report or record who is alleged to be abused or neglected or, if the individual named in the report is a child or is otherwise incompetent, the individual's guardian ad litem or the individual's court appointed special advocate, or both.
- (8) Each parent, guardian, custodian, or other person responsible



for the welfare of a child named in a report or record and an attorney of the person described under this subdivision, with protection for the identity of reporters and other appropriate individuals.

(9) A court, for redaction of the record in accordance with section 1.5 of this chapter, or upon the court's finding that access to the records may be necessary for determination of an issue before the court. However, except for disclosure of a redacted record in accordance with section 1.5 of this chapter, access is limited to in camera inspection unless the court determines that public disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.

(10) A grand jury upon the grand jury's determination that access to the records is necessary in the conduct of the grand jury's official business.

(11) An appropriate state or local official responsible for child protection services or legislation carrying out the official's official functions.

(12) The community child protection team appointed under IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to enable the team to carry out the team's purpose under IC 31-33-3.

(13) A person about whom a report has been made, with protection for the identity of:

(A) any person reporting known or suspected child abuse or neglect; and

(B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

(14) An employee of the department, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 31-26-5, IC 31-34, or IC 31-37 to determine the appropriateness of an out-of-home placement for a:

(A) child at imminent risk of placement;

(B) child in need of services; or

(C) delinquent child.

The results of a criminal history check conducted under this subdivision must be disclosed to a court determining the placement of a child described in clauses (A) through (C).

(15) A local child fatality review team established under IC 16-49-2.

(16) The statewide child fatality review committee established by IC 16-49-4.



- (17) The department.
- (18) The division of family resources, if the investigation report:
- (A) is classified as substantiated; and
 - (B) concerns:
 - (i) an applicant for a license to operate;
 - (ii) a person licensed to operate;
 - (iii) an employee of; or
 - (iv) a volunteer providing services at;
 a child care center licensed under IC 12-17.2-4 or a child care home licensed under IC 12-17.2-5.
- (19) A citizen review panel established under IC 31-25-2-20.4.
- (20) The department of child services ombudsman established by IC 4-13-19-3.
- (21) The state superintendent of public instruction with protection for the identity of:
- (A) any person reporting known or suspected child abuse or neglect; and
 - (B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.
- (22) The state child fatality review coordinator employed by the state department of health under IC 16-49-5-1.
- (23) A person who operates a child caring institution, group home, or secure private facility if all the following apply:
- (A) The child caring institution, group home, or secure private facility is licensed under IC 31-27.
 - (B) The report or other materials concern:
 - (i) an employee of;
 - (ii) a volunteer providing services at; or
 - (iii) a child placed at;
 the child caring institution, group home, or secure private facility.
 - (C) The allegation in the report occurred at the child caring institution, group home, or secure private facility.
- (24) A person who operates a child placing agency if all the following apply:
- (A) The child placing agency is licensed under IC 31-27.
 - (B) The report or other materials concern:
 - (i) a child placed in a foster home licensed by the child placing agency;
 - (ii) a person licensed by the child placing agency to operate a foster family home;



- (iii) an employee of the child placing agency or a foster family home licensed by the child placing agency; or
 - (iv) a volunteer providing services at the child placing agency or a foster family home licensed by the child placing agency.
- (C) The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

- (25) The National Center for Missing and Exploited Children.
- (26) A local domestic violence fatality review team established under IC 12-18-8, as determined by the department to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing.
- (27) The statewide domestic violence fatality review committee established under IC 12-18-9-3, as determined by the department to be relevant to the death or near fatality that the statewide domestic violence fatality review committee is reviewing.
- (28) The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by the department to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing.
- (29) A local fetal-infant mortality review team established under IC 16-49-6, as determined by the department to be relevant to the case of fetal or infant fatality that the local fetal-infant mortality review team is reviewing.
- (30) A suicide and overdose fatality review team established under IC 16-51-2, as determined by the department to be relevant to the case of a suicide or overdose fatality that the suicide and overdose fatality review team is reviewing."**

Page 55, delete lines 5 through 16, begin a new paragraph and insert:
 "SECTION 58. IC 34-30-2-83.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 83.9. (a) IC 16-51-2-8 (Concerning certain persons and entities complying with a records request related to a suicide or overdose fatality review).**

(b) IC 16-51-2-11 (Concerning the substance of a suicide or overdose fatality review team meeting)."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1182 as introduced.)

HB 1182—LS 7135/DI 123



KIRCHHOFER

Committee Vote: yeas 7, nays 1.

HOUSE MOTION

Mr. Speaker: I move that House Bill 1182 be amended to read as follows:

Page 7, line 16, reset in roman "the best".

Page 7, line 16, delete "one (1)".

Page 7, line 17, after "transmission" insert "**as a result of sexual activity**".

Page 36, line 19, after "include" insert "**local**"

Page 36, delete lines 20 through 27 begin a new line block indented and insert:

- "(1) Public health.**
- (2) Primary health care.**
- (3) Mental health.**
- (4) Law enforcement.**
- (5) Behavioral health.**
- (6) Parole or probation.**
- (7) Addiction medicine.**
- (8) Emergency medical services.**
- (9) Social work."**

Page 43, line 4, reset in roman "the best".

Page 43, line 4, delete "one (1)".

Page 43, line 5, after "transmission" insert "**as a result of sexual activity**".

(Reference is to HB 1182 as printed January 24, 2020.)

CLERE

