

IC 16-46

ARTICLE 46. STATE HEALTH GRANTS AND PROGRAMS

IC 16-46-1

Chapter 1. State Grants to Local Boards of Health for the Improvement of Community Health Services

IC 16-46-1-1

Legislative intent

Sec. 1. In many areas within Indiana, local boards of health lack the necessary funds to provide adequate and proper health services. The general assembly by this chapter intends that the state shall assume the state's responsibility for providing adequate and proper health services through local boards of health throughout Indiana. Other statutes have established a partnership responsibility by and between the state and local government for the provision of health services, and the purpose of this chapter is to enable local boards of health through the provision of state foundation, adjustment, and incentive support to more adequately meet present and future needs and requirements for community health services.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-2

Adjustment and incentive support

Sec. 2. As used in this chapter, "adjustment and incentive support" means money in addition to the foundation support allocated to local boards of health under this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-3

Community health services

Sec. 3. As used in this chapter, "community health services" includes the following:

- (1) All activities and responsibilities assigned or delegated to local boards of health by statute.
- (2) Those activities and responsibilities delegated to local boards of health by the state department.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-4

County health fund

Sec. 4. As used in this chapter, "county health fund" means a special fund established by the proper local authority for the purposes of appropriating money and allocating expenditures solely for the operation of official county or multiple county boards of health.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-5**Foundation support**

Sec. 5. As used in this chapter, "foundation support" means a fixed amount distributed to each local board of health meeting the conditions in this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-6**Inclusive**

Sec. 6. As used in this chapter, "inclusive" means a comprehensive program within the scope of statutory responsibilities of local boards of health and those functions assigned by the state department.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-7**Local board of health**

Sec. 7. As used in this chapter, "local board of health" means a board established under IC 16-20-2, IC 16-20-3, IC 16-20-4, or IC 16-22-8.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-8**Migratory temporary increase in population**

Sec. 8. As used in this chapter, "migratory temporary increase in population" refers to migratory workers and any other population of a migratory nature that requires special consideration and special community health services.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-9**Partnership responsibility**

Sec. 9. As used in this chapter, "partnership responsibility" means the sharing of the cost for local health services by state and local governmental units.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-10**Grants to local boards**

Sec. 10. The state department may make grants to local boards of health from funds appropriated to the state department for this purpose, in accordance with the formula provided in section 14 of this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-11**Community health services plan**

Sec. 11. To qualify for financial support under this chapter, a local

board of health must submit an acceptable plan of community health services to the state department.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-12

Inclusive health plans

Sec. 12. An inclusive health plan for local boards of health must include the services necessary to meet additional demands for health services resulting from a migratory temporary increase in population or other unusual circumstances affecting the health of the community.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-13

Distribution of funds

Sec. 13. (a) State funds for foundation and adjustment and incentive support may be distributed to local boards of health through the established local authority and in accordance with legally established guidelines.

(b) Funds distributed to local boards of health under this chapter shall be placed in a special fund known as the county health fund or the city general fund.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-14

Basis of financial assistance

Sec. 14. (a) Whenever a local board of health qualifies for state financial assistance under this chapter, the assistance shall be based upon an annual foundation support not to exceed ten thousand dollars (\$10,000) plus an amount in accord with a formula on a pro rata basis determined by the state department in proportion to the amount appropriated.

(b) The formula described in subsection (a) shall be provided for by rule of the state department and within the policy and intent of this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-15

Joint and contract health services

Sec. 15. A local board of health may join or contract with another board of health for the provision of health services when it is economical to do so.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-16

Rules

Sec. 16. The state department may adopt rules under IC 4-22-2 necessary to implement this chapter. The rules must implement and

construe the activities and responsibilities assigned to local boards of health by Indiana statutes and those delegated to the state department.

As added by P.L.2-1993, SEC.29.

IC 16-46-1-17

Funds from other sources

Sec. 17. This chapter does not prevent local boards of health from receiving funds from other sources and disbursing those funds for use:

(1) in the improvement and extension of existing programs; and

(2) in the development of new and needed programs;

to protect the health of the public.

As added by P.L.2-1993, SEC.29.

IC 16-46-2

Chapter 2. Governor's Use of State Funds to Prevent Spread of Disease

IC 16-46-2-1

Drawing of orders

Sec. 1. For the purpose of preventing the introduction and spread of cholera and other contagious and infectious diseases within Indiana, the governor may, at any time the governor believes it proper and necessary, draw an order on the auditor of state, subject to the limitation set forth in section 4 of this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-2-2

Issuance of warrants

Sec. 2. The auditor of state shall issue to the governor a warrant on the state treasury in the amount named in the order of the governor.

As added by P.L.2-1993, SEC.29.

IC 16-46-2-3

Use of funds

Sec. 3. The governor shall expend the amount drawn, aided by the state department and other persons designated by the governor, in the manner ordered by the governor.

As added by P.L.2-1993, SEC.29.

IC 16-46-2-4

Limit on funds

Sec. 4. Not more than fifty thousand dollars (\$50,000) may be drawn under this chapter in any one (1) fiscal year.

As added by P.L.2-1993, SEC.29.

IC 16-46-3

Chapter 3. Cooperative Efforts of State Department of Health and Indiana State Board of Education

IC 16-46-3-1

Consultation and cooperation

Sec. 1. The state department and the Indiana state board of education shall at all times consult with and cooperate with one another in matters relating to the health of children attending the public schools.

As added by P.L.2-1993, SEC.29.

IC 16-46-3-2

Consultant and advisory services

Sec. 2. The state department and the Indiana state board of education shall jointly work out a program under which the services of all doctors, nurses, dentists, sanitary engineers, and other specialists of the state department shall be made available to public and other schools accredited by the Indiana state board of education for consultant and advisory services in matters pertaining to the following:

- (1) School nursing.
- (2) Obtaining the services of physicians and dentists for schools.
- (3) Sanitation of school buildings and grounds.
- (4) Health.
- (5) Physical education.

As added by P.L.2-1993, SEC.29.

IC 16-46-3-3

Effect of chapter

Sec. 3. This chapter does not amend, supersede, or repeal any other statute vesting authority in any township trustee, school board, board of school trustees, or board of school commissioners.

As added by P.L.2-1993, SEC.29.

IC 16-46-4

**Chapter 4. Cooperative Efforts of State Department of Health
and Other State Agencies**

IC 16-46-4-1

Availability of state health department facilities and personnel

Sec. 1. The professional, technical, and administrative facilities and personnel of the state department shall be made available to other agencies of state government upon request of the appropriate administrative authority of the other agencies.

As added by P.L.2-1993, SEC.29.

IC 16-46-4-2

Facilities and personnel available to state health department

Sec. 2. Upon the request of the local board of health and the commissioner of the state department, the professional, technical, and administrative facilities and personnel of other agencies of state government shall be made available by those other agencies to the state department.

As added by P.L.2-1993, SEC.29.

IC 16-46-5

Chapter 5. Indiana Health Care Professional Recruitment and Retention Fund

IC 16-46-5-1

Community or migrant health center

Sec. 1. As used in this chapter, "community or migrant health center" means a nonprofit corporation that:

(1) provides primary health care services to indigent persons on a sliding fee scale basis; and

(2) is consumer governed.

As added by P.L.2-1993, SEC.29.

IC 16-46-5-2

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-3

Fund

Sec. 3. As used in this chapter, "fund" refers to the Indiana health care professional recruitment and retention fund.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.2.

IC 16-46-5-4

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-5

Maternal and child health clinic

Sec. 5. As used in this chapter, "maternal and child health clinic" means a clinic that provides quality, comprehensive prenatal, child health, or family services to a person who would otherwise be unable to obtain these services due to financial or geographic barriers.

As added by P.L.2-1993, SEC.29.

IC 16-46-5-6

Shortage area

Sec. 6. As used in this chapter, "shortage area" means a county, city, town, census tract, or township designated by the state department as underserved by health care professionals under section 7 of this chapter.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.3.

IC 16-46-5-7

Designation of areas underserved by health care professionals

Sec. 7. The state department shall annually adopt the federal

designation of the counties, cities, towns, census tracts, and townships in Indiana that are underserved by specific types of health care professionals as determined by the state department. The state department shall rank these areas according to the degree each area is underserved by health care professionals.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.4.

IC 16-46-5-8

Establishment and use of fund

Sec. 8. (a) The Indiana health care professional recruitment and retention fund is established. The purpose of the fund is to provide loan repayment for student loans incurred by health care professionals to encourage the delivery of health care in shortage areas. The state department shall administer the fund.

(b) The fund consists of the following:

- (1) Appropriations by the general assembly.
- (2) Repayments by loan recipients from the Indiana medical and nursing distribution loan fund under IC 25-22.5-9 (repealed July 1, 1987).
- (3) Gifts to the fund.
- (4) Grants from public or private sources.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund.

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

(e) The fund shall be used to do the following:

- (1) Provide loan repayment under this chapter.
- (2) Pay the costs incurred by the state department in administering this chapter.

The administrative costs paid from the fund under subdivision (2) may not exceed thirty thousand dollars (\$30,000) per year.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.5; P.L.122-2012, SEC.8.

IC 16-46-5-9

Health care professional eligible for loan repayment

Sec. 9. In order to be eligible for loan repayment for student loans, a health care professional must meet all of the following conditions:

- (1) Hold an unlimited license to practice a health care profession in Indiana that has been declared by the state department to be eligible for loan repayment in a specified fiscal year.
- (2) Practice in a shortage area in a health care profession that has been declared eligible by the state department for loan repayment in a specified fiscal year.
- (3) Either:
 - (A) enter into an agreement with the state department; or
 - (B) provide the state department with a copy of an

agreement that the health professional has entered into with a provider in a shortage area;
to practice in the shortage area for at least one (1) year.
As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.6; P.L.122-2012, SEC.9.

IC 16-46-5-10

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-11

Application forms

Sec. 11. A health care professional must apply for a loan repayment on an application form supplied by the state department.
As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.7.

IC 16-46-5-12

Determination of eligibility and extent of shortages

Sec. 12. The state department shall consider each application and determine the following:

- (1) The eligibility of the applicant for the program under which the application is submitted.
- (2) The extent to which the shortage area or eligible entity located in a shortage area is underserved, according to the rank given the shortage area under section 7 of this chapter.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.8.

IC 16-46-5-13

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-13.5

Annual loan repayment for student grants

Sec. 13.5. The state department may award an annual loan repayment in an amount not greater than the documented amount of the student loans incurred by a health care professional.

As added by P.L.72-2001, SEC.9.

IC 16-46-5-14

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-15

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-16

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-17

Repealed

(As added by P.L.2-1993, SEC.29. Repealed by P.L.72-2001, SEC.11.)

IC 16-46-5-18

Annual reports

Sec. 18. The state department shall file an annual report with the governor and the general assembly on the following:

- (1) The receipt, disbursement, and use of funds.
- (2) The identification of shortage areas.
- (3) The number of applications for loan repayment by the following categories:
 - (A) Profession.
 - (B) Specialty.
 - (C) Underserved area to be served.
- (4) The number and amount of loan repayments provided by the state department.

A report filed under this section with the general assembly must be in an electronic format under IC 5-14-6.

As added by P.L.2-1993, SEC.29. Amended by P.L.72-2001, SEC.10; P.L.28-2004, SEC.141.

IC 16-46-5-19

Rules

Sec. 19. (a) The state department shall adopt rules under IC 4-22-2 necessary to carry out this chapter.

(b) The state department shall adopt rules under IC 4-22-2 to ensure that a loan repayment provided under this chapter complies with federal law and regulations.

As added by P.L.2-1993, SEC.29. Amended by P.L.122-2012, SEC.10.

IC 16-46-6

Chapter 6. Interagency State Council on Black and Minority Health

IC 16-46-6-1

Council

Sec. 1. As used in this chapter, "council" refers to the interagency state council on black and minority health.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-2

Minority

Sec. 2. As used in this chapter, "minority" means an individual identified as any of the following:

- (1) Black or African-American.
- (2) Hispanic or Latino.
- (3) Asian.
- (4) American Indian.
- (5) Alaska Native.
- (6) Native Hawaiian and other Pacific Islander.

As added by P.L.2-1993, SEC.29. Amended by P.L.194-1995, SEC.1; P.L.242-2003, SEC.1.

IC 16-46-6-3

Establishment

Sec. 3. The state department shall establish the interagency state council on black and minority health.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-4

Membership

Sec. 4. (a) The council consists of the following twenty-one (21) members:

- (1) Two (2) members of the house of representatives from different political parties appointed by the speaker of the house of representatives.
- (2) Two (2) members of the senate from different political parties appointed by the president pro tempore of the senate.
- (3) The governor or the governor's designee.
- (4) The state health commissioner or the commissioner's designee.
- (5) The director of the division of family resources or the director's designee.
- (6) The director of the office of Medicaid policy and planning or the director's designee.
- (7) The director of the division of mental health and addiction or the director's designee.
- (8) The commissioner of the department of correction or the

commissioner's designee.

(9) One (1) representative of a local health department appointed by the governor.

(10) One (1) representative of a public health care facility appointed by the governor.

(11) One (1) psychologist appointed by the governor who:

(A) is licensed to practice psychology in Indiana; and

(B) has knowledge and experience in the special health needs of minorities.

(12) One (1) member appointed by the governor based on the recommendation of the Indiana State Medical Association.

(13) One (1) member appointed by the governor based on the recommendation of the National Medical Association.

(14) One (1) member appointed by the governor based on the recommendation of the Indiana Hospital and Health Association.

(15) One (1) member appointed by the governor based on the recommendation of the American Cancer Society.

(16) One (1) member appointed by the governor based on the recommendation of the American Heart Association.

(17) One (1) member appointed by the governor based on the recommendation of the American Diabetes Association.

(18) One (1) member appointed by the governor based on the recommendation of the Black Nurses Association.

(19) One (1) member appointed by the governor based on the recommendation of the Indiana Minority Health Coalition.

(b) At least fifty-one percent (51%) of the members of the council must be minorities.

As added by P.L.2-1993, SEC.29. Amended by P.L.4-1993, SEC.249; P.L.5-1993, SEC.262; P.L.194-1995, SEC.2; P.L.215-2001, SEC.89; P.L.242-2003, SEC.2; P.L.2-2005, SEC.59; P.L.145-2006, SEC.147.

IC 16-46-6-5

Appointments

Sec. 5. All appointments to the council are for two (2) years. A member may be reappointed to the commission for succeeding terms.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-6

Chairman

Sec. 6. The council shall select a chairman from the membership annually.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-7

Vacancy appointments

Sec. 7. Appointments to fill a vacancy are for the remainder of an unexpired term and are made by the authority who made the original

appointment.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-8

Staff

Sec. 8. The state department and the Indiana Minority Health Coalition, Inc. shall provide staff for the council.

As added by P.L.2-1993, SEC.29. Amended by P.L.242-2003, SEC.3.

IC 16-46-6-9

Meetings

Sec. 9. The council shall hold at least four (4) meetings annually.

As added by P.L.2-1993, SEC.29.

IC 16-46-6-10

Duties

Sec. 10. The council shall do the following:

- (1) Identify and study the special health care needs and health problems of minorities.
- (2) Examine the factors and conditions that affect the health of minorities.
- (3) Examine the health care services available to minorities in the public and private sector and determine the extent to which these services meet the needs of minorities.
- (4) Study the state and federal laws concerning the health needs of minorities.
- (5) Examine the coordination of services to minorities and recommend improvements in the delivery of services.
- (6) Examine funding sources for minority health care.
- (7) Examine and recommend preventive measures concerning the leading causes of death or injury among minorities, including the following:
 - (A) Heart disease.
 - (B) Stroke.
 - (C) Cancer.
 - (D) Intentional injuries.
 - (E) Accidental death and injury.
 - (F) Cirrhosis.
 - (G) Diabetes.
 - (H) Infant mortality.
 - (I) HIV and acquired immune deficiency syndrome.
 - (J) Mental Health.
 - (K) Substance Abuse.
- (8) Examine the impact of the following on minorities:
 - (A) Adolescent pregnancy.
 - (B) Sexually transmitted and other communicable diseases.
 - (C) Lead poisoning.
 - (D) Long term disability and aging.

(E) Sickle cell anemia.

(9) Monitor the Indiana minority health initiative and other public policies that affect the health status of minorities.

(10) Develop and implement a comprehensive plan and time line to address health disparities and health issues of minority populations in Indiana.

As added by P.L.2-1993, SEC.29. Amended by P.L.194-1995, SEC.3; P.L.242-2003, SEC.4.

IC 16-46-6-11

Annual reports

Sec. 11. The council shall submit a report in an electronic format under IC 5-14-6 to the general assembly before November 1 of each year. The report must include the following:

(1) The findings and conclusions of the council.

(2) Recommendations of the council.

As added by P.L.2-1993, SEC.29. Amended by P.L.28-2004, SEC.142.

IC 16-46-6-12

Violations

Sec. 12. (a) Except as otherwise provided, a person who recklessly violates or fails to comply with this chapter commits a Class B misdemeanor.

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

As added by P.L.2-1993, SEC.29.

IC 16-46-6-13

Per diem compensation and traveling expenses

Sec. 13. (a) Each member of the council who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The council member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the council who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Expenses incurred under this section must be paid out of the funds appropriated to the state department.

As added by P.L.152-1997, SEC.1.

IC 16-46-7

Chapter 7. Sickle Cell Anemia Grant Program

IC 16-46-7-1

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-2

Establishment

Sec. 2. The state department shall establish a program for the purpose of providing funds for the prevention, care, and treatment of sickle cell anemia and for educational programs concerning the disease.

As added by P.L.2-1993, SEC.29.

IC 16-46-7-3

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-4

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-5

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-6

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-7

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-7-8

Duties of state health department

Sec. 8. The state department shall do the following:

- (1) Develop application criteria and standards of eligibility for groups or organizations who apply for funds under this program.
- (2) Make available grants to groups and organizations who meet the eligibility standards set by the department. However, the highest priority for grants shall be accorded to established sickle cell anemia foundation chapters throughout Indiana.
- (3) Determine the maximum amount available for each grant.
- (4) Determine policies for expiration and renewal of grants.
- (5) Require that all grant funds be used for the purpose of

prevention, care, and treatment of sickle cell anemia or for educational programs concerning the disease.

(6) Adopt necessary rules.

As added by P.L.2-1993, SEC.29. Amended by P.L.87-1994, SEC.12.

IC 16-46-8

Chapter 8. Chronic Renal Disease Program; Chronic Disease Advisory Committee

IC 16-46-8-1

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-2

Establishment of program

Sec. 2. The state department shall establish a program for the purpose of prevention, care, and treatment of chronic renal disease.

As added by P.L.2-1993, SEC.29.

IC 16-46-8-3

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-4

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-5

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-6

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-7

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-8

Repealed

(Repealed by P.L.87-1994, SEC.16.)

IC 16-46-8-9

Duties of state health department

Sec. 9. The state department shall do the following:

- (1) Develop programs for the prevention, care, and treatment of persons suffering from chronic renal diseases, including dialysis, transplantation, and other medical procedures and techniques which will have a lifesaving effect.
- (2) Set standards for dialysis and other treatment centers within these programs.
- (3) Develop standards for determining eligibility for care and

treatment.

(4) Extend financial assistance to persons suffering from chronic renal diseases for obtaining necessary medical, nursing, pharmaceutical, and technical services, including the rental or purchase of home dialysis equipment.

(5) Institute an educational program among physicians, hospitals, public health departments, and the public concerning chronic renal diseases, including the dissemination of information.

(6) Adopt necessary rules.

As added by P.L.2-1993, SEC.29. Amended by P.L.87-1994, SEC.13.

IC 16-46-8-10

Financial assistance

Sec. 10. Financial assistance shall be available to individuals who are unable to pay for services on a continuing basis.

As added by P.L.2-1993, SEC.29.

IC 16-46-9

Chapter 9. Grants for Tuberculosis Programs

IC 16-46-9-1

Grant recipients

Sec. 1. The state department may make grants of money from state appropriated money to:

- (1) any county or counties jointly operating a local clinic or dispensary;
- (2) a sanatorium;
- (3) a hospital providing outpatient care; or
- (4) in a small community, a private physician;

for the treatment of persons suffering from or suspected of suffering from tuberculosis, the contacts of such persons, positive reactors, and associates of reactors.

As added by P.L.2-1993, SEC.29.

IC 16-46-9-2

Eradication programs

Sec. 2. A program of tuberculosis eradication includes all recognized medical and public health activities necessary to the finding, diagnosing, and treating of cases of tuberculosis. Such a program includes the following:

- (1) The establishment of outpatient care centers.
- (2) The provision of drugs and medications.
- (3) The follow-up of suspected cases of tuberculosis and the contacts of individuals with tuberculosis.
- (4) The follow-up of all cases and contacts for the purpose of assuring that such individuals remain under medical supervision.

As added by P.L.2-1993, SEC.29.

IC 16-46-9-3

Examination and treatment costs

Sec. 3. (a) Subject to subsection (b), the entire cost of the examination and treatment of a patient at an outpatient tuberculosis treatment center shall be paid by the county of residence of the patient if the patient is financially unable to do so.

(b) The entire cost of examination and treatment under subsection (a) shall be reduced by five dollars (\$5) per examination and treatment. This amount represents a subsidy from the state in the interests of the control of tuberculosis and the maintenance of public health.

As added by P.L.2-1993, SEC.29.

IC 16-46-9-4

Grant procedure

Sec. 4. Grants made under this chapter shall be made under the

laws and rules governing the action of both state and local (municipal and county) governmental units in these matters.

As added by P.L.2-1993, SEC.29.

IC 16-46-9-5

Rules

Sec. 5. The state department may adopt rules under IC 4-22-2 not inconsistent with this chapter for the administration of this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-9-6

Appropriations

Sec. 6. There is annually appropriated to the state department a sufficient amount from the state general fund for distribution to the counties under section 3 of this chapter.

As added by P.L.2-1993, SEC.29.

IC 16-46-10

Chapter 10. Local Health Maintenance Fund

IC 16-46-10-1

Local health maintenance fund established

Sec. 1. (a) The local health maintenance fund is established for the purpose of providing local boards of health with funds to provide public health services. The fund shall be administered by the state department and consists of:

- (1) appropriations by the general assembly; and
- (2) penalties paid and deposited in the fund under IC 6-8-11-17.

(b) The expenses of administering the fund shall be paid from money in the fund.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested. Interest that accrues from these investments shall be deposited in the fund.

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

As added by P.L.82-1993, SEC.3. Amended by P.L.92-1995, SEC.3.

IC 16-46-10-2

Funding to local boards of health

Sec. 2. (a) Except as provided in subsections (b) and (d), the state department shall provide funding each year from the local health maintenance fund under the following schedule to each local board of health whose application for funding is approved by the state department:

COUNTY POPULATION	AMOUNT OF GRANT
over - 499,999	\$ 60,000
100,000 - 499,999	50,000
50,000 - 99,999	30,000
under - 50,000	20,000

(b) For purposes of determining the amount of a grant to a multiple county board of health, the state department shall regard each county of the multiple county health department as a separate county. A grant to a multiple county board of health must equal the total of grants that would be made to the separate counties based on the population of each county.

(c) A local board of health that desires to receive funding from the local health maintenance fund must file an application with the state department before May 1 of each year. The application must state how the funds will be spent. The state department may extend the deadline for filing an application upon a showing of good cause by the local board of health.

(d) If a county has more than one (1) local health department, the county fiscal body shall adopt an ordinance to allocate the funds provided to the county under subsection (a). This ordinance must

provide that each local board of health in the county must receive an allocation of funds granted under subsection (a). The county fiscal body shall file a copy of the ordinance with the state department before May 1 of each year.

(e) By June 1 of each year, the state department shall:

(1) allocate money in the local health maintenance fund (for distribution the following January) to each local board of health whose application is approved in accordance with the schedule in subsection (a); and

(2) determine how much money in the local health maintenance fund has not been applied for.

The state department may use the money that has not been applied for or otherwise allocated to fund joint plans entered into by two (2) or more local boards of health or by a multiple county board as provided in subsections (g) and (i).

(f) If two (2) or more local boards of health cooperate in providing any of the services set out in section 3 of this chapter, those boards of health shall file a joint plan that must be approved by the state department. The joint plan must specify the following:

(1) The services to be provided under the plan.

(2) The cost of each service to be provided under the plan.

(3) The percentage of the total cost of services to be provided under the joint plan by each local board of health.

(g) If two (2) or more local boards of health join together to provide services in accordance with a joint plan filed with the state department of health under subsection (f), and the state department determines that the services to be provided under the joint plan are eligible for funding from the local health maintenance fund, the state department shall grant (in addition to the funds provided to each county in which the local boards of health are located under subsection (a)) an amount not to exceed fifteen thousand dollars (\$15,000) to fund the joint plan. The state department shall grant money to fund joint plans that most effectively accomplish the following goals in accordance with standards adopted by the state department:

(1) Benefit the greatest number of people.

(2) Provide services in a cost effective manner.

(3) Address the most serious health care needs of the area served.

(4) Provide additional public health services in a medically underserved or economically distressed area.

This money shall be allocated directly to each local board of health participating in the joint plan in the same percentages specified in the joint plan under subsection (f)(3).

(h) A multiple county health board may file a plan under this section to provide any of the services set out in section 3 of this chapter. If the state department determines that the services to be provided under the plan submitted by a multiple county health board are eligible for funding from the local health maintenance fund, the

state department shall grant (in addition to the funds provided under subsection (a) to each county in which the local boards of health are located) an amount not to exceed fifteen thousand dollars (\$15,000) to fund the plan.

(i) Services funded under this section must be in addition to, and not in place of, services funded at the local level.

As added by P.L.82-1993, SEC.3.

IC 16-46-10-3

Use of funding by local boards of health

Sec. 3. (a) Funding provided a local board of health under section 2 of this chapter may be used by the local board to provide any of the following services:

- (1) Animal and vector control.
- (2) Communicable disease control, including immunizations.
- (3) Food sanitation.
- (4) Environmental health.
- (5) Health education.
- (6) Laboratory services.
- (7) Maternal and child health services, including prenatal clinics and well-child clinics.
- (8) Nutrition services.
- (9) Public health nursing, including home nursing visitation and vision and hearing screening.
- (10) Vital records.

(b) Money granted a local board of health from the local health maintenance fund may not be used for any purpose other than for the services listed in this section.

As added by P.L.82-1993, SEC.3.

IC 16-46-10-4

Provision of funded services; cost to recipient; use of fees

Sec. 4. (a) Except as provided in subsections (b) and (c), the services funded under this chapter shall be provided without cost to a recipient.

(b) If a recipient has insurance or any type of public indemnification that would in part pay for any services funded under this chapter, then the recipient shall assign the recipient's rights to that insurance or public indemnification to the local board of health. The insurer, upon notification from the local board of health, shall pay for those services covered under that recipient's insurance policy or public indemnification.

(c) The legislative body of the unit in which a local board of health has jurisdiction may adopt an ordinance that requires the local board of health to do either or both of the following:

- (1) Charge individuals for services on a sliding fee schedule based on income that is adopted by the state board under rules adopted under IC 4-22-2.

(2) Charge corporations, partnerships, and other commercial concerns for services funded under this chapter.

(d) The fees for services collected under subsection (c) shall be used only for public health purposes and shall be used in addition to, and not in place of, funds allocated for public health purposes before the ordinance described in subsection (c) became effective.

As added by P.L.82-1993, SEC.3.

IC 16-46-10-5

Adoption of rules by state board

Sec. 5. The state board shall adopt rules under IC 4-22-2 necessary to carry out this chapter.

As added by P.L.82-1993, SEC.3.

IC 16-46-11

Chapter 11. Minority Health Initiatives

IC 16-46-11-1

Powers and duties of the state department of health and the office of minority health

Sec. 1. The office of minority health and the state department of health, in partnership with the Indiana Minority Health Coalition, Inc., shall do the following:

- (1) Staff, coordinate, and assist in the implementation of the comprehensive health plan developed by the interagency state council on black and minority health established under IC 16-46-6.
- (2) Expand, develop, and implement a community based state structure that is conducive to addressing the health disparities of the minority populations in Indiana.
- (3) Monitor minority health progress.
- (4) Establish policy.
- (5) Fund minority health programs, research, and other initiatives.
- (6) Provide the following through interdepartmental coordination:
 - (A) The data and technical assistance needs of the local minority health coalitions.
 - (B) Measurable minority health objectives to local minority health coalitions for the development of health intervention programs.
- (7) Provide through the state health data center established by IC 16-19-10-3 minority health research and resource information addressing the following:
 - (A) Research within minority populations.
 - (B) A resource database that can be disseminated to local organizations interested in minority health.
 - (C) Racial and ethnic specific databases including morbidity, diagnostic groups, social/economic, education, and population.
 - (D) Attitude, knowledge, and belief information.
- (8) Staff a minority health hotline that establishes linkages with other health and social service hotlines and local coalitions.
- (9) Develop and implement an aggressive recruitment and retention program to increase the number of minorities in the health and social services professions.
- (10) Develop and implement an awareness program that will increase the knowledge of health and social service providers to the special needs of minorities.
- (11) Develop and implement culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize avoiding the health risk factors for

conditions affecting minorities and incorporate an accessible, affordable, and acceptable early detection and intervention component.

(12) Provide the state support necessary to ensure the continued development of the existing minority health coalitions and to develop coalitions in other areas targeted for minority health intervention.

(13) Coordinate each of the counties with existing local minority health coalitions to:

(A) provide community planning and needs assessment assistance to the local minority health coalitions; and

(B) assist the local minority health coalitions in the development of local minority health intervention plans. The plans shall be developed to coincide with the state fiscal year.

(14) Establish a liaison between the department and the Indiana Minority Health Coalition, Inc., to:

(A) coordinate the state department of health resources needed for the development of local coalitions;

(B) provide assistance to and monitor the local coordinators in the development of local intervention plans;

(C) serve as the barometer to the state department of health on the minority health concerns of local coalitions;

(D) assist in coordinating the minority community input on state policies and programs;

(E) serve as the linkage with the state department of health and the local minority health coordinators; and

(F) monitor the progress of the fulfilling of their responsibilities.

(15) Provide funding, within the limits of appropriations, to support preventive health, education, and treatment programs in the minority communities that are developed, planned, and evaluated by approved organizations.

(16) Provide assistance to local communities to obtain funding for the development of a health care delivery system to meet the needs, gaps, and barriers identified in the local plans.

As added by P.L.278-1993(ss), SEC.30. Amended by P.L.242-2003, SEC.5; P.L.38-2010, SEC.5.

IC 16-46-11.1

Chapter 11.1. Commission on Health Care Interpreters and Translators

IC 16-46-11.1-1

"Commission"

Sec. 1. For purposes of this chapter, "commission" refers to the commission on health care interpreters and translators established by section 4 of this chapter.

As added by P.L.61-2004, SEC.4.

IC 16-46-11.1-2

"Health care interpreter"

Sec. 2. For purposes of this chapter, "health care interpreter" means a professional interpreter who works primarily in the field of health care facilitating the oral communication among a:

- (1) provider;
- (2) patient; and
- (3) patient's family.

As added by P.L.61-2004, SEC.4.

IC 16-46-11.1-3

"Health care translator"

Sec. 3. For purposes of this chapter, "health care translator" means a professional translator who:

- (1) works primarily in the field of health care; and
- (2) specializes in the translation of written medical documents from one (1) language into another.

As added by P.L.61-2004, SEC.4.

IC 16-46-11.1-4

Establishment; staff

Sec. 4. The commission on health care interpreters and translators is established. The state department shall provide staff for the commission.

As added by P.L.61-2004, SEC.4.

IC 16-46-11.1-5

Members; appointment

Sec. 5. (a) The commission consists of the following fifteen (15) members:

- (1) One (1) member representing the state department.
- (2) One (1) member representing local health departments.
- (3) One (1) member representing the medical profession.
- (4) One (1) member representing postsecondary educational institutions in Indiana.
- (5) Two (2) members representing patient advocacy groups.
- (6) One (1) member representing community organizations.

- (7) One (1) member representing interpreter professional associations.
- (8) One (1) member representing translator professional associations.
- (9) One (1) member representing hospitals.
- (10) One (1) member representing the interagency state council on black and minority health.
- (11) One (1) member representing the department of correction who is nominated by the commissioner of the department of correction.
- (12) One (1) member representing the department of education who is nominated by the state superintendent of public instruction.
- (13) One (1) member representing the office of Medicaid policy and planning who is nominated by the director of the office of Medicaid policy and planning.
- (14) The executive director of the health professions bureau or the executive director's designee.

The state health commissioner shall appoint the members of the commission designated by subdivisions (1) through (13). The appointments made under this subsection must be made in a manner to maintain cultural and language diversity.

(b) The state health commissioner shall designate:

- (1) one (1) member as chairperson of the commission; and
- (2) one (1) member as vice chairperson of the commission.

(c) Except for the member of the commission designated by subsection (a)(14), a member is appointed to a term of two (2) years or until a successor is appointed. A member may be reappointed to an unlimited number of terms.

(d) Except for the member of the commission designated by subsection (a)(14), if a member:

- (1) resigns;
- (2) dies; or
- (3) is removed from the commission;

before the expiration of the member's term, the state health commissioner shall appoint a new member to serve for the remainder of the term.

(e) The expenses of the commission shall be paid from funds appropriated to the state department.

(f) Each member of the commission who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) The affirmative votes of a majority of the members appointed to the commission are required for the commission to take action on any measure.

(h) The commission shall meet quarterly or on the call of the chairperson.

As added by P.L.61-2004, SEC.4. Amended by P.L.2-2007, SEC.196.

IC 16-46-11.1-6

Powers and duties

Sec. 6. The commission shall do the following:

(1) Write bylaws concerning the operation of the commission.

(2) Define the terms "health care interpreter" and "health care translator".

(3) Review and determine the proper level of regulation or oversight that Indiana should have over health care interpreters and health care translators practicing in Indiana.

(4) Recommend the level and type of education necessary to perform the job of:

(A) a health interpreter; and

(B) a health care translator.

(5) Recommend standards that health care interpreters and health care translators should meet in order to practice in Indiana.

As added by P.L.61-2004, SEC.4.

IC 16-46-12

Chapter 12. Bone Marrow and Organ Donations

IC 16-46-12-1

"Fund" defined

Sec. 1. As used in this chapter, "fund" refers to the bone marrow and organ donor fund established by section 2 of this chapter.

As added by P.L.81-2002, SEC.3.

IC 16-46-12-2

Bone marrow and organ donor fund

Sec. 2. (a) The bone marrow and organ donor fund is established for the purposes under section 3 of this chapter. The department shall administer the fund.

(b) Expenses of administering the fund shall be paid from money in the fund.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

As added by P.L.81-2002, SEC.3.

IC 16-46-12-3

Purposes of fund

Sec. 3. The department shall use money in the fund to:

- (1) establish a program; or
- (2) provide grants to programs;

to provide free human leukocyte antigen (HLA) testing, which is administered to place an individual on a national bone marrow donor registry and provide free testing to place an individual on a national human organ donor registry.

As added by P.L.81-2002, SEC.3.

IC 16-46-12-4

Rules

Sec. 4. The department may adopt rules under IC 4-22-2 to administer this chapter.

As added by P.L.81-2002, SEC.3.

IC 16-46-13

Chapter 13. Small Employer Wellness Programs

IC 16-46-13-1

Rules concerning small employer wellness programs

Sec. 1. (a) The state department shall adopt rules under IC 4-22-2 to establish:

- (1) minimum standards for use by a small employer in establishing a wellness program to improve the health of employees of the small employer; and
- (2) criteria and a process for certification of a small employer's wellness program that meets the minimum standards established under subdivision (1) as a qualified wellness program for purposes of IC 6-3.1-31.2.

(b) The minimum standards established under subsection (a) must include a requirement that a wellness program provide rewards for employee:

- (1) appropriate weight loss;
- (2) smoking cessation; and
- (3) pursuit of preventative health care services.

As added by P.L.218-2007, SEC.44.

IC 16-46-13-2

Certification of small employer wellness programs

Sec. 2. (a) A small employer may submit to the state department for certification a wellness program developed by the small employer.

(b) The state department shall review and, based on the criteria established under section 1 of this chapter, make a determination of whether to certify a wellness program submitted under subsection (a) as a qualified wellness program.

(c) If a wellness program is certified by the state department, the state department shall provide to the small employer a certificate reflecting that the wellness program is a qualified wellness program for purposes of IC 6-3.1-31.2.

As added by P.L.218-2007, SEC.44.

IC 16-46-14

Chapter 14. Safety PIN (Protecting Indiana's Newborns) Grant Program

IC 16-46-14-1

Safety PIN grant program established

Sec. 1. The safety PIN (protecting Indiana's newborns) grant program is established. The state department shall administer the program.

As added by P.L.125-2015, SEC.1.

IC 16-46-14-2

Safety PIN grant fund established; nonreversion; transfer of money appropriated to the fund

Sec. 2. (a) The safety PIN (protecting Indiana's newborns) grant fund is established for the purpose of distributing money for the reducing infant mortality grant program. The fund shall be administered by the state department.

(b) The fund consists of:

- (1) money appropriated for the program or to the fund by the general assembly;
- (2) money received from state or federal grants or programs; and
- (3) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from the investments shall be deposited in the fund.

(e) Money in the fund at the end of the state fiscal year does not revert to the state general fund or to any other fund in the case of an appropriation made to the program from a fund other than the state general fund. In addition, if there is an appropriation for the program for a state fiscal year, the money appropriated shall be transferred to the fund at the beginning of the state fiscal year for which the appropriation is made.

As added by P.L.125-2015, SEC.1. Amended by P.L.204-2016, SEC.30.

IC 16-46-14-3

Grant proposals; requirements; initial award of 60%

Sec. 3. (a) A person seeking a grant under this chapter must submit a proposal to the state department.

(b) A proposal for a grant under this chapter must include the following:

- (1) The targeted area.

(2) Measurable behavioral or secondary outcomes within the target area.

(3) A proposed specific reduction in the rate of infant mortality among the targeted area that is measurable based on available information to the state department.

(4) The time frame in which to achieve the reduction described in subdivision (3).

(c) The state department shall determine whether to approve a grant proposal. If the state department approves a proposal, the initial award amount shall not exceed sixty percent (60%) of the total grant amount approved for the proposal. The state department shall distribute the remaining amount of the approved grant to the grantee when the state department determines that the reduction in the infant mortality rate among the proposal's targeted area has been achieved within the time frame specified in the grant proposal.

As added by P.L.125-2015, SEC.1. Amended by P.L.204-2016, SEC.31.

IC 16-46-14-4

Preferences in awarding grants; development of regions

Sec. 4. (a) In awarding grants under this chapter, the state department shall give preference to proposals that seek to do any of the following:

(1) Improve access and coordination through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support.

(2) Incentivize at-risk pregnant women and fathers to obtain prenatal care and support.

(3) Decrease smoking rates among pregnant women and fathers.

(4) Promote evidence based home visitation by a trained provider or coordinator.

(5) Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers.

(6) Address the issue of infant mortality on a regional basis.

(b) The state department shall develop regions for purposes of subsection (a)(6).

As added by P.L.125-2015, SEC.1.

IC 16-46-14-5

Rules

Sec. 5. The state department may adopt necessary rules under IC 4-22-2 to implement this chapter.

As added by P.L.125-2015, SEC.1.