

IC 16-19

ARTICLE 19. STATE DEPARTMENT OF HEALTH

IC 16-19-1

Chapter 1. Establishment of State Department of Health

IC 16-19-1-1

Establishment of department

Sec. 1. The state department of health is established.

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

IC 16-19-1-2

Status of department

Sec. 2. The state department is the superior health department of the state, to which all other health boards are subordinate.

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

IC 16-19-1-3

Seal

Sec. 3. The executive board of the state department may adopt an appropriate seal.

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

IC 16-19-1-4

Repealed

(As added by P.L.220-2011, SEC.309. Repealed by P.L.100-2012, SEC.48.)

IC 16-19-2

Chapter 2. Establishment of Executive Board

IC 16-19-2-1

Establishment; membership

Sec. 1. (a) The executive board of the state department of health is established.

(b) The executive board consists of eleven (11) members appointed by the governor as follows:

- (1) Three (3) licensed physicians.
- (2) One (1) sanitary engineer.
- (3) One (1) pharmacist.
- (4) One (1) dentist.
- (5) One (1) veterinarian.
- (6) One (1) registered nurse.
- (7) One (1) hospital administrator.
- (8) One (1) health facility administrator.
- (9) One (1) other person.

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

IC 16-19-2-2

Term of office

Sec. 2. Members of the executive board shall be appointed for terms of four (4) years. Each member shall serve until a successor is appointed and qualified.

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

IC 16-19-2-3

Removal for cause; vacancies

Sec. 3. Members of the executive board may be removed by the governor for cause. A vacancy on the executive board shall be filled by appointment by the governor for the unexpired term.

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

IC 16-19-2-4

Administrative authority of executive board or appeals board

Sec. 4. The executive board, or an appeals panel if designated by statute, is the ultimate authority under IC 4-21.5 for any matter concerning the state department.

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

IC 16-19-2-5

Advisory functions

Sec. 5. In addition to any other statutory duty, the executive board shall serve as an advisory board to the state department.

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

IC 16-19-2-6

Meetings

Sec. 6. The executive board shall meet at least one (1) time every two (2) months and at other times as the executive board considers expedient.

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

IC 16-19-2-7**Quorum**

Sec. 7. A majority of the executive board members constitutes a quorum for the transaction of official business.

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

IC 16-19-2-8**Per diem; traveling expenses**

Sec. 8. Each member of the executive board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The 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.

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

IC 16-19-2-9**Chairman**

Sec. 9. The members shall elect one (1) member as chairman of the executive board. The chairman shall serve for a term of two (2) years, unless the person's term of office as a member of the executive board expires sooner.

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

IC 16-19-3

Chapter 3. Powers and Duties of State Department of Health and Executive Board

IC 16-19-3-0.5

"Mobile camp"

Sec. 0.5. As used in this chapter, "mobile camp" has the meaning set forth in IC 8-9-10-1(a).

As added by P.L.83-2007, SEC.5.

IC 16-19-3-1

Supervision of health and life of citizens; necessary powers

Sec. 1. The state department shall supervise the health and life of the citizens of Indiana and shall possess all powers necessary to fulfill the duties prescribed in the statutes and to bring action in the courts for the enforcement of health laws and health rules.

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

IC 16-19-3-2

Branch offices; purpose; legislative intent

Sec. 2. (a) The state department may establish, operate, and maintain branch offices. The number of branch offices shall be determined by the state department.

(b) The purpose of authorizing the creation of branch offices is to furnish a more comprehensive and effective health program to the people of Indiana and to provide additional assistance to all local health officials. The legislative intent of this section is to authorize the establishment of branch offices as a means of assisting, but not limiting, the powers possessed by local health agencies.

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

IC 16-19-3-3

Facilities for branch offices

Sec. 3. For the purpose of providing facilities for branch offices, the state department may, with the approval of the governor, purchase or lease real property. Structures may be remodeled, repaired, constructed, and maintained. A building may not be constructed upon property not owned in fee simple by the state. All deeds and leases shall be made to the state for the use of the state department. These procedures and powers shall be exercised under IC 4-13-2 where applicable.

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

IC 16-19-3-4

Protection and improvement of public health; adoption of rules

Sec. 4. (a) The executive board may, by an affirmative vote of a majority of its members, adopt reasonable rules on behalf of the state department to protect or to improve the public health in Indiana.

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

As added by P.L.2-1993, SEC.2. Amended by P.L.83-2007, SEC.6; P.L.113-2014, SEC.102.

IC 16-19-3-4.1

Rules

Sec. 4.1. The executive board shall adopt reasonable rules to regulate the sanitary operation of tattoo parlors.

As added by P.L.181-1997, SEC.2.

IC 16-19-3-4.2

Body piercing facilities; rules

Sec. 4.2. The executive board shall adopt reasonable rules to regulate the sanitary operation of body piercing facilities.

As added by P.L.166-1999, SEC.1.

IC 16-19-3-4.3

Variances from rules regarding food handling or food establishments

Sec. 4.3. Upon a showing of good cause, the executive board may

grant a variance from one (1) or more of the state rules concerning:
(1) food handling machinery; or
(2) sanitary standards for the operation of food establishments.
As added by P.L.266-2001, SEC.8.

IC 16-19-3-4.4

Mobile camps; adoption of rules; enforcement by local health officers

Sec. 4.4. (a) The executive board shall adopt reasonable rules under IC 4-22-2 necessary to protect the health, safety, and welfare of persons living in mobile camps, including provisions relating to sanitary conditions, light, air, safety protection from fire hazards, equipment, maintenance, and operation of the camp, sewage disposal through septic tank absorption fields, and other matters appropriate for the security of the life and health of occupants.

(b) The rules adopted under subsection (a) shall be enforced by local health officers under IC 16-20-1-19 and IC 16-22-8-34(a)(23).

(c) The rules must include the following:

(1) A requirement for an inspection fee necessary to cover all the expenses incurred in the process of conducting inspections of a mobile camp, to be paid by the railroad company operating the mobile camp.

(2) A provision that the inspection fee shall be paid to the:

(A) local health department under IC 16-20-1-2; or

(B) municipal corporation created under IC 16-22-8-6;

before initiation of the inspection. The fee shall be deposited in the general fund of the local health department or the municipal corporation.

(3) A requirement that the railroad company, after the departure of the mobile camp, restore the property upon which the mobile camp existed to its condition before the arrival of the mobile camp.

(4) A provision that the officials of the local health department or the municipal corporation referenced in subdivision (2) may conduct either:

(A) independent inspections of the mobile camp without the presence of the railroad company or a union representative;
or

(B) joint inspections of the mobile camp with the presence of the railroad company and a union representative of each craft of employees working for the railroad company.

As added by P.L.83-2007, SEC.7. Amended by P.L.1-2010, SEC.71.

IC 16-19-3-5

Rules for enforcement; exceptions

Sec. 5. (a) The executive board may adopt rules on behalf of the state department for the efficient enforcement of this title, except as otherwise provided. However, fees for inspections relating to weight

and measures may not be established by the rules.

(b) The executive board may declare that a rule described in subsection (a) is necessary to meet an emergency and adopt the rule under IC 4-22-2-37.1.

As added by P.L.2-1993, SEC.2. Amended by P.L.80-1999, SEC.1; P.L.140-2013, SEC.17.

IC 16-19-3-6

Rules; conformity to laws

Sec. 6. The rules of the state department may not be inconsistent with this title or any other Indiana statute.

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

IC 16-19-3-6.5

Safety guidelines for children during bad weather conditions

Sec. 6.5. (a) The state department shall adopt guidelines concerning the safety of children during bad weather conditions.

(b) The guidelines adopted under subsection (a) must include a listing of places that are safe during the following types of weather conditions:

- (A) Blizzards.
- (B) Tornados.
- (C) Rain storms.
- (D) Lightning storms.
- (E) Hail storms.
- (F) Wind storms.
- (G) Extreme heat.
- (H) Any other weather condition for which the National Weather Service issues an advisory, a watch, or a warning.

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

- (1) Schools and activities organized by schools.
- (2) Child care centers and child care homes licensed under IC 12-17.2.
- (3) Preschool (as defined in IC 12-7-2-143.5).
- (4) Organized sporting events.
- (5) Public parks.

(d) The state department shall:

- (1) distribute the guidelines adopted under subsection (a) to the department of education, which shall then distribute the guidelines to each:
 - (A) school corporation; and
 - (B) nonpublic school; and
- (2) make available the guidelines adopted under subsection (a) to any person that:
 - (A) operates a place; or
 - (B) organizes or conducts an activity or event;

described in subsection (c).
As added by P.L.110-2005, SEC.1.

IC 16-19-3-7

Sanitary inspections and surveys; indoor air quality inspections; inspection of private property

Sec. 7. (a) The state department may make sanitary inspections and surveys throughout Indiana and of all public buildings and institutions.

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

(c) After due notice is given, the state department may enter upon and inspect private property in regard to the presence of cases of infectious and contagious diseases and the possible cause and source of diseases.

As added by P.L.2-1993, SEC.2. Amended by P.L.104-2003, SEC.3.

IC 16-19-3-8

Sanitation of public buildings and institutions; enforcement

Sec. 8. The state department may enforce all laws and rules concerning the character and location of plumbing, drainage, water supply, disposal of sewage, lighting, heating, and ventilation and all sanitary features of all public buildings and institutions.

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

IC 16-19-3-9

Quarantine

Sec. 9. The state department may establish quarantine and may do what is reasonable and necessary for the prevention and suppression of disease.

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

IC 16-19-3-10

Epidemics

Sec. 10. The state department may order schools and churches closed and forbid public gatherings when considered necessary to prevent and stop epidemics.

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

IC 16-19-3-11

Condemnation or abatement of conditions causative of disease

Sec. 11. The state department may issue an order condemning or abating conditions causative of disease.

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

IC 16-19-3-12

Rules and regulations; enforcement; local health officers; removal

Sec. 12. (a) When, in the opinion of the state department:

- (1) a local health authority fails or refuses to enforce the laws and rules necessary to prevent and control the spread of communicable or infectious disease declared to be dangerous to the public health; or
- (2) a public health emergency exists;

the state department may enforce the orders and rules of the state department within the territorial jurisdiction of the local health authorities. In that situation, the state department may exercise all the powers given by law to local health authorities. All expenses incurred are charges against the respective counties or cities.

(b) In such cases, the failure or refusal of any local health officer or local health board to carry out and enforce the lawful orders and rules of the state department is sufficient cause for the removal of the local health officer or the members of the local health board from office.

(c) Upon removal of a local health officer or a member of the local health board, the proper county or city authorities shall immediately appoint a successor, other than the person removed, as provided by law for original appointments.

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

IC 16-19-3-13

Local health officers; removal from office; grounds

Sec. 13. The state department may remove a local health officer in the state for any of the following reasons:

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

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

IC 16-19-3-14

Local health officers; removal from office; procedure

Sec. 14. A local health officer may not be removed by the state department except under the procedure provided by law for the removal of an officer or employee for cause by a state officer or agency.

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

IC 16-19-3-15

Local health officers; removal from office; ineligibility to reappointment; filling of vacancy

Sec. 15. A health officer removed as provided in this chapter is

ineligible to hold the position of health officer for four (4) years. The vacancy shall be filled for the unexpired term in the same manner as the original appointment or employment.

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

IC 16-19-3-16

Water pollution; proceedings to abate or prevent; regulation of sanitary systems

Sec. 16. The state department may conduct hearings, issue orders, and take action on behalf of the state for the enforcement of orders as necessary to regulate the use of existing or proposed sanitary systems that do not meet or would not meet health standards established by the state department under law or rule as means, by the use of the state department's police power, to abate or prevent the pollution of streams, rivers, lakes, and other bodies of water.

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

IC 16-19-3-17

Hearings; agent or representative of department

Sec. 17. Whenever a hearing is provided for or authorized to be held by the state department, the state department may designate a person as the state department's agent or representative to conduct the hearings. The agent or representative shall conduct the hearings in the manner provided by law.

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

IC 16-19-3-18

Enforcement proceedings; injunction

Sec. 18. (a) The state department may bring a proceeding against any person against whom a final order or determination has been made to compel compliance. The court in such an action has jurisdiction to enforce the order or determination by injunction.

(b) Except as otherwise provided, the state department may bring an action to enforce this title, except as otherwise stated. Such an action shall be brought in the name of the state. The court in such an action has jurisdiction to compel or enforce the provisions of this title by injunction.

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

IC 16-19-3-19

Vital statistics studies; death and sickness records; provision of information to election division regarding deceased voters

Sec. 19. (a) The state department shall study the vital statistics and endeavor to make intelligent and profitable use of the collected records of death and sickness among the people.

(b) As required under 52 U.S.C. 21083, after January 1, 2006, the department shall provide information to the election division to coordinate the computerized list of voters maintained under

IC 3-7-26.3 with the department records concerning individuals identified as deceased under IC 3-7-45.

As added by P.L.2-1993, SEC.2. Amended by P.L.209-2003, SEC.202; P.L.128-2015, SEC.237.

IC 16-19-3-20

Dental public health

Sec. 20. The state department shall provide facilities and personnel for investigation, research, and dissemination of knowledge to the public concerning dental public health.

As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.5.

IC 16-19-3-21

Programs for residential care of certain individuals; eligibility; fees

Sec. 21. The state department may:

(1) operate; and

(2) designate local boards that qualify to operate;

programs in the public interest, to provide for the care of certain individuals in each individual's place of residence. Eligibility for participation includes individuals who come within the purview of the federal Social Security Act (42 U.S.C. 301 et seq.). The state department and the designated local boards shall periodically establish a schedule of reasonable fees for this service and shall collect the fees as prescribed by IC 16-20-1-27.

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

IC 16-19-3-22

Poisons; safety and emergency information; telephone answering service

Sec. 22. (a) The state department shall maintain a toll-free telephone answering service to provide information on safety precautions and emergency procedures with regard to poisons.

(b) The telephone number shall be widely disseminated throughout Indiana and shall be manned on a twenty-four (24) hour per day basis.

(c) The telephone companies in Indiana, the state department, all hospitals, and all other boards or commissions registering or licensing health care professions or emergency medical services shall cooperate in making the toll-free telephone number available to the public.

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

IC 16-19-3-23

Health care programs; telephone information service

Sec. 23. (a) The state department shall maintain a toll-free telephone line to provide information, referral, follow-up, and personal assistance concerning federal, state, local, and private programs that provide services to children less than twenty-one (21)

years of age with long term health care needs. The state department shall provide the telephone service to the following:

- (1) Families with children having long term health care needs.
- (2) Health care providers.
- (3) Employees of state and local governmental entities.
- (4) Educators.
- (5) Other entities that provide services to children with long term health care needs.

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

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

IC 16-19-3-24

Acquired immune deficiency drug assistance program; administration

Sec. 24. The state department shall administer the Indiana acquired immune deficiency drug assistance program.

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

IC 16-19-3-24.5

Administration of food and nutrition programs and money

Sec. 24.5. The state department shall administer food and nutrition programs and money received under 7 U.S.C. 612, 7 U.S.C. 7501 et seq., and 42 U.S.C. 9922 et seq.

As added by P.L.156-2011, SEC.10.

IC 16-19-3-25

Inspection report; guidelines for release to public

Sec. 25. (a) This section applies to inspections performed by the state department.

(b) Except as provided in this section, until the recipient of an inspection report has had ten (10) calendar days to respond to the inspection report the state department may not release to the public:

- (1) the inspection report; or
- (2) records relating to the inspection.

(c) The state department shall release to the public an inspection report and records relating to the inspection earlier than the time stated in subsection (b) if the state department determines that the release is necessary to:

- (1) protect the public from an imminent threat to health or safety;
- (2) protect the consumers of health services from an imminent threat to health or safety; or
- (3) protect the public from a gross deception or fraud.

(d) The state department shall release to the public an inspection report and records relating to the inspection earlier than the time period in subsection (b):

- (1) if the state department orders closure of a regulated entity;

or

(2) after receipt of the regulated entity's written consent to the release of the inspection report and records relating to the inspection.

(e) With respect to a recipient of an inspection performed by the state department, the period of time described in subsection (b) begins as follows:

(1) If the inspection report is personally delivered to the recipient, on the date of delivery.

(2) If the inspection report is deposited in the United States mail, three (3) days after the date of deposit in the United States mail.

(f) After an inspection report is released under this section, the inspection report and records relating to the inspection may be inspected and copied as set forth in IC 5-14-3.

As added by P.L.190-1995, SEC.1.

IC 16-19-3-26

Anatomical gift promotion fund; Indiana Donation Alliance Foundation and Donate Life Indiana report

Sec. 26. (a) The anatomical gift promotion fund is established. The fund consists of amounts distributed to the fund by the auditor of state under IC 9-18-2-16.

(b) 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 are invested. Interest that accrues from these investments shall be deposited in the fund.

(c) The state department shall administer the fund. Any expenses incurred in administering the fund shall be paid from the fund.

(d) The money in the fund shall be distributed quarterly to the Indiana Donation Alliance Foundation and Donate Life Indiana for the purpose of implementing an organ, tissue, and marrow registry and to promote organ, tissue, and marrow donation. However, money in the fund may not be distributed under this subsection for any quarter of a year until the annual report for the previous year has been submitted under subsection (f).

(e) The Indiana Donation Alliance Foundation and Donate Life Indiana shall keep information regarding the identity of an individual who has indicated a desire to make an organ or tissue donation confidential.

(f) The Indiana Donation Alliance Foundation and Donate Life Indiana shall submit an annual audited report, including a list of all expenditures, to the:

- (1) speaker of the house of representatives;
- (2) president pro tempore of the senate;
- (3) senate health and provider services committee; and
- (4) house public health committee;

before February 1. The report must be in an electronic format under

IC 5-14-6.

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

(h) This subsection applies if the Indiana Donation Alliance Foundation or Donate Life Indiana loses its status as an organization exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code. The Indiana Donation Alliance Foundation and Donate Life Indiana shall report in an electronic format under IC 5-14-6 to the chairpersons of the senate standing committee, as determined by the president pro tempore of the senate, and the house standing committee, as determined by the speaker of the house of representatives, that have subject matter jurisdiction over health issues. The chairpersons shall review the report and recommend to the state department whether to continue distributions under subsection (d).

(i) Any annual reports that were not submitted by the Indiana Donation Alliance Foundation or Donate Life Indiana before March 15, 2011, under subsection (f) must be submitted before August 1, 2012.

As added by P.L.96-1997, SEC.3. Amended by P.L.63-2000, SEC.2; P.L.131-2001, SEC.1; P.L.81-2002, SEC.2; P.L.3-2004, SEC.1; P.L.147-2007, SEC.3; P.L.154-2012, SEC.2; P.L.86-2014, SEC.2.

IC 16-19-3-27

Department study of septic system technologies; development of plans and specifications; rules

Sec. 27. (a) The state department of health shall:

- (1) study the use of:
 - (A) effluent filters;
 - (B) recirculation media filters;
 - (C) aeration treatment units;
 - (D) drip irrigation;
 - (E) graveless trenches; and
 - (F) new technologies;

for residential septic systems that will cause systems to perform satisfactorily as alternatives to currently operating systems that do not perform satisfactorily because of soil characteristics, lot sizes, topographical conditions, or high water tables; and

- (2) take all actions necessary to develop plans and specifications for use of the technologies listed in subdivision (1) in residential septic systems.

(b) The executive board shall adopt reasonable rules under IC 4-22-2 to:

- (1) promulgate the plans and specifications developed under subsection (a); and
- (2) allow for the issuance of operating permits for:
 - (A) residential septic systems that are installed in compliance with the plans and specifications promulgated

under subdivision (1); and
(B) onsite residential sewage discharging disposal systems in a county having a population of more than three hundred thousand (300,000) but less than four hundred thousand (400,000) that comply with IC 13-18-12-9.

As added by P.L.172-2002, SEC.6.

IC 16-19-3-28

State department designated as lead agency of a statewide trauma care system; rule making authority

Sec. 28. (a) The state department is the lead agency for the development, implementation, and oversight of a statewide comprehensive trauma care system to prevent injuries, save lives, and improve the care and outcome of individuals injured in Indiana.

(b) The state department may adopt rules under IC 4-22-2 concerning the development and implementation of the following:

(1) A state trauma registry.

(2) Standards and procedures for trauma care level designation of hospitals.

As added by P.L.155-2006, SEC.2.

IC 16-19-3-29

Records of coroners denying anatomical gift recoveries

Sec. 29. The state department shall compile and make available for public inspection records of a coroner or designee denying recovery of an anatomical gift as described in IC 36-2-14-22.6(f) and IC 36-2-14-22.6(g).

As added by P.L.147-2007, SEC.4.

IC 16-19-3-29.2

Automated external defibrillator rules

Sec. 29.2. The state department may adopt rules under IC 4-22-2 to implement the requirements set forth in IC 24-4-15 concerning automated external defibrillators in health clubs.

As added by P.L.129-2007, SEC.1.

IC 16-19-3-30

Establishment of nonprofit subsidiary corporation

Sec. 30. (a) The state department may establish a nonprofit subsidiary corporation that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code, to solicit and accept private funding, gifts, donations, bequests, devises, and contributions.

(b) A subsidiary corporation established under this section:

(1) shall use money received under subsection (a) to carry out in any manner the purposes and programs of the state department, which may include programs intended to reduce infant mortality, increase childhood immunizations, reduce

obesity, and reduce smoking rates;

(2) shall report to the budget committee each year concerning:

(A) the use of money received under subsection (a); and

(B) the balances in any accounts or funds established by the subsidiary corporation; and

(3) may deposit money received under subsection (a) in an account or fund that is:

(A) administered by the subsidiary corporation; and

(B) not part of the state treasury.

(c) A subsidiary corporation established under this section is governed by a board of directors comprised of members appointed by the governor. Employees of the state department may serve on the board of directors.

(d) Employees of the state department shall provide administrative support for a subsidiary corporation established under this section. Employees of the state department directly involved in the subsidiary corporation established under this section may engage in fundraising activities on behalf of the subsidiary corporation.

(e) The state board of accounts shall audit a subsidiary corporation established under this section.

As added by P.L.191-2013, SEC.4. Amended by P.L.181-2015, SEC.39.

IC 16-19-3-30.5

Partnerships and joint ventures; illegal drug use

Sec. 30.5. The state department may enter into partnerships and joint ventures to encourage best practices in the following:

(1) The identification and testing of populations at risk of disease related to illegal drug use.

(2) The health care treatment of incarcerated individuals for conditions related to illegal drug use.

As added by P.L.208-2015, SEC.6.

IC 16-19-3-31

Rules specifying disposal methods of aborted fetuses

Sec. 31. (a) The state department shall adopt:

(1) emergency rules in the manner provided under IC 4-22-2-37.1 not later than July 1, 2015; and

(2) permanent administrative rules under IC 4-22-2 not later than January 1, 2016;

specifying the disposal methods to be used by abortion clinics and health care facilities to dispose of aborted fetuses.

(b) This section expires December 31, 2016.

As added by P.L.113-2015, SEC.4.

IC 16-19-3.5

Chapter 3.5. Construction Permits and Plan Review

Effective 1-1-2017.

IC 16-19-3.5-1

"Applicant"

Effective 1-1-2017.

Sec. 1. As used in this chapter, "applicant" means a person that applies for a construction permit under this chapter.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-2

"Application"

Effective 1-1-2017.

Sec. 2. As used in this chapter, "application" means an application for a construction permit and any supporting plans and specifications.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-3

"Division"

Effective 1-1-2017.

Sec. 3. As used in this chapter, "division" means the division of fire and building safety established by IC 10-19-7-1.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-4

"Plan review"

Effective 1-1-2017.

Sec. 4. As used in this chapter, "plan review" means a review of plans for construction, modification, or installation of a project to determine if the plans comply with the state department's rules.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-5

"Project"

Effective 1-1-2017.

Sec. 5. As used in this chapter, "project" means a project:

- (1) that involves an improvement to real property; and
- (2) for which a construction permit is required to be obtained from the state department before the start of construction, installation, or modification of improvements to the real property.

The term includes only project types regulated under 410 IAC 6-12.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-6

Means of notice

Effective 1-1-2017.

Sec. 6. The state department shall provide notice under this chapter by:

- (1) first class mail; or
- (2) electronic mail.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-7

Applications for construction permits and design releases

Effective 1-1-2017.

Sec. 7. The state department shall accept an application for a construction permit that is submitted by an applicant by either of the following methods:

- (1) The applicant may submit an application to the division that is a combined application for:
 - (A) a construction permit under this chapter; and
 - (B) a design release under IC 22-15-3.
- (2) The applicant may submit separate applications for:
 - (A) a construction permit to the state department; and
 - (B) a design release under IC 22-15-3 to the division.

Not later than the next business day, the division shall provide a copy of the application submitted under subdivision (1) to the state department to initiate processing of the construction permit under this chapter.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-8

Notice upon receipt of application

Effective 1-1-2017.

Sec. 8. (a) Upon receiving a complete application for a construction permit, the state department shall notify the applicant not later than the next business day of all the following:

- (1) The assigned project number.
- (2) Instructions on submitting any required documentation.
- (3) The contact information for the person performing the plan review, including any person, entity, or local health department that is delegated a plan review as provided in section 12 of this chapter.

(b) Not later than thirty (30) business days after the date a complete application is received by the state department, the state department shall:

- (1) conduct a plan review; and
- (2) notify the applicant that:
 - (A) the plans and specifications have been approved; or
 - (B) a construction permit will not be issued until the applicant submits corrections to the plans or specifications.

If the plans and specifications are approved, the state department shall issue the construction permit to the applicant not later than the

thirty-first business day after the application is received.
As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-9

Deadlines for state department to provide notice upon receiving application

Effective 1-1-2017.

Sec. 9. If the state department does not notify an applicant under section 8 of this chapter within thirty (30) business days after the application is received:

- (1) the application is approved as submitted; and
- (2) the state department shall, not later than the thirty-first business day after the date the application is received, provide the construction permit to the applicant.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-10

State department deadlines upon receiving corrections

Effective 1-1-2017.

Sec. 10. (a) If the state department receives corrections to a plan in response to a notice sent under section 8(b)(2)(B) of this chapter, and any time the state department receives corrections to a notice under subdivision (2) thereafter, the state department shall do one (1) of the following:

(1) Not later than ten (10) business days, or fifteen (15) business days if agreed upon by the applicant and the state department, after receiving the corrections, send notice to the applicant that the corrected plans as submitted have been approved for a construction permit. The state department shall, not later than the next business day after the date that notice is sent to the applicant, provide the applicant with a construction permit.

(2) Not later than ten (10) business days, or fifteen (15) business days if agreed upon by the applicant and the state department, after receiving the corrections, send notice to the applicant that a construction permit will not be issued until the applicant submits additional corrections. However, if the applicant does not receive the notice within the period specified in this subdivision:

- (A) the application is approved as submitted; and
- (B) the state department shall, not later than the eleventh or sixteenth business day after the date that the corrections were received by the state department, whichever is applicable, provide the applicant with a construction permit.

(b) A review under this section is limited to:

- (1) the corrections required by the state department under the notice sent under section 8(b)(2)(B) of this chapter or subsection (a)(2); and

(2) any revisions made to the plan that have not been reviewed, regardless of whether those revisions were requested under section 8(b)(2)(B) of this chapter or subsection (a)(2).

All other parts of a project not directly related to corrections or revisions described in subdivision (1) or (2), including previously completed corrections or revisions that the state department has already accepted, are considered approved for a construction permit and may not be included in subsequent notice requests sent under this section.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-11

Denial due to noncompliance with building or fire safety rule prohibited

Effective 1-1-2017.

Sec. 11. The state department may not deny a construction permit based upon noncompliance or suspected noncompliance with a rule adopted under the authority of the fire prevention and building safety commission established by IC 22-12-2-1.

As added by P.L.49-2016, SEC.1.

IC 16-19-3.5-12

Delegation of state department plan review responsibilities

Effective 1-1-2017.

Sec. 12. (a) The state department may:

- (1) contract with a person to perform the state department's plan review responsibilities under this chapter; or
- (2) refer the plan review to a local health department.

(b) A person, entity, or local health department under subsection (a) that performs a plan review delegated by the state department under this chapter is subject to this chapter to the same extent as the state department. If the person, entity, or local health department fails to meet the required plan review and notification deadlines under this chapter, the state department shall approve the application as submitted and issue the applicant a construction permit.

As added by P.L.49-2016, SEC.1.

IC 16-19-4

Chapter 4. State Health Commissioner

IC 16-19-4-1

Commissioner as secretary and executive officer of executive board

Sec. 1. The state health commissioner, by virtue of the state health commissioner's office, is secretary and executive officer of the executive board.

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

IC 16-19-4-2

Commissioner; appointment; term; qualifications

Sec. 2. (a) The governor shall appoint the state health commissioner, who serves at the will and pleasure of the governor.

(b) The state health commissioner must hold an unlimited license to practice medicine under IC 25-22.5. It is the intent of the general assembly that the office of the state health commissioner be held by a person who is qualified by training and experience to administer the affairs of the state department.

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

IC 16-19-4-3

Commissioner; oath of office

Sec. 3. The state health commissioner shall take an oath of office before exercising the authority of the office of secretary or attending to full-time duties as the state health commissioner.

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

IC 16-19-4-4

Commissioner; ethics and conflicts of interest; practice of medicine

Sec. 4. (a) The state health commissioner is governed in the performance of the state health commissioner's official duties by IC 4-2-6 and IC 35-44.1-1-4 concerning ethics and conflict of interest.

(b) To learn professional skills and to become familiar with new developments in the field of medicine, and except as provided in IC 16-42-27-2(f), the state health commissioner may, in an individual capacity as a licensed physician and not in an official capacity as state health commissioner, engage in the practice of medicine if the practice of medicine does not interfere with the performance of the state health commissioner's duties as state health commissioner.

As added by P.L.2-1993, SEC.2. Amended by P.L.126-2012, SEC.36; P.L.6-2016, SEC.2.

IC 16-19-4-5

Commissioner; practice of medicine; liability of state

Sec. 5. This section does not apply to the prescribing, dispensing, or issuance of a standing order for an overdose intervention drug

under IC 16-42-27-2. Any medical care provided to a patient by the state health commissioner is provided by the state health commissioner in an individual capacity as a licensed physician and the state is not liable for any act performed by the state health commissioner in this capacity.

As added by P.L.2-1993, SEC.2. Amended by P.L.6-2016, SEC.3.

IC 16-19-4-6

Commissioner; salary

Sec. 6. The state health commissioner is entitled to receive a salary in an amount to be fixed by the executive board with the approval of the governor.

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

IC 16-19-4-7

Repealed

(As added by P.L.2-1993, SEC.2. Repealed by P.L.100-2012, SEC.49.)

IC 16-19-4-8

Divisions and subdivisions

Sec. 8. (a) The state health commissioner may, subject to the approval of the executive board, organize the personnel and functions of the state department into divisions and subdivisions to carry out the state health commissioner's powers and duties and the powers and duties of the state department.

(b) The state health commissioner may periodically consolidate, divide, or abolish divisions and subdivisions as is necessary to carry out those powers and duties.

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

IC 16-19-4-9

Commissioner to comment on proposed rules

Sec. 9. (a) This section applies:

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

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

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

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

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

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

As added by P.L.11-1995, SEC.2.

IC 16-19-4-10

Public health emergency declaration

Sec. 10. For purposes of IC 16-41-7.5, the commissioner is authorized to declare a public health emergency.

As added by P.L.208-2015, SEC.7.

IC 16-19-5
Chapter 5. Fees

IC 16-19-5-1

Services for which fees may be collected

Sec. 1. (a) In addition to other fees provided by this title, the state department may establish and collect reasonable fees for specific services described under subsection (b) provided by the state department. The fees may not exceed the cost of services provided.

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

- (1) Plan reviews conducted under rules adopted under IC 16-19-3-4(b)(13).
- (2) Licensing of agricultural labor camps under IC 16-41-26.
- (3) Services provided to persons other than governmental entities under rules adopted under IC 16-19-3-5.
- (4) Services provided by the state health laboratory under IC 16-19-8.
- (5) Services provided under IC 16-19-11-3.
- (6) Services provided under IC 24-6 by the state metrology laboratory.

As added by P.L.2-1993, SEC.2. Amended by P.L.80-1999, SEC.2; P.L.104-2003, SEC.4.

IC 16-19-5-2

Serological test for marriage license; residential care provided under IC 16-19-3-21

Sec. 2. In addition to other fees provided by this title, the state department shall charge and collect the following fees:

- (1) For performance of any standard serological test for an applicant for a marriage license, two dollars and fifty cents (\$2.50).
- (2) Fees prescribed in IC 16-19-3-21.

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

IC 16-19-5-3

License and permit fee collections; deposits; expense payments

Sec. 3. (a) All license and permit fees collected by the state department under this title shall be deposited monthly with the treasurer of state and become a part of the state general fund, unless stated otherwise.

(b) All expenses of the enforcement of this title shall be paid out of any appropriate appropriation, unless stated otherwise.

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

IC 16-19-5-4

Weights and measures fund

Sec. 4. (a) The weights and measures fund is established for the purpose of providing funds for training and equipment for weights

and measures inspectors and the state metrology laboratory. The state department shall administer the fund.

(b) The fund consists of fees collected under section 1(b)(7) of this chapter.

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

As added by P.L.80-1999, SEC.3.

IC 16-19-6

Chapter 6. Administrative Unit for Special Institutions

IC 16-19-6-1

Administrative unit defined

Sec. 1. As used in this chapter, "administrative unit" refers to the administrative unit for special institutions.

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

IC 16-19-6-2

Commission defined

Sec. 2. As used in this chapter, "commission" refers to the commission for special institutions.

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

IC 16-19-6-3

Creation of unit

Sec. 3. The administrative unit for special institutions is created within the state department.

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

IC 16-19-6-4

Administrative head; duties

Sec. 4. The state health commissioner is the administrative head of the administrative unit and shall do the following:

- (1) Exercise general supervision and control of the administrative unit.
- (2) Direct the medical and physical care, education, and rehabilitation of persons in the institutions that are under the control and supervision of the administrative unit.
- (3) Employ the personnel necessary to perform the duties imposed upon the administrative unit and the state health commissioner by this chapter.

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

IC 16-19-6-5

Institutions under administrative control of commissioner

Sec. 5. The state health commissioner has complete administrative control and responsibility for the Indiana Soldiers' and Sailors' Children's Home.

As added by P.L.2-1993, SEC.2. Amended by P.L.69-1999, SEC.3; P.L.21-2008, SEC.17.

IC 16-19-6-6

Institutions; superintendents; powers and duties; appointment; removal

Sec. 6. (a) Each of the institutions named in section 5 of this chapter is under the administrative control of a superintendent who

has the powers, duties, and qualifications provided by law for each of the respective superintendents or as may be otherwise prescribed or delegated by the state health commissioner (including the authority to execute contracts for a special institution named in section 5 of this chapter) insofar as the powers, duties, and qualifications are not in conflict with this chapter.

(b) Each of the superintendents shall be appointed by the state health commissioner. A superintendent may be removed only by the state health commissioner. The superintendent of any of the special institutions listed in section 5 of this chapter shall be administratively responsible to the state health commissioner.

As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.6.

IC 16-19-6-7

Repealed

(As added by P.L.2-1993, SEC.2. Repealed by P.L.100-2012, SEC.50.)

IC 16-19-6-8

Institutions; superintendents; salary

Sec. 8. The superintendent of a special institution named in section 5 of this chapter is entitled to receive a salary in an amount to be fixed by the state health commissioner subject to the approval of the governor and the budget agency.

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

IC 16-19-6-9

Repealed

(As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.7; P.L.69-1999, SEC.4; P.L.21-2008, SEC.18. Repealed by P.L.113-2010, SEC.170.)

IC 16-19-6-10

Application of IC 4-13-2

Sec. 10. IC 4-13-2 applies to the following:

- (1) The administrative unit.
- (2) The state health commissioner in the state health commissioner's capacity as administrative head of the administrative unit.
- (3) All agencies, officers, or institutions subject to the jurisdiction or the supervision of the administrative unit or the state health commissioner.

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

IC 16-19-6-11

Employee bonds and crime policies

Sec. 11. (a) The following persons shall furnish an individual public official bond, if the state health commissioner requires, in an

amount determined by the state health commissioner, payable to the state and conditioned upon the faithful performance of that person's duties:

(1) Each superintendent of an institution subject to the jurisdiction or the supervision of the administrative unit.

(2) An officer or employee of the administrative unit or of any agency or institution.

(b) A bond required under this section is subject to the approval of the insurance commissioner, and shall be filed in the office of the secretary of state.

(c) The premiums for the bonds shall be payable from the funds of the administrative unit.

(d) The state health commissioner, at the state health commissioner's election, may secure a standard form blanket bond or crime insurance policy endorsed to include faithful performance covering all or any part of the officers and employees of the state department. However, the blanket bond or crime insurance policy must be in an amount of not less than fifty thousand dollars (\$50,000).

(e) The commissioner of insurance shall prescribe the form of the bonds or crime policies required by this section.

As added by P.L.2-1993, SEC.2. Amended by P.L.49-1995, SEC.10.

IC 16-19-6-12

Notice regarding requests for names of nursing personnel or direct care staff

Sec. 12. (a) Each special institution designated under section 5 of this chapter shall post a notice that a resident, the legal representative of the resident, or another individual designated by the resident may request from the individual in charge of each shift information that designates the names of all nursing personnel or direct care staff on duty by job classification for the:

(1) wing;

(2) unit; or

(3) other area as routinely designated by the special institution; where the resident resides.

(b) The notice required under subsection (a) must meet the following conditions:

(1) Be posted in a conspicuous place that is readily accessible to residents and the public.

(2) Be at least 24 point font size on a poster that is at least eleven (11) inches wide and seventeen (17) inches long.

(3) Contain the:

(A) business telephone number of the superintendent of the special institution; and

(B) toll free telephone number for filing complaints with the state department.

(4) State that if a resident, the legal representative of the

resident, or another individual designated by the resident is unable to obtain the information described in subsection (a) from the individual in charge of each shift, the resident, the legal representative of the resident, or other individual designated by the resident may do any of the following:

(A) Contact the superintendent of the special institution.

(B) File a complaint with the state department by using the state department's toll free telephone number.

(c) The state department may adopt rules under IC 4-22-2 to carry out this section.

As added by P.L.108-2000, SEC.3.

IC 16-19-6-13

Semiannual statistical reports

Sec. 13. (a) The state health commissioner shall produce a statistical report semiannually for each special institution designated in section 5 of this chapter. The statistical report must list the following information:

(1) The number of total hours worked in the special institution by each classification of personnel for which the state health commissioner maintains data.

(2) The resident census of the special institution for which the state health commissioner maintains data.

(b) The state health commissioner shall provide a compilation of the statistical reports prepared under subsection (a) to the following:

(1) Each special institution designated in section 5 of this chapter.

(2) The state department.

(3) The state ombudsman.

(c) Each special institution designated in section 5 of this chapter shall:

(1) make available in a place that is readily accessible to residents and the public a copy of the compilation of statistical reports provided under this section; and

(2) post a notice that a copy of the compilation of statistical reports may be requested from the individual in charge of each shift.

(d) The notice required under subsection (c)(2) must meet the following conditions:

(1) Be posted in a conspicuous place that is readily accessible to residents and the public.

(2) Be at least 24 point font size on a poster that is at least eleven (11) inches wide and seventeen (17) inches long.

(3) Contain the:

(A) business telephone number of the superintendent of the special institution; and

(B) toll free telephone number for filing complaints with the state department.

(4) State that if a resident, the legal representative of the resident, or another individual designated by the resident is unable to obtain the compilation of statistical reports from the individual in charge of each shift, the resident, the legal representative of the resident, or other individual designated by the resident may do any of the following:

(A) Contact the superintendent of the special institution.

(B) File a complaint with the state department by using the state department's toll free telephone number.

(e) The state department may adopt rules under IC 4-22-2 to carry out this section.

As added by P.L.108-2000, SEC.4.

IC 16-19-7

Chapter 7. Division of Weights and Measures

IC 16-19-7-1

Creation of division

Sec. 1. The division of weights and measures of the state department is created.

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

IC 16-19-7-2

Rights, powers, and duties

Sec. 2. The division of weights and measures has all the rights, duties, and powers provided under IC 24-4-4 and IC 24-6.

As added by P.L.2-1993, SEC.2. Amended by P.L.87-1994, SEC.6.

IC 16-19-7-3

Penalties; compliance orders; proceedings

Sec. 3. (a) In addition to the other remedies provided in this chapter, the state department shall adopt a schedule of civil penalties that may be levied to enforce the provisions of either of the following:

(1) This chapter.

(2) The rules adopted under this chapter by the state department.

(b) A penalty included in the schedule of civil penalties adopted under subsection (a) may not exceed one thousand dollars (\$1,000) for each violation for each day.

(c) The state department may issue an order of compliance, impose a civil penalty included in the schedule of civil penalties adopted under subsection (a), or both, against a person who:

(1) fails to comply with this chapter or a rule adopted under this chapter; or

(2) interferes with or obstructs the state department or the state department's designated agent in the performance of duties under this chapter.

(d) An order of compliance may be issued under IC 4-21.5-3-6, IC 4-21.5-3-8, or IC 4-21.5-4. A civil penalty may be imposed only in a proceeding under IC 4-21.5-3-8.

(e) A proceeding commenced to impose a civil penalty may be consolidated with any other proceeding commenced to enforce this chapter or a rule adopted under this chapter.

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

IC 16-19-8

Chapter 8. State Health Laboratory

IC 16-19-8-1

Establishment

Sec. 1. A state health laboratory is established as a division of the state department under the general control of the state department.

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

IC 16-19-8-2

Location; purpose; fees

Sec. 2. (a) The state health laboratory shall be located at Indianapolis and shall be used to:

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

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

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

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

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

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

IC 16-19-8-3

Superintendent, chemist, and other employees; compensation

Sec. 3. (a) For the conduct of the state health laboratory, the state department shall employ and appoint a superintendent other than the state health commissioner.

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

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

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

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

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

IC 16-19-9

Chapter 9. Clinical Laboratories

IC 16-19-9-1

Delegation from federal agency

Sec. 1. The state department is the designated state agency to accept delegation from the federal Department of Health and Human Services to carry out the purposes of the Clinical Laboratory Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201, 263a).

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

IC 16-19-9-2

Rules

Sec. 2. The state department is the designated state agency to adopt rules under IC 4-22-2 to carry out the purposes of the Clinical Laboratory Improvement Amendments of 1988 (P.L.100-578) (42 U.S.C. 201, 263a).

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

IC 16-19-10

Chapter 10. State Health Data Center

IC 16-19-10-1

Center defined

Sec. 1. As used in this chapter, "center" refers to the state health data center established by this chapter.

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

IC 16-19-10-2

Health data defined

Sec. 2. As used in this chapter, "health data" means information on the following:

- (1) A person's:
 - (A) health status;
 - (B) ethnicity; and
 - (C) gender.
- (2) The cost, availability, and use of health resources and services.

The term includes vital statistics and vital records as described in this title.

As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.8.

IC 16-19-10-3

Establishment

Sec. 3. The state department shall establish the state health data center.

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

IC 16-19-10-4

Duties

Sec. 4. The center shall do the following:

- (1) Collect and process health data.
- (2) Maintain statistics concerning gender and ethnicity and provide the information to the state department of health annually.
- (3) Improve the quality, timeliness, and comparability of health statistics.
- (4) Analyze and disseminate information about the health status of Indiana residents.
- (5) Provide access to health data to persons who are permitted to obtain the data under this chapter.
- (6) Support the goals and objectives of the Cooperative Health Statistics System established by the federal National Center for Health Statistics.

As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.9.

IC 16-19-10-5

Rules

Sec. 5. (a) Except as provided in subsection (b), the state department shall adopt rules under IC 4-22-2 to carry out this chapter.

(b) The state department may not adopt a rule that restricts a person's access to health data unless the right to inspect and copy that health data is specifically restricted by statute.

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

IC 16-19-10-6

State department surveys; confidentiality

Sec. 6. (a) The state department may conduct surveys:

- (1) concerning the health status of Indiana residents; and
- (2) evaluating the effectiveness of the state department's programs.

(b) Information contained in a survey described in subsection (a) that identifies or could be used to determine the identity of a person responding to the survey is confidential. All other information contained in the survey is not confidential and is available for inspection and copying under IC 5-14-3.

(c) For purposes of this section, "survey" does not include data or information that is generated, collected, or transferred under IC 16-21-6-7 or IC 16-39-5-3.

As added by P.L.261-2003, SEC.14.

IC 16-19-10-7

Medical or epidemiological information; form of disclosure; consent

Sec. 7. (a) This section does not apply to medical or epidemiological information protected from disclosure under IC 16-41-8-1 or data or information that is confidential under IC 16-21-6-7 or IC 16-39-5-3.

(b) Except as provided in subsection (c), medical or epidemiological information:

- (1) collected from or volunteered by a person; and
- (2) that results in or from:
 - (A) a public health surveillance;
 - (B) a public health investigation; or
 - (C) an epidemiological investigation or study;

may be released only in a form that protects the identity of a person whose medical or epidemiological information was obtained.

(c) Medical or epidemiological information described in subsection (b) may be released in a form that does not protect the identity of a person whose medical or epidemiological information was obtained if:

- (1) the person consents in writing to the release of the person's medical or epidemiological information; or
- (2) the investigation or study results in an administrative or a

judicial proceeding and release of the medical or epidemiological information is ordered by the administrative law judge or the court.

As added by P.L.261-2003, SEC.15.

IC 16-19-10-8

Counterterrorism symptom and health syndrome data collection

Sec. 8. (a) The state department shall support the goals and objectives of the state's counterterrorism programs by collecting data related to:

- (1) symptoms; and
- (2) health syndromes;

from outbreaks or suspected outbreaks of diseases or other health conditions that may be a danger to public health.

(b) A health care provider or other entity that collects data described in subsection (a) shall report to the state department in accordance with rules adopted under section 5 of this chapter.

(c) The state department shall establish reporting, monitoring, and prevention procedures for data collected under this section.

(d) Data:

- (1) collected under subsection (a); or
- (2) reported under subsection (b);

from which the identity of an individual may be ascertained are confidential.

As added by P.L.8-2004, SEC.1.

IC 16-19-11

Chapter 11. Protection and Regulation of State Department of Health Property

IC 16-19-11-1

Security force; appointment, duties, conduct, and vehicles

Sec. 1. (a) The state health commissioner and the superintendents of the special institutions operated by the state department may appoint security officers for the properties owned or operated by the state department and the special institutions.

(b) The state health commissioner and the superintendents of the special institutions, with the concurrence of the state health commissioner, shall:

- (1) prescribe the duties of;
- (2) direct the conduct of;
- (3) prescribe distinctive uniforms for; and
- (4) designate emergency vehicles for use by;

the security force.

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

IC 16-19-11-2

Powers of security officers

Sec. 2. (a) Except as provided in subsection (b), security officers appointed under this chapter have general police powers, including the power to arrest, without process, all persons who within the view of the security officers commit any offense. The security officers have the same common law and statutory powers, privileges, and immunities as sheriffs and constables.

(b) Security officers appointed under this chapter may serve civil process only to the extent authorized by the appointing authority. In addition, security officers are denied those powers expressly forbidden to security officers by the appointing authority.

(c) In addition to any other powers or duties, the security officers have the duty to enforce, and to assist the officials of the state department or special institution in the enforcement of, the rules of the state department or special institution, and to assist and cooperate with other law enforcement agencies and officers.

(d) The security officers may exercise the powers granted under this section only upon any real property owned or occupied by the state department or special institutions, including the streets passing through and adjacent to those properties. Additional jurisdiction may be established by agreement with the chief of police of the municipality, sheriff of the county, or the appropriate law enforcement agency where the property is located depending upon the jurisdiction involved.

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

IC 16-19-11-3

Traffic and parking regulations

Sec. 3. (a) The state health commissioner may regulate the traffic and parking of motor vehicles, bicycles, or other vehicles, as well as the traffic of pedestrians, on, over, and across the streets, roads, paths, and grounds of real property owned, used, occupied, or controlled by the state department or special institution. The rules applicable to traffic and parking may include the following provisions:

- (1) Provisions governing the registration, speed, operation, parking, and times, places, and manner of use of motor vehicles, bicycles, and other vehicles.
- (2) Provisions prescribing penalties for the violation of rules, including the following:
 - (A) The imposition of reasonable charges, the removing and impounding (at the expense of the violator) of vehicles that are operated or parked in violation of the rules.
 - (B) The denial of permission to operate vehicles on the property of the state department or special institution.
- (3) Provisions establishing reasonable charges and fees for the registration of vehicles and for the use of parking spaces or facilities owned or occupied by the state department or special institution.

(b) This section does not limit or restrict the powers of any other governmental authority having jurisdiction over public streets, roads, alleys, or ways.

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

IC 16-19-11-4

Assistance of law enforcement officers; powers of assisting officers

Sec. 4. The state health commissioner may empower one (1) or more officials of the board of any of the special institutions to request the assistance of law enforcement officers of the state, counties, cities, or towns, when it appears necessary to do so. When a law enforcement officer is on the property of the state department or special institution by virtue of a request, the law enforcement officer has all powers conferred by this chapter upon the security officers appointed under this chapter in addition to the powers otherwise conferred upon law enforcement officers.

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

IC 16-19-12
Chapter 12. Penalties

IC 16-19-12-1
Violations

Sec. 1. (a) Except as otherwise provided, a person who recklessly violates or fails to comply with the following commits a Class B misdemeanor:

- IC 16-19-1
- IC 16-19-2
- IC 16-19-3
- IC 16-19-4
- IC 16-19-5
- IC 16-19-7
- IC 16-19-10
- IC 16-19-11.

(b) Each day a violation continues constitutes a separate offense.
As added by P.L.2-1993, SEC.2.

IC 16-19-13

Chapter 13. Office of Women's Health

IC 16-19-13-1

"Office" defined

Sec. 1. As used in this chapter, "office" refers to the office of women's health established by this chapter.

As added by P.L.52-1999, SEC.3.

IC 16-19-13-2

Establishment

Sec. 2. The office of women's health is established within the state department.

As added by P.L.52-1999, SEC.3.

IC 16-19-13-3

Purposes

Sec. 3. The office is established for the following purposes:

(1) To educate and advocate for women's health by requesting that the state department, either on its own or in partnership with other entities, establish appropriate forums, programs, or initiatives designed to educate the public regarding women's health, with an emphasis on preventive health and healthy lifestyles.

(2) To assist the state health commissioner in identifying, coordinating, and establishing priorities for programs, services, and resources the state should provide for women's health issues and concerns relating to the reproductive, menopausal, and postmenopausal phases of a woman's life, with an emphasis on postmenopausal health.

(3) To serve as a clearinghouse and resource for information regarding women's health data, strategies, services, and programs that address women's health issues, including the following:

(A) Diseases that significantly impact women, including heart disease, cancer, and osteoporosis.

(B) Menopause.

(C) Mental health.

(D) Substance abuse.

(E) Sexually transmitted diseases.

(F) Sexual assault and domestic violence.

(4) To collect, classify, and analyze relevant research information and data conducted or compiled by:

(A) the state department; or

(B) other entities in collaboration with the state department; and to provide interested persons with information regarding the research results, except as prohibited by law.

(5) To develop and recommend funding and program activities

for educating the public on women's health initiatives, including the following:

- (A) Health needs throughout a woman's life.
 - (B) Diseases that significantly affect women, including heart disease, cancer, and osteoporosis.
 - (C) Access to health care for women.
 - (D) Poverty and women's health.
 - (E) The leading causes of morbidity and mortality for women.
 - (F) Special health concerns of minority women.
- (6) To make recommendations to the state health commissioner regarding programs that address women's health issues for inclusion in the state department's biennial budget and strategic planning.
- (7) To seek funding from private or governmental entities to carry out the purposes of this chapter.
- (8) To prepare materials for publication and dissemination to the public on women's health.
- (9) To conduct public educational forums in Indiana to raise public awareness and to educate citizens about women's health programs, issues, and services.
- (10) To coordinate the activities and programs of the office with other entities that focus on women's health or women's issues, including the Indiana commission for women (IC 4-23-25-3).
- (11) To represent the state health commissioner, upon request, before the general assembly and the Indiana commission for women established by IC 4-23-25-3.
- (12) To provide an annual report to the governor, the legislative council, and the Indiana commission for women regarding the successes of the programs of the office, priorities and services needed for women's health in Indiana, and areas for improvement. A report provided under this subdivision to the legislative council must be in an electronic format under IC 5-14-6.

This section does not allow the director or any employees of the office to advocate, promote, refer to, or otherwise advance abortion or abortifacients.

As added by P.L.52-1999, SEC.3. Amended by P.L.28-2004, SEC.135.

IC 16-19-13-4

Staff appointments

Sec. 4. (a) The state health commissioner shall appoint persons to staff the office, including:

- (1) the director of the office; and
- (2) any other employees that the state health commissioner determines are necessary.

(b) The employees appointed under subsection (a)(2) shall report

to the director. The director shall report to the state health commissioner.

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

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

As added by P.L.52-1999, SEC.3.

IC 16-19-13-5

Advisory committee

Sec. 5. (a) The state health commissioner shall appoint an advisory committee on women's health to assist in advising the director regarding the duties required under this chapter.

(b) The advisory committee is comprised of persons with an expertise in and a knowledge of women's health issues in Indiana.

(c) The state health commissioner shall:

(1) determine the number of persons to serve on the advisory committee;

(2) appoint a chairperson or co-chairpersons for the advisory committee; and

(3) establish the policies and procedures under which the advisory committee operates.

As added by P.L.52-1999, SEC.3.

IC 16-19-13-6

Repealed

(As added by P.L.280-2001, SEC.13. Amended by P.L.1-2002, SEC.72; P.L.98-2004, SEC.97. Repealed by P.L.126-2006, SEC.4.)

IC 16-19-13-7

Expired

(As added by P.L.156-2014, SEC.6. Expired 6-30-2016 by P.L.156-2014, SEC.6.)

IC 16-19-14

Chapter 14. Office of Minority Health

IC 16-19-14-1

"Director"

Sec. 1. As used in this chapter, "director" refers to the director of the office.

As added by P.L.38-2010, SEC.4.

IC 16-19-14-2

"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.38-2010, SEC.4.

IC 16-19-14-3

"Office"

Sec. 3. As used in this chapter, "office" refers to the office of minority health established by this chapter.

As added by P.L.38-2010, SEC.4.

IC 16-19-14-4

Office of minority health established

Sec. 4. The office of minority health is established within the state department.

As added by P.L.38-2010, SEC.4.

IC 16-19-14-5

Minority health initiative duties

Sec. 5. The office shall perform the minority health initiative duties set forth in IC 16-46-11.

As added by P.L.38-2010, SEC.4.

IC 16-19-14-6

Appointments; supervision

Sec. 6. (a) The state health commissioner shall appoint individuals to staff the office, including:

- (1) the director of the office; and
- (2) any other employees that the state health commissioner determines are necessary.

(b) The employees appointed under subsection (a)(2) shall report to the director. The director shall report to at least an appointed

assistant commissioner.

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

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

As added by P.L.38-2010, SEC.4.

IC 16-19-14-7

Expiration of chapter

Sec. 7. This chapter expires July 1, 2017.

As added by P.L.38-2010, SEC.4. Amended by P.L.141-2014, SEC.2.

IC 16-19-15

Repealed

(Repealed by P.L.141-2014, SEC.3.)

IC 16-19-16

Chapter 16. Neonatal Abstinence Syndrome (NAS)

IC 16-19-16-1

Study of NAS issues

Sec. 1. The state department shall meet with representatives of at least the following associations to study and make recommendations on issues concerning Neonatal Abstinence Syndrome (NAS):

- (1) The Indiana Hospital Association.
- (2) The Indiana Perinatal Network.
- (3) The Indiana State Medical Association.
- (4) The Indiana Chapter of the American Academy of Pediatrics.
- (5) The Indiana Section of the American Congress of Obstetricians and Gynecologists.
- (6) The Indiana Chapter of the March of Dimes.

As added by P.L.110-2014, SEC.2.

IC 16-19-16-2

Report; pilot program

Sec. 2. (a) Before November 1, 2014, the state department, in consultation with the persons described in section 1 of this chapter, shall report the following to the legislative council in an electronic format under IC 5-14-6 for distribution to the appropriate interim study committee:

- (1) The appropriate standard clinical definition of "Neonatal Abstinence Syndrome".
- (2) The development of a uniform process of identifying Neonatal Abstinence Syndrome.
- (3) The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying Neonatal Abstinence Syndrome.
- (4) The identification and review of appropriate data reporting options available for the reporting of Neonatal Abstinence Syndrome data to the state department, including recommendations for reporting of Neonatal Abstinence Syndrome using existing data reporting options or new data reporting options.
- (5) The identification of whether payment methodologies for identifying Neonatal Abstinence Syndrome and the reporting of Neonatal Abstinence Syndrome data are currently available or needed.

(b) Before June 1, 2015, the state department may establish one (1) or more pilot programs with hospitals that consent to participate in the pilot programs to implement appropriate and effective models for Neonatal Abstinence Syndrome identification, data collection, and reporting determined under this chapter.

As added by P.L.110-2014, SEC.2.

IC 16-19-17

Chapter 17. Palliative Care and Quality of Life Advisory Council

IC 16-19-17-1

"Advisory council"

Sec. 1. As used in this chapter, "advisory council" refers to the palliative care and quality of life advisory council established by section 3 of this chapter.

As added by P.L.43-2016, SEC.3.

IC 16-19-17-2

"Palliative care"

Sec. 2. As used in this chapter, "palliative care" means patient centered and family focused medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by a medical illness or a physical injury or condition that substantially affects a patient's quality of life. The term includes the following:

- (1) Addressing physical, emotional, social, and spiritual needs.
- (2) Facilitating patient autonomy and choice of care.
- (3) Providing access to information.
- (4) Discussing the patient's goals for treatment and treatment options, including hospice care when appropriate.
- (5) Comprehensively managing pain and symptoms.

As added by P.L.43-2016, SEC.3.

IC 16-19-17-3

Establishment of advisory council; members; term; staffing; voting

Sec. 3. (a) The palliative care and quality of life advisory council is established.

(b) The state health commissioner shall appoint the members of the advisory council. The advisory council must be comprised of persons with an expertise in and a knowledge of palliative care issues in Indiana as follows:

- (1) One (1) member representing interdisciplinary medical palliative care.
- (2) One (1) member representing nursing.
- (3) One (1) member representing social work.
- (4) One (1) member representing pharmacy.
- (5) One (1) member with spiritual or religious professional expertise.
- (6) One (1) member representing a patient or family caregiver advocacy group.
- (7) Two (2) or more members who:
 - (A) are either:
 - (i) licensed as a physician under IC 25-22.5; or
 - (ii) licensed as a registered nurse under IC 25-23; and
 - (B) specialize in hospice and palliative care medicine.

The commissioner may include other representatives that the commissioner considers appropriate. The advisory council membership as a whole must represent health professionals that have palliative care work experience in a variety of settings, including inpatient, outpatient, and community settings for a variety of populations, including pediatric and adults. The commissioner shall appoint a member of the advisory council as chairperson.

(c) An individual appointed to the advisory council under this section serves a three (3) year term at the will of the state health commissioner and without compensation or reimbursement for any expense that the member may incur.

(d) The state department shall staff the advisory council.

(e) The affirmative vote of a majority of the members appointed to the advisory council is required for the advisory council to take action on any measure.

As added by P.L.43-2016, SEC.3.

IC 16-19-17-4

Purpose of advisory council; report

Sec. 4. (a) The advisory council is established for the following purposes:

(1) To educate and advocate for quality palliative care by requesting that the state department, either on its own or in partnership with other entities, establish appropriate:

(A) forums;

(B) programs; or

(C) initiatives;

designed to educate the public, health care providers, and health care facilities through comprehensive and accurate information and education on palliative care and quality of life for individuals with serious illnesses.

(2) To collect, analyze, advise on, and develop state initiatives concerning the establishment, maintenance, operation, and evaluation of palliative care in Indiana.

(3) To make policy recommendations to improve palliative care and the quality of life of individuals with serious illnesses.

(4) To prepare a report not later than January 1 of each year concerning the office's findings under subdivisions (1) through (3).

(b) The report required under subsection (a)(4) must be submitted to the general assembly in an electronic format under IC 5-14-6.

As added by P.L.43-2016, SEC.3.

IC 16-19-17-5

Expiration of chapter

Sec. 5. This chapter expires June 30, 2019.

As added by P.L.43-2016, SEC.3.