

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

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

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

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

HOUSE ENROLLED ACT No. 1182

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 5-10-13-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. As used in this chapter, "exposure risk disease" refers to:

- (~~1~~) ~~acquired immune deficiency syndrome (AIDS)~~;
- (~~2~~) **(1)** anthrax;
- (~~3~~) **(2)** hepatitis;
- (~~4~~) **(3)** human immunodeficiency virus (HIV);
- (~~5~~) **(4)** meningococcal meningitis;
- (~~6~~) **(5)** smallpox; ~~and or~~
- (~~7~~) **(6)** tuberculosis.

SECTION 2. IC 5-10-13-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) Except as provided in section 6 of this chapter, an employee who:

- (1) is diagnosed with a health condition caused by an exposure risk disease that:
 - (A) requires medical treatment; and
 - (B) results in total or partial disability or death;
- (2) by written affidavit has provided to the employee's employer a verification described in subsection (b), (c), (d), (e), or (f); and
- (3) before the employee is diagnosed with a health condition

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caused by hepatitis or tuberculosis, tests negative for evidence of hepatitis or tuberculosis through medical testing; is presumed to have a disability or death incurred in the line of duty.

(b) An employee who is diagnosed with a health condition caused by hepatitis and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not:

- (1) outside the scope of the employee's current employment, been exposed through transfer of body fluids to an individual known to have a medical condition caused by hepatitis;
- (2) received blood products other than a transfusion received because of an injury to the employee that occurred in the scope of the employee's current employment;
- (3) received blood products for the treatment of a coagulation disorder since testing negative for hepatitis;
- (4) engaged in sexual practices or other behavior identified as high risk by the Centers for Disease Control and Prevention or the Surgeon General of the United States;
- (5) had sexual relations with another individual known to the employee to have engaged in sexual practices or other behavior described in subdivision (4); or
- (6) used intravenous drugs that were not prescribed by a physician.

(c) An employee who is diagnosed with a health condition caused by meningococcal meningitis and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee, in the ten (10) days immediately preceding the diagnosis, was not exposed to another individual known to:

- (1) have meningococcal meningitis; or
 - (2) be an asymptomatic carrier of meningococcal meningitis;
- outside the scope of the employee's current employment.

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

(e) An employee who is diagnosed with a health condition caused



by ~~AIDS or~~ HIV and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not:

- (1) outside the scope of the employee's current employment, been exposed through transfer of body fluids to an individual known to have a medical condition caused by ~~AIDS or~~ HIV;
- (2) received blood products other than a transfusion received because of an injury to the employee that occurred in the scope of the employee's current employment;
- (3) received blood products for the treatment of a coagulation disorder since testing negative for ~~AIDS or~~ HIV;
- (4) engaged in sexual practices or other behavior identified as high risk by the Centers for Disease Control and Prevention or the Surgeon General of the United States;
- (5) had sexual relations with another individual known to the employee to have engaged in sexual practices or other behavior described in subdivision (4); or
- (6) used intravenous drugs that were not prescribed by a physician.

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

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

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

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

- (1) ~~tuberculosis in a communicable stage; or~~
- (2) ~~another dangerous communicable disease.~~

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

SECTION 5. IC 16-18-2-163, AS AMENDED BY P.L.2-2019,



SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 163. (a) **Except as provided in subsection (c)**, "health care provider", for purposes of IC 16-21 and IC 16-41, means any of the following:

(1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or legally authorized by this state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), a dentist, a registered or licensed practical nurse, a midwife, an optometrist, a pharmacist, a podiatrist, a chiropractor, a physical therapist, a respiratory care practitioner, an occupational therapist, a psychologist, a paramedic, an emergency medical technician, an advanced emergency medical technician, an athletic trainer, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.

(2) A college, university, or junior college that provides health care to a student, a faculty member, or an employee, and the governing board or a person who is an officer, employee, or agent of the college, university, or junior college acting in the course and scope of the person's employment.

(3) A blood bank, community mental health center, community intellectual disability center, community health center, or migrant health center.

(4) A home health agency (as defined in IC 16-27-1-2).

(5) A health maintenance organization (as defined in IC 27-13-1-19).

(6) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(7) A corporation, partnership, or professional corporation not otherwise qualified under this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

Coverage for a health care provider qualified under this subdivision is limited to the health care provider's health care functions and does not extend to other causes of action.



(b) "Health care provider", for purposes of IC 16-35, has the meaning set forth in subsection (a). However, for purposes of IC 16-35, the term also includes a health facility (as defined in section 167 of this chapter).

(c) "Health care provider", for purposes of IC 16-32-5, IC 16-36-5, ~~and~~ IC 16-36-6, **and IC 16-41-10** means an individual licensed or authorized by this state to provide health care or professional services as:

- (1) a licensed physician;
- (2) a registered nurse;
- (3) a licensed practical nurse;
- (4) an advanced practice registered nurse;
- (5) a certified nurse midwife;
- (6) a paramedic;
- (7) an emergency medical technician;
- (8) an advanced emergency medical technician;
- (9) an emergency medical responder, as defined by section 109.8 of this chapter;
- (10) a licensed dentist;
- (11) a home health aide, as defined by section 174 of this chapter;
- or
- (12) a licensed physician assistant.

The term includes an individual who is an employee or agent of a health care provider acting in the course and scope of the individual's employment.

(d) "Health care provider", for purposes of section 1.5 of this chapter and IC 16-40-4, means any of the following:

- (1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or authorized by the state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), an ambulatory outpatient surgical center, a dentist, an optometrist, a pharmacist, a podiatrist, a chiropractor, a psychologist, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.
- (2) A blood bank, laboratory, community mental health center, community intellectual disability center, community health center, or migrant health center.
- (3) A home health agency (as defined in IC 16-27-1-2).



(4) A health maintenance organization (as defined in IC 27-13-1-19).

(5) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(6) A corporation, partnership, or professional corporation not otherwise specified in this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

(e) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).

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

(1) tuberculosis in a communicable state; or

(2) another serious communicable disease.

SECTION 7. IC 16-18-2-194.5, AS ADDED BY P.L.138-2006, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 194.5. "Isolation", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction, of an individual or a group of individuals from the general public if the individual or group is infected with a ~~dangerous~~ **serious** communicable disease (as described in ~~IC 16-18-2-91~~ **IC 16-18-2-327.5** and 410 IAC 1-2.3-47), in order to prevent or limit the transmission of the disease to an uninfected individual.

SECTION 8. IC 16-18-2-302.6, AS ADDED BY P.L.138-2006, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 302.6. "Quarantine", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction of movement, of an individual or a group of individuals who have been exposed to a ~~dangerous~~ **serious** communicable disease (as described in ~~IC 16-18-2-91~~ **IC 16-18-2-327.5** and 410 IAC 1-2.3-47), during the disease's period of communicability, in order to prevent or limit the transmission of the disease to an uninfected individual.

SECTION 9. IC 16-18-2-327.5 IS ADDED TO THE INDIANA



CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 327.5. "Serious communicable disease", for purposes of IC 16-41, means a communicable disease that is classified by the state department as posing a serious health risk under IC 16-41-2-1.**

SECTION 10. IC 16-18-2-328 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 328. "Serious and present ~~danger~~ **risk** to the health of others", for purposes of IC 16-41-7 and IC 16-41-9, has the meaning set forth in IC 16-41-7-2.

SECTION 11. IC 16-21-7-4, AS AMENDED BY P.L.138-2006, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. With the approval of the budget director and upon the recommendation of the budget committee, each county that has incurred costs for a ~~carrier~~ **an individual with a communicable disease** under:

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

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

SECTION 12. IC 16-30-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. The state department shall consider the following factors in determining the allocation to a political subdivision of resources or funds that are appropriated from the general fund to the state department for the prevention of the ~~spread~~ **transmission of acquired immune deficiency syndrome (AIDS): the human immunodeficiency virus (HIV):**

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

SECTION 13. IC 16-41-2-1, AS AMENDED BY P.L.218-2019, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, that establish reporting, monitoring, and preventive procedures for



communicable diseases.

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

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

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

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

- (1) shall consider recommendations from:
 - (A) the United States Centers for Disease Control and Prevention; and
 - (B) the Council of State and Territorial Epidemiologists; and
- (2) may consult with local health departments.

SECTION 14. IC 16-41-3-1, AS AMENDED BY P.L.1-2006, SECTION 304, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2 concerning the compilation for statistical purposes of information collected under IC 16-41-2.

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

(c) The state department shall notify the:

- (1) department of homeland security;
- (2) Indiana State Police; and
- (3) county health department and local law enforcement agency having jurisdiction of each unnatural outbreak or reported case described in subsection (b);

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

SECTION 15. IC 16-41-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) The state



department shall tabulate all case reports of tuberculosis and other ~~dangerous~~ **serious** communicable diseases reported under this article or under rules adopted under this article. The state department shall determine the prevalence and distribution of disease in Indiana and devise methods for restricting and controlling disease.

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

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

(d) The state department shall develop capabilities and procedures to perform preliminary analysis and identification in as close to a real time basis as is scientifically possible of unknown bacterial substances that have been or may be employed as a weapon. The state department shall implement the developed capacity and procedures immediately after the state department achieves a Level B capability as determined by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the United States Public Health Service of the United States Department of Health and Human Services.

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

SECTION 17. IC 16-41-4-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The state department may not distribute ~~AIDS HIV~~ literature described in section 1 of this chapter to school children without the consent of the governing body of the school corporation the school children attend.

SECTION 18. IC 16-41-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The health officer may make an investigation of each ~~carrier of a~~ **dangerous individual with a** communicable disease to determine whether the environmental conditions surrounding the ~~carrier individual with a communicable~~ **disease** or the conduct of the ~~carrier individual with a communicable~~ **disease**



disease requires intervention by the health officer or designated health official to prevent the ~~spread~~ **transmission** of disease to others.

SECTION 19. IC 16-41-6-1, AS AMENDED BY P.L.129-2018, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) As used in this section, "physician's authorized representative" means:

- (1) an advanced practice registered nurse (as defined by IC 25-23-1-1(b)) who is operating in collaboration with a licensed physician; or
- (2) an individual acting under the supervision of a licensed physician and within the individual's scope of employment.

(b) ~~If~~ A physician or the physician's authorized representative ~~determines that it is medically necessary to conduct~~ **shall not order** an HIV test on an individual under the care of a physician ~~the physician;~~ ~~or physician's authorized representative may order the test if~~ **unless** the physician or the physician's authorized representative **does the following:**

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

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

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

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

- ~~(1) discuss with the patient the availability of counseling concerning the test results; and~~
- ~~(2) notify the patient of the test results and the availability of HIV and other bloodborne disease prevention counseling.~~

If a test conducted under this section indicates that a patient is HIV ~~infected;~~ **positive**, in addition to the requirements set forth in IC 16-41-2, the physician or the physician's authorized representative shall inform the patient of **the availability of counseling and of the**



treatment and referral options available to the patient.

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

(1) If ordered by a physician, consent can be implied due to emergency circumstances and the test is medically necessary to diagnose or treat the patient's **emergent** condition.

(2) Under a court order based on clear and convincing evidence of a serious and present health threat to others posed by an individual. A **patient shall be notified of the patient's right to:**

(A) a hearing; and

(B) counsel;

before a hearing is held under this subdivision. Any hearing conducted under this subdivision shall be held in camera at the request of the individual.

(3) If the test is done on blood collected or tested anonymously as part of an epidemiologic survey under IC 16-41-2-3 or IC 16-41-17-10(a)(5).

(4) The test is ordered under section 4 of this chapter.

(5) The test is required or authorized under IC 11-10-3-2.5.

(6) The individual upon whom the test will be performed is described in IC 16-41-8-6 or IC 16-41-10-2.5.

(7) A court has ordered the individual to undergo testing for HIV under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(17).

~~(8)~~ Both of the following are met:

~~(A) The individual is not capable of providing consent and an authorized representative of the individual is not immediately available to provide consent or refusal of the test:~~

~~(B) A health care provider acting within the scope of the health care provider's employment comes into contact with the blood or body fluids of the individual in a manner that has been epidemiologically demonstrated to transmit HIV:~~

~~(e)~~ (f) The state department shall make HIV testing and treatment information from the federal Centers for Disease Control and Prevention available to health care providers.

~~(f)~~ (g) The state department may adopt rules under IC 4-22-2 necessary to implement this section.

SECTION 20. IC 16-41-6-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) As used in this section, "informed consent" means authorization for a physical



examination, made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:

- (1) A fair explanation of the examination, including the purpose, potential uses, limitations, and the fair meaning of the examination results.
- (2) A fair explanation of the procedures to be followed, including the following:
 - (A) The voluntary nature of the examination.
 - (B) The right to withdraw consent to the examination process at any time.
 - (C) The right to anonymity to the extent provided by law with respect to participation in the examination and disclosure of examination results.
 - (D) The right to confidential treatment to the extent provided by law of information identifying the subject of the examination and the results of the examination.

(b) If the state health commissioner, the state health commissioner's legally authorized agent, or local health official has reasonable grounds to believe that an individual may have a communicable disease or other disease that **poses a danger to serious health risk**, the state health commissioner, the state health commissioner's legally authorized agent, or local health officer may ask the individual for written informed consent to be examined to prevent the transmission of the disease to other individuals.

(c) If the individual, when requested, refuses such an examination, the state health commissioner, the state health commissioner's legally authorized agent, or local health officer may compel the examination only upon a court order based on clear and convincing evidence of a serious and present health threat to others posed by the individual.

(d) A hearing held under this section shall be held in camera at the request of the individual.

SECTION 21. IC 16-41-6-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 11. (a) The state department shall adopt rules under IC 4-22-2 that include procedures:

- (1) to inform the woman of the test results under this chapter, whether they are positive or negative;
- (2) for explaining the side effects of any treatment for HIV if the test results under this chapter are positive; and
- (3) to establish a process for a woman who tests positive under this chapter to appeal the woman's status on a waiting list on a treatment program for which the woman is eligible. The rule must:



(A) include a requirement that the state department make a determination in the process described in this subdivision not later than seventy-two (72) hours after the state department receives all the requested medical information; and

(B) set forth the necessary medical information that must be provided to the state department and reviewed by the state department in the process described in this subdivision.

(b) The state department shall maintain rules under IC 4-22-2 that set forth standards to provide to women who are pregnant, before delivery, at delivery, and after delivery, information concerning HIV.

The rules must include:

- (1) an explanation of the nature of AIDS and HIV;
- (2) information concerning discrimination and legal protections;
- (3) information concerning the duty to notify persons at risk as described in IC 16-41-7-1;
- (4) information about risk behaviors for HIV transmission;
- (5) information about the risk of transmission through breast feeding;
- (6) notification that if the woman chooses not to be tested for HIV before delivery, at delivery the child will be tested subject to section 4 of this chapter;
- (7) procedures for obtaining informed, written consent for testing under this chapter;
- (8) procedures for post-test counseling by a health care provider when the test results are communicated to the woman, whether the results are positive or negative;
- (9) procedures for referral for physical and emotional services if the test results are positive;
- (10) procedures for explaining the importance of immediate entry into medical care if the test results are positive; and
- (11) procedures for explaining that **giving birth by cesarean section may the use of antiretroviral drugs and other medical interventions** lessen the likelihood of **passing on transmitting** HIV to the child during childbirth. ~~especially when done in combination with medications, if the test results are positive.~~

SECTION 22. IC 16-41-7-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) This section applies to the following ~~dangerous~~ **serious** communicable diseases:

- (1) ~~Acquired immune deficiency syndrome (AIDS).~~
- (2) **(1)** Human immunodeficiency virus (HIV).
- (3) **(2)** Hepatitis B.

(b) As used in this section, "high risk activity" means sexual or



needle sharing contact that has been ~~demonstrated~~ epidemiologically **demonstrated, as determined by the federal Centers for Disease Control and Prevention, to bear a significant risk of transmit transmitting a dangerous serious** communicable disease described in subsection (a).

(c) As used in this section, "person at risk" means:

- (1) past and present sexual or needle sharing partners who may have engaged in high risk activity; or
- (2) sexual or needle sharing partners before engaging in high risk activity;

with the ~~carrier~~ **an individual with a communicable disease who has of a dangerous serious** communicable disease described in subsection (a).

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

- (1) The ~~carrier's~~ **individual with a communicable disease's** disease status.
- (2) The need to seek health care such as counseling and testing.

SECTION 23. IC 16-41-7-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) ~~A carrier~~ **An individual with a communicable disease** is a "serious and present ~~danger~~ **risk** to the health of others" under the following conditions:

- (1) The ~~carrier~~ **individual with a communicable disease** engages repeatedly in a behavior that has been demonstrated epidemiologically (as defined by rules adopted by the state department under IC 4-22-2) to transmit a ~~dangerous~~ **serious** communicable disease or that indicates a careless disregard for the transmission of the disease to others.
- (2) The ~~carrier's~~ **individual with a communicable disease's** past behavior or statements indicate an imminent ~~danger~~ **risk** that the ~~carrier~~ **individual with a communicable disease** will engage in behavior that transmits a ~~dangerous~~ **serious** communicable disease to others.
- (3) The ~~carrier~~ **individual with a communicable disease** has failed or refused to carry out the ~~carrier's~~ **individual with a communicable disease's** duty to ~~warn~~ **inform** under section 1 of this chapter.

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

- (1) is a serious and present ~~danger~~ **risk** to the health of others as



- described in subsection (a);
- (2) has engaged in noncompliant behavior; or
- (3) is suspected of being a person at risk (as described in section 1 of this chapter);

may report that information to a health officer.

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

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

SECTION 24. IC 16-41-7-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) A licensed physician who diagnoses, treats, or counsels a patient with a ~~dangerous~~ **serious** communicable disease shall inform the patient of the patient's duty under section 1 of this chapter.

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

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

- (A) is a serious and present ~~danger~~ **risk** to the health of others as described in section 2(a) of this chapter;
- (B) has engaged in noncompliant behavior; or
- (C) is suspected of being a person at risk (as defined in section 1 of this chapter).

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

- (A) has medical verification that the patient is ~~a carrier;~~ **an individual with a communicable disease;**
- (B) knows the identity of the person at risk;
- (C) has a reasonable belief of a significant risk of harm to the identified person at risk;
- (D) has reason to believe the identified person at risk has not been informed and will not be informed of the risk by the patient or another person; and
- (E) has made reasonable efforts to inform the ~~carrier~~ **individual with a communicable disease** of the physician's intent to make or cause the state department of health to make a disclosure to the person at risk.

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

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

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

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

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

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

(f) A physician's immunity from liability under subsection (d) applies only to the provision of information reasonably calculated to protect an identified person who is at epidemiological risk of infection.

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

SECTION 25. IC 16-41-7-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) As used in this section, "person at risk" means an individual who in the best judgment of a licensed physician:

- (1) has engaged in high risk activity (as defined in section 1 of this chapter); or
- (2) is in imminent ~~danger~~ **risk** of engaging in high risk activity (as defined in section 1 of this chapter).

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

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

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

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

(c) If the state department is requested in writing by a physician who has complied with the requirements of section 3(b)(2) of this chapter



to notify a person at risk, the state department shall notify the person at risk unless, in the opinion of the state department, the person at risk:

- (1) has already been notified;
- (2) will be notified; or
- (3) will otherwise be made aware that the person is a person at risk.

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

(e) The state department shall adopt rules under IC 4-22-2 to implement this section. Local health officers may submit advisory guidelines to the state department to implement this chapter, IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9. The state department shall fully consider such advisory guidelines before adopting a rule under IC 4-22-2-29 implementing this chapter, IC 16-41-1, IC 16-41-3, IC 16-41-5, IC 16-41-8, or IC 16-41-9.

SECTION 26. IC 16-41-7.5-6, AS AMENDED BY P.L.198-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. A qualified entity that operates a program under this chapter must do the following:

- (1) Annually register the program in a manner prescribed by the state department with the:
 - (A) state department; and
 - (B) local health department in the county or municipality where services will be provided by the qualified entity if the qualified entity is not the local health department.
- (2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs:
 - (A) A physician.
 - (B) A registered nurse.
 - (C) A physician assistant.
- (3) Store and dispose of all syringes and needles collected in a safe and legal manner.
- (4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.
- (5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.
- (6) Provide syringe and needle distribution and collection without



collecting or recording personally identifiable information.

(7) Operate in a manner consistent with public health and safety.

(8) Ensure the program is medically appropriate and part of a comprehensive public health response.

(9) Keep sufficient quantities of an overdose intervention drug (as defined in IC 16-18-2-263.9) in stock and to administer in accordance with IC 16-42-27.

(10) Provide testing for communicable diseases, and if an individual tests positive for a communicable disease, provide health care services or a referral to a health care provider for the services.

(11) Establish a referral process for program participants in need of:

(A) information or education concerning communicable diseases; or

(B) health care.

SECTION 27. IC 16-41-7.5-12, AS ADDED BY P.L.208-2015, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 12. **(a)** Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.

(b) Before November 1, 2020, as part of the report to the general assembly required under subsection (a), the state department shall ensure the report includes the following additional information concerning the program:

(1) The number of programs operating in Indiana.

(2) The data, compiled for each program, reported to the state department under section 10 of this chapter.

(3) Any other information the state department deems relevant to the general assembly in assessing the effectiveness of having a program in the state.

SECTION 28. IC 16-41-7.5-14, AS AMENDED BY P.L.198-2017, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 14. This chapter expires July 1, ~~2021~~ **2022**.

SECTION 29. IC 16-41-8-1, AS AMENDED BY P.L.218-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) As used in this chapter, "potentially disease transmitting offense" means any of the following:

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

(2) An offense relating to a criminal sexual act (as defined in



IC 35-31.5-2-216), if sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) occurred.

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

(b) Except as provided in this chapter, a person may not disclose or be compelled to disclose medical or epidemiological information involving a communicable disease or other **serious** disease ~~that is a danger to health~~ (as set forth in the list published under IC 16-41-2-1). This information may not be released or made public upon subpoena or otherwise, except under the following circumstances:

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

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

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

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

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

(d) In addition to subsection (c), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

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

(1) the individual;

(2) a person authorized in writing by the individual to receive the medical records; or

(3) a coroner under IC 36-2-14-21.

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



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

SECTION 30. IC 16-41-8-5, AS AMENDED BY P.L.65-2016, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) This section does not apply to medical testing of an individual for whom an indictment or information is filed for a sex crime and for whom a request to have the individual tested under section 6 of this chapter is filed.

(b) The following definitions apply throughout this section:

(1) "Bodily fluid" means blood, human waste, or any other bodily fluid.

(2) "~~Dangerous disease~~" "**Serious disease**" means any of the following:

(A) Chancroid.

(B) Chlamydia.

(C) Gonorrhea.

(D) Hepatitis.

(E) Human immunodeficiency virus (HIV).

(F) Lymphogranuloma venereum.

(G) Syphilis.

(H) Tuberculosis.

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

(c) This subsection applies only to a defendant who has been charged with a potentially disease transmitting offense. At the request of an alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney shall petition a court to order a defendant charged with the commission of a potentially disease transmitting offense to submit to a screening test to determine whether the defendant is infected with a ~~dangerous~~ **serious** disease. In the petition, the prosecuting attorney must set forth information demonstrating that the defendant has committed a potentially disease transmitting offense. The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an



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

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

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

The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed an offense and that a bodily fluid was transmitted from the defendant to the alleged victim in connection with the commission of the offense, the court may order the defendant to submit to a screening



test for one (1) or more ~~dangerous~~ **serious** diseases. If the defendant is charged with battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing bodily fluid or waste on another person, the court may limit testing under this subsection to a test only for human immunodeficiency virus (HIV). However, the court may order additional testing for human immunodeficiency virus (HIV) as may be medically appropriate. The court shall take actions to ensure the confidentiality of evidence introduced at the hearing.

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

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

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

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

The results of a screening test conducted under this section may not be admitted against a defendant in a criminal proceeding or against a child in a juvenile delinquency proceeding.

(h) As soon as practicable after a screening test ordered under this section has been conducted, the alleged victim or the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), and the victim's



counsel shall be notified of the results of the test.

(i) An alleged victim may disclose the results of a screening test to which a defendant is ordered to submit under this section to an individual or organization to protect the health and safety of or to seek compensation for:

- (1) the alleged victim;
- (2) the alleged victim's sexual partner; or
- (3) the alleged victim's family.

(j) The court shall order a petition filed and any order entered under this section sealed.

(k) A person that knowingly or intentionally:

- (1) receives notification or disclosure of the results of a screening test under this section; and
- (2) discloses the results of the screening test in violation of this section;

commits a Class B misdemeanor.

SECTION 31. IC 16-41-9-1.5, AS AMENDED BY P.L.109-2015, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1.5. (a) If a public health authority has reason to believe that:

(1) an individual:

- (A) has been infected with; or
- (B) has been exposed to;

a ~~dangerous~~ **serious** communicable disease or outbreak; and

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

the public health authority may petition a circuit or superior court for an order imposing isolation or quarantine on the individual. A petition for isolation or quarantine filed under this subsection must be verified and include a brief description of the facts supporting the public health authority's belief that isolation or quarantine should be imposed on an individual, including a description of any efforts the public health authority made to obtain the individual's voluntary compliance with isolation or quarantine before filing the petition.

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



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

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

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

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

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

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

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

(2) the individual described in subsection (a) may expose an uninfected individual to a ~~dangerous~~ **serious** communicable disease or outbreak before the individual described in subsection (a) can be provided with notice and an opportunity to be heard.

The verified petition must include a description of any efforts the public health authority made to obtain the individual's voluntary compliance with isolation or quarantine before filing the petition.

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

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

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

(3) the individual may expose an uninfected individual to a



~~dangerous~~ **serious** communicable disease or outbreak before the individual can be provided with notice and an opportunity to be heard;

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

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

- (1) in a nonadversarial, recorded hearing before the judge;
- (2) orally by telephone or radio;
- (3) in writing by facsimile transmission (fax); or
- (4) through other electronic means approved by the court.

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

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

(i) If an emergency order of isolation or quarantine is issued under subsection (g)(3), the court shall order the court reporter to retype or copy the facsimile transmission for entry in the record. The court shall certify the transcription or copy and order retained by the judge for entry in the record.

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

(k) The public health authority may issue an immediate order



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

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

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

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

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

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

(2) By providing the individual who is the subject of the emergency order of isolation or quarantine or the immediate order of isolation or quarantine with a copy of the petition and notice of the hearing at least twenty-four (24) hours before the time of the hearing.

(3) By informing the individual who is the subject of the emergency order of isolation or quarantine or the immediate order of isolation or quarantine that the individual has the right to:

(A) appear, unless the court finds that the individual's personal appearance may expose an uninfected person to a ~~dangerous~~ **serious** communicable disease or outbreak;

(B) cross-examine witnesses; and



(C) counsel, including court appointed counsel in accordance with subsection (c).

(4) If:

(A) the petition applies to a group of individuals; and

(B) it is impracticable to provide individual notice;

by posting the petition in a conspicuous location on the isolation or quarantine premises.

(m) If the public health authority proves by clear and convincing evidence at a hearing under subsection (l) that:

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

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

the court may renew the existing order of isolation or quarantine or issue a new order imposing isolation or quarantine on the individual. The court shall establish the conditions of isolation or quarantine, including the duration of isolation or quarantine. The court shall impose the least restrictive conditions of isolation or quarantine that are consistent with the protection of the public.

(n) Unless otherwise provided by law, a petition for isolation or quarantine, or a petition to renew an immediate order for isolation or quarantine, may be filed in a circuit or superior court in any county. Preferred venue for a petition described in this subsection is:

(1) the county or counties (if the area of isolation or quarantine includes more than one (1) county) where the individual, premises, or location to be isolated or quarantined is located; or

(2) a county adjacent to the county or counties (if the area of isolation or quarantine includes more than one (1) county) where the individual, premises, or location to be isolated or quarantined is located.

This subsection does not preclude a change of venue for good cause shown.

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

(1) the number of individuals who may be subject to isolation or quarantine, or who are subject to isolation or quarantine, is so large as to render individual participation impractical;

(2) the law and the facts concerning the individuals are similar; and

(3) the individuals have similar rights at issue.

A court may appoint an attorney to represent a group of similarly



situated individuals if the individuals can be adequately represented. An individual may retain his or her own counsel or proceed pro se.

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

(1) shall allow the parent or guardian of a child who is quarantined under this section; and

(2) may allow an adult;

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

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

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

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

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

(u) The state department shall adopt rules under IC 4-22-2 to implement this section, including rules to establish guidelines for:

(1) voluntary compliance with isolation and quarantine;

(2) quarantine locations and logistical support; and

(3) moving individuals to and from a quarantine location.

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

SECTION 32. IC 16-41-9-1.7, AS ADDED BY P.L.138-2006, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2020]: Sec. 1.7. (a) An immunization program established by a public health authority to combat a public health emergency involving a ~~dangerous~~ **serious** communicable disease must comply with the following:

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

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

SECTION 33. IC 16-41-9-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) The local health officer may exclude from school a student who has a ~~dangerous~~ **serious** communicable disease that:

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

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

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

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

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

SECTION 34. IC 16-41-9-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) If a designated health official determines that a ~~carrier~~ **an individual with a communicable disease** has a ~~dangerous~~ **serious** communicable disease and has reasonable grounds to believe that the ~~carrier individual with~~



a communicable disease is mentally ill and either dangerous or gravely disabled, the designated health official may request:

- (1) immediate detention under IC 12-26-4; or
- (2) emergency detention under IC 12-26-5;

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

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

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

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

(b) ~~A carrier~~ **An individual with a communicable disease** detained under this article who leaves a tuberculosis hospital or other institutional facility without being authorized to leave or who fails to return from an authorized leave without having been formally discharged is considered absent without leave.

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



described in section 13 of this chapter.

SECTION 36. IC 16-41-9-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) ~~A carrier~~ **An individual with a communicable disease** who:

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

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

SECTION 37. IC 16-41-9-8, AS AMENDED BY P.L.1-2007, SECTION 139, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) A local health officer may file a report with the court that states that ~~a carrier~~ **an individual with a communicable disease** who has been detained under this article may be discharged without danger to the health or life of others.

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

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

- (1) tuberculosis in a communicable stage; or
 - (2) ~~other dangerous~~ **another serious** communicable disease;
- the chief administrative officer of the penal institution shall report to the state department the name, address, age, sex, and date of release of the prisoner.

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

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

SECTION 39. IC 16-41-9-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. (a) The



administrator of a hospital or other facility for the treatment of tuberculosis or other ~~dangerous~~ **serious** communicable disease may transfer or authorize the transfer of a nonresident indigent ~~carrier~~ **individual with a communicable disease** to the ~~carrier's~~ state or county of legal residence **of the individual with a communicable disease** if the ~~carrier~~ **individual with a communicable disease** is able to travel. If the ~~carrier~~ **individual with a communicable disease** is unable to travel, the administrator may have the ~~carrier~~ **individual with a communicable disease** hospitalized until the ~~carrier~~ **individual with a communicable disease** is able to travel.

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

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

SECTION 40. IC 16-41-9-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 12. (a) The superintendent or the chief executive officer of the facility to which ~~a~~ **carrier an individual with a communicable disease** has been ordered under this chapter may decline to admit a patient if the superintendent or chief executive officer determines that there is not available adequate space, treatment staff, or treatment facilities appropriate to the needs of the patient.

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

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

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

SECTION 41. IC 16-41-9-13, AS AMENDED BY P.L.138-2006, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2020]: Sec. 13. (a) The court shall determine what part of the cost of care or treatment ordered by the court, if any, the ~~carrier~~ **individual with a communicable disease** can pay and whether there are other available sources of public or private funding responsible for payment of the ~~carrier's individual's~~ care or treatment. The ~~carrier~~ **individual with a communicable disease** shall provide the court documents and other information necessary to determine financial ability. If the ~~carrier~~ **individual with a communicable disease** cannot pay the full cost of care and other sources of public or private funding responsible for payment of the ~~carrier's individual's~~ care or treatment are not available, the county is responsible for the cost. If the ~~carrier~~ **individual with a communicable disease**:

- (1) provides inaccurate or misleading information; or
- (2) later becomes able to pay the full cost of care;

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

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

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

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

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

SECTION 43. IC 16-41-10-2, AS AMENDED BY P.L.131-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) This section applies to the following:

- (1) An emergency medical services provider who is exposed to blood and body fluids while providing emergency medical services to a patient.
- (2) A law enforcement officer who is exposed to blood and body fluids while performing the law enforcement officer's official



duties.

(3) A health care provider who is exposed to blood and body fluids while providing medical care to a patient.

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

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

(d) The emergency medical services provider, **health care provider**, or law enforcement officer shall distribute a copy of the completed form required under subsection (c) to the following:

- (1) If applicable, the medical director of the emergency department of the medical facility:
 - (A) to which the patient was admitted following the exposure;
 - or
 - (B) in which the patient was located at the time of the exposure.
- (2) The emergency medical services provider's, **health care provider's**, or law enforcement officer's employer.
- (3) The state department.

SECTION 44. IC 16-41-10-2.5, AS AMENDED BY P.L.224-2019, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2.5. (a) A patient (including a patient who is unable to consent due to physical or mental incapacity) to whose blood or body fluids an emergency medical services provider, **a health care provider**, or a law enforcement officer is exposed as described in section 2 of this chapter is considered to have consented to:

- (1) testing for the presence of a ~~dangerous~~ **serious** communicable disease of a type that has been epidemiologically demonstrated to be transmittable by an exposure of the kind experienced by the



emergency medical services provider, **health care provider**, or law enforcement officer; and

(2) release of the testing results to a medical director or physician described in section 3 of this chapter.

The medical director or physician shall notify the emergency medical services provider, **health care provider**, or law enforcement officer of the test results.

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

(1) of the patient's residence; or

(2) where the employer of the exposed emergency medical services provider, **health care provider**, or law enforcement officer has the employer's principal office;

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

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

SECTION 45. IC 16-41-10-2.6, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2020 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2.6. (a) This section applies to:

(1) an emergency medical services provider; ~~and~~

(2) a law enforcement officer; **and**

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(3) a health care provider;

who ~~has~~ **have** been exposed to blood or body fluids as described in section 2(a) of this chapter.

(b) A person to whom this ~~chapter~~ **section** applies may submit an emergency application for a blood or body fluid specimen to a circuit or superior court having jurisdiction to issue a warrant.

(c) An emergency application for a blood or body fluid specimen must be verified and include the following information:

- (1) The name and employing agency of the person exposed to the blood or body fluids.
- (2) The name of the patient to whose blood or body fluids the person has been exposed.
- (3) A concise description of the circumstances under which the exposure occurred.
- (4) A concise explanation of why immediate testing is necessary.
- (5) Any other information required by the court.

(d) If it appears from the emergency application for a blood or body fluid specimen that:

- (1) the person exposed to the blood or body fluid is a person to whom this section applies; and
- (2) immediate testing is necessary;

the court shall approve the emergency application for a blood or body fluid specimen ex parte, without notice or a hearing, and issue an emergency order requiring the patient to whose blood or body fluid the emergency medical services provider, **health care provider**, or law enforcement officer has been exposed to provide a blood or body fluid specimen for testing.

SECTION 46. IC 16-41-10-3, AS AMENDED BY P.L.131-2018, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) Except as provided in subsection (b), if a patient to whose blood or body fluids an emergency medical services provider, **health care provider**, or a law enforcement officer is exposed as described in section 2 of this chapter:

- (1) is admitted to a medical facility following the exposure or is located in a medical facility at the time of the exposure, a physician designated by the medical facility shall, not more than seventy-two (72) hours after the medical facility is notified under section 2 of this chapter:

(A) cause a blood or body fluid specimen to be obtained from the patient and testing to be performed for a ~~dangerous~~ **serious** communicable disease of a type that has been epidemiologically demonstrated to be transmittable by an



exposure of the kind experienced by the emergency medical services provider, **health care provider**, or law enforcement officer; and

(B) notify the medical director of the emergency medical services provider's **or health care provider's**, employer or a physician as designated under subsection (b) or (c); or

(2) is not described in subdivision (1), the exposed emergency medical services provider, **health care provider**, or law enforcement officer, the exposed emergency medical services provider's, **health care provider's**, or law enforcement officer's employer, or the state department may:

(A) arrange for testing of the patient as soon as possible; or

(B) petition the circuit or superior court having jurisdiction in the county of the patient's residence or where the employer of the exposed emergency medical services provider, **health care provider**, or law enforcement officer has the employer's principal office for an order requiring that the patient provide a blood or body fluid specimen.

(b) An emergency medical services provider **or health care provider** may, on the form described in section 2 of this chapter, designate a physician other than the medical director of the emergency medical services provider's employer **or health care provider's employer** to receive the test results.

(c) A law enforcement officer shall, on the form described in section 2 of this chapter, designate a physician to receive the test results.

(d) The medical director or physician described in this section shall notify the emergency medical services provider, **health care provider**, or law enforcement officer of the test results not more than forty-eight (48) hours after the medical director or physician receives the test results.

SECTION 47. IC 16-41-10-3.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3.5. (a) A medical facility may not physically restrain a patient described in section 2.5 of this chapter in order to test the patient for the presence of a ~~dangerous~~ **serious** communicable disease.

(b) Nothing in this chapter prohibits a patient from being discharged from a medical facility before:

(1) a test is performed under section 2.5 or 3 of this chapter; or

(2) the results of a test are released under section 3 of this chapter.

(c) A provider or a facility that tests a patient for the presence of a ~~dangerous~~ **serious** communicable disease under section 2.5 or ~~section~~ 3 of this chapter is immune from liability for the performance of the



test over the patient's objection or without the patient's consent. However, this subsection does not apply to an act or omission that constitutes gross negligence or willful or wanton misconduct.

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

- (1) Explain, without disclosing information about the patient, the ~~dangerous serious~~ communicable disease to which the emergency medical services provider, **health care provider**, or law enforcement officer was exposed.
- (2) Provide for any medically necessary treatment and counseling to the emergency medical services provider, **health care provider**, or law enforcement officer.

(b) Expenses of testing or treatment and counseling are the responsibility of the emergency medical services provider, **health care provider**, or the provider's or law enforcement officer's employer.

SECTION 49. IC 16-41-11-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. As used in this chapter, "universal precautions" means procedures specified by rule adopted by the state department under IC 4-22-2 that are used to prevent the transmission of ~~dangerous serious~~ communicable diseases ~~including acquired immune deficiency syndrome (AIDS)~~; through blood or other body fluids.

SECTION 50. IC 16-41-13-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The attending physician or health care provider shall prepare and attach to the body of a deceased individual a conspicuous notice with the statement: "Observe Body Fluid Precautions" whenever the physician or provider knows that at least one (1) of the following disease processes was present in the deceased at the time of death:

- (1) Hepatitis (Types B ~~non A; non B~~; **and C**).
- (2) Human immunodeficiency virus (HIV) infection. (~~acquired immune deficiency syndrome and AIDS related complex~~).
- (3) Tuberculosis.
- (4) Herpes.
- (5) Gonorrhea.
- (6) Syphilis (primary and secondary).



- (7) Burkett's lymphoma.
- (8) Kaposi's sarcoma.
- (9) Arthropod-borne viral diseases.
- (10) Babesiosis.
- (11) Creutzfeldt-Jakob disease.
- (12) Leptospirosis.
- (13) Malaria.
- (14) Rat-bite fever.
- (15) Relapsing fever.
- (16) Y. Pestis.
- (17) Hemorrhagic fevers.
- (18) Rabies.
- (19) Any other communicable disease (as defined in IC 16-41-2).

(b) The notice required in this chapter must accompany the body when the body is picked up for disposition.

SECTION 51. IC 16-41-14-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. **(a) Except as provided in subsection (b),** a practitioner shall dispose of a donation of semen after a confirmatory test indicates the presence of the HIV antibody. The disposal must be made according to the rules concerning the disposal of infectious waste.

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

SECTION 52. IC 16-41-16-4, AS AMENDED BY P.L.218-2019, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) Except as provided in subsections (c) and (d), as used in this chapter, "infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a **dangerous serious** communicable disease (as set forth in the list published under IC 16-41-2-1).

- (b) The term includes the following:
- (1) Pathological wastes.
 - (2) Biological cultures and associated biologicals.
 - (3) Contaminated sharps.
 - (4) Infectious agent stock and associated biologicals.
 - (5) Blood and blood products in liquid or semiliquid form.
 - (6) Laboratory animal carcasses, body parts, and bedding.
 - (7) Wastes (as described under section 8 of this chapter).
- (c) "Infectious waste", as the term applies to a:



(1) home health agency; or
(2) hospice service delivered in the home of a hospice patient;
includes only contaminated sharps.

(d) The term does not include an aborted fetus or a miscarried fetus.

SECTION 53. IC 16-49.5 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

ARTICLE 49.5. SUICIDE AND OVERDOSE FATALITY REVIEW TEAMS

Chapter 1. Definitions

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

Sec. 2. As used in this chapter, "SOFR" means suicide and overdose fatality review.

Sec. 3. As used in this chapter, "SOFR team" refers to:

- (1) a county SOFR team; or
- (2) a regional SOFR team formed by multiple counties; established under IC 16-49.5-2-1.

Chapter 2. Suicide and Overdose Fatality Review Teams

Sec. 1. (a) A:

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

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

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

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

- (1) Identify similarities, trends, and factual patterns concerning suicides and overdose fatalities in the area served by the SOFR team.
- (2) Identify reasons for any higher minority suicide and overdose fatality rate in the area served by the SOFR team.
- (3) Create strategies and make recommendations for the prevention and reduction of suicides and overdose fatalities, including minority suicides and overdose fatalities, in the area served by the SOFR team.



(b) A SOFR team may do any of the following:

- (1) Determine factors contributing to suicides and overdose fatalities.**
- (2) Identify public health and clinical interventions to improve systems of care and enhance coordination.**
- (3) Develop strategies for the prevention of suicides and overdose fatalities.**

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

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

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

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

- (1) A coroner or deputy coroner.**
- (2) An epidemiologist.**
- (3) A pathologist.**

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

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

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

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

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

- (1) sign a confidentiality form prepared by the state**



department;

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

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

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

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

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

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

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

(A) Poisoning.

(B) Intoxication.

(C) Toxicity.

(D) Inhalation.

(E) Ingestion.

(F) Overdose.

(G) Exposure.

(H) Chemical use.

(I) Neonatal abstinence syndrome (NAS) effects.

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

(A) Accident.

(B) Suicide.

(C) Undetermined.

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

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

(1) Records held by the:

(A) local or state health department;



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

or

(C) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Coroner records.

(6) Mental health reports.

(7) Emergency medical services provider records.

(8) Fire department run reports.

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

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

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

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

(1) subject to subpoena or discovery; or

(2) admissible as evidence;

in any administrative or judicial proceeding.

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

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

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

(1) A coroner.

(2) An emergency medical services provider.

(3) A fire department.

(4) A health system.

(5) A hospital.

(6) A law enforcement officer.

(7) A local or state governmental agency, including the department of child services.

(8) A mental health professional.



- (9) A physician.
- (10) A school.
- (11) A social services provider.

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

- (1) disciplined;
- (2) criminally prosecuted; or
- (3) held administratively or civilly liable;

for any disclosure related to the person's or entity's compliance with subsection (a).

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

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

- (1) identify the factors that contributed to the fatality of the decedent;
- (2) determine whether similar fatalities may be prevented in the future;
- (3) if applicable, identify other:
 - (A) agencies or entities; and
 - (B) resources;

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

- (4) if applicable, identify solutions to:
 - (A) improve practice and policy; and
 - (B) enhance coordination;

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

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

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

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

- (1) may discuss, among themselves, confidential matters that are before the SOFR team;
- (2) are bound by all applicable laws concerning the confidentiality of the matters reviewed by the SOFR team; and



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

- (A) disciplined;**
- (B) criminally prosecuted; or**
- (C) held administratively or civilly liable;**

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

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

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

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

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

Sec. 13. Records held or maintained by a SOFR team are subject to the confidentiality provisions of IC 31-33-18.

Sec. 14. (a) Before July 1 of each year, a SOFR team shall submit a report to the state department that includes the following information:

- (1) A summary of the data collected concerning the reviews conducted by the SOFR team for the previous calendar year.**
- (2) Actions recommended by the SOFR team to improve**



systems of care and community resources to reduce suicides and overdose fatalities in the area served by the SOFR team.

(3) Solutions proposed for any system inadequacies.

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

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

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

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

SECTION 54. IC 20-26-15-8, AS AMENDED BY P.L.192-2018, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) The contract must contain the following provisions:

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

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

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

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

(B) maintain at the end of:

(i) the sixth; and

(ii) any subsequent;

complete school year after the contract is signed.

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

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



- (A) Hygiene.
 - (B) Alcohol and drugs.
 - (C) Diseases transmitted sexually or through drug use, ~~including AIDS.~~
 - (D) Honesty.
 - (E) Respect.
 - (F) Abstinence and restraint.
- (6) A plan under which the freeway school corporation or freeway school will offer courses that will allow a student to become eligible to receive an Indiana diploma with a Core 40 with academic honors designation.
- (7) A plan under which the freeway school corporation or freeway school will maintain a safe and disciplined learning environment for students and teachers.
- (b) In the contract:
- (1) the quantitative measures of benefits may be higher, but not lower, than the minimum educational benefits listed in section 7 of this chapter; and
 - (2) educational benefits may be included in addition to the minimum educational benefits listed in section 7 of this chapter.

SECTION 55. IC 20-30-5-12, AS AMENDED BY P.L.233-2015, SECTION 227, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 12. (a) Each school corporation shall:

- (1) include in the school corporation's curriculum instruction concerning the ~~disease acquired immune deficiency syndrome (AIDS);~~ **human immunodeficiency virus (HIV)**; and
 - (2) integrate this effort to the extent possible with instruction on other ~~dangerous~~ **serious** communicable diseases.
- (b) Literature that is distributed to school children and young adults under this section must include information required by IC 20-34-3-17.
- (c) The department, in consultation with the state department of health, shall develop ~~AIDS~~ **HIV** educational materials. The department shall make the materials developed under this section available to school corporations.

SECTION 56. IC 20-34-3-17, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 17. (a) The state board shall provide information stressing the moral aspects of abstinence from sexual activity in any literature that it distributes to students and young adults concerning available methods for the prevention of ~~acquired immune deficiency syndrome (AIDS);~~ **the human immunodeficiency virus (HIV)**. The



literature must state that the best way to ~~avoid AIDS~~ **prevent HIV transmission as a result of sexual activity** is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.

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

SECTION 57. IC 31-11-4-4, AS AMENDED BY P.L.244-2019, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) An application for a marriage license must be written and verified. The application must contain the following information concerning each of the applicants:

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding ~~dangerous serious~~ communicable diseases that are sexually transmitted and a list of test sites for the ~~virus that causes AIDS (acquired immune deficiency syndrome):~~ **human immunodeficiency virus (HIV)**.

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Signature of Applicant

Date

Signature of Applicant

Date

(b) The clerk of the circuit court shall record the application, including the license and certificate of marriage, in a book provided for that purpose. This book is a public record.

(c) The state department of health shall develop uniform forms for applications for marriage licenses. The state department of health shall furnish these forms to the circuit court clerks. The state department of health may periodically revise these forms.

(d) The state department of health shall require that the record of marriage form developed under subsection (c) must include each applicant's Social Security number. Any Social Security numbers collected on the record of marriage form shall be kept confidential and used only to carry out the purposes of the Title IV-D program. A person who knowingly or intentionally violates confidentiality regarding an applicant's Social Security numbers as described in this subsection commits a Class A infraction.

(e) Notwithstanding subsection (a), a person who objects on religious grounds is not required to:

- (1) verify the application under subsection (a) by oath or affirmation; or
- (2) sign the acknowledgment described in subsection (a)(9).

However, before the clerk of the circuit court may issue a marriage license to a member of the Old Amish Mennonite church, the bishop of that member must sign a statement that the information in the application is true.

(f) If a person objects on religious grounds to:

- (1) verifying the application under subsection (a) by oath or affirmation; or
- (2) signing the acknowledgment described in subsection (a)(9);

the clerk of the circuit court shall indicate that fact on the application for a marriage license.

SECTION 58. IC 31-11-4-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) The clerk of the circuit court shall distribute to marriage license applicants written information or videotaped information approved by the ~~AIDS HIV~~ advisory council of the state department of health concerning ~~dangerous~~ **serious** communicable diseases that are sexually transmitted.

(b) Written information and videotaped information distributed by



each clerk of the circuit court under subsection (a) must provide current information on human immunodeficiency virus (HIV) infection and other ~~dangerous~~ **serious** communicable diseases that are sexually transmitted. The information must include an explanation of the following:

- (1) The etiology of ~~dangerous~~ **serious** communicable diseases that are sexually transmitted.
- (2) The behaviors that create a high risk of transmission of such diseases.
- (3) Precautionary measures that reduce the risk of contracting such diseases.
- (4) The necessity for consulting medical specialists if infection is suspected.

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

- (1) provide the marriage license applicants with written information furnished under subsection (a) concerning dangerous communicable diseases that are sexually transmitted; or
- (2) show the marriage license applicants videotaped information furnished under subsection (a) concerning dangerous communicable diseases that are sexually transmitted.

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

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

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

(g) The provider of the materials is responsible for all costs involved in the development, preparation, and distribution of the information required by this section. Except for the materials developed by the state, the state and county are not liable for the costs of materials used to implement this section and section 4 of this chapter.

SECTION 59. IC 31-33-18-2, AS AMENDED BY P.L.31-2019, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The reports and other material described in section 1(a) of this chapter and the unredacted reports and other



material described in section 1(b) of this chapter shall be made available only to the following:

- (1) Persons authorized by this article.
- (2) A legally mandated public or private child protective agency investigating a report of child abuse or neglect or treating a child or family that is the subject of a report or record.
- (3) Any of the following who are investigating a report of a child who may be a victim of child abuse or neglect:
 - (A) A police officer or other law enforcement agency.
 - (B) A prosecuting attorney.
 - (C) A coroner, in the case of the death of a child.
- (4) A physician who has before the physician a child whom the physician reasonably suspects may be a victim of child abuse or neglect.
- (5) An individual legally authorized to place a child in protective custody if:
 - (A) the individual has before the individual a child whom the individual reasonably suspects may be a victim of abuse or neglect; and
 - (B) the individual requires the information in the report or record to determine whether to place the child in protective custody.
- (6) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record or a parent, guardian, custodian, or other person who is responsible for the child's welfare.
- (7) An individual named in the report or record who is alleged to be abused or neglected or, if the individual named in the report is a child or is otherwise incompetent, the individual's guardian ad litem or the individual's court appointed special advocate, or both.
- (8) Each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report or record and an attorney of the person described under this subdivision, with protection for the identity of reporters and other appropriate individuals.
- (9) A court, for redaction of the record in accordance with section 1.5 of this chapter, or upon the court's finding that access to the records may be necessary for determination of an issue before the court. However, except for disclosure of a redacted record in accordance with section 1.5 of this chapter, access is limited to in camera inspection unless the court determines that public disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.



- (10) A grand jury upon the grand jury's determination that access to the records is necessary in the conduct of the grand jury's official business.
- (11) An appropriate state or local official responsible for child protection services or legislation carrying out the official's official functions.
- (12) The community child protection team appointed under IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to enable the team to carry out the team's purpose under IC 31-33-3.
- (13) A person about whom a report has been made, with protection for the identity of:
- (A) any person reporting known or suspected child abuse or neglect; and
 - (B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.
- (14) An employee of the department, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 31-26-5, IC 31-34, or IC 31-37 to determine the appropriateness of an out-of-home placement for a:
- (A) child at imminent risk of placement;
 - (B) child in need of services; or
 - (C) delinquent child.
- The results of a criminal history check conducted under this subdivision must be disclosed to a court determining the placement of a child described in clauses (A) through (C).
- (15) A local child fatality review team established under IC 16-49-2.
- (16) The statewide child fatality review committee established by IC 16-49-4.
- (17) The department.
- (18) The division of family resources, if the investigation report:
- (A) is classified as substantiated; and
 - (B) concerns:
 - (i) an applicant for a license to operate;
 - (ii) a person licensed to operate;
 - (iii) an employee of; or
 - (iv) a volunteer providing services at;
 a child care center licensed under IC 12-17.2-4 or a child care home licensed under IC 12-17.2-5.
- (19) A citizen review panel established under IC 31-25-2-20.4.
- (20) The department of child services ombudsman established by



IC 4-13-19-3.

(21) The state superintendent of public instruction with protection for the identity of:

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

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

(22) The state child fatality review coordinator employed by the state department of health under IC 16-49-5-1.

(23) A person who operates a child caring institution, group home, or secure private facility if all the following apply:

(A) The child caring institution, group home, or secure private facility is licensed under IC 31-27.

(B) The report or other materials concern:

(i) an employee of;

(ii) a volunteer providing services at; or

(iii) a child placed at;

the child caring institution, group home, or secure private facility.

(C) The allegation in the report occurred at the child caring institution, group home, or secure private facility.

(24) A person who operates a child placing agency if all the following apply:

(A) The child placing agency is licensed under IC 31-27.

(B) The report or other materials concern:

(i) a child placed in a foster home licensed by the child placing agency;

(ii) a person licensed by the child placing agency to operate a foster family home;

(iii) an employee of the child placing agency or a foster family home licensed by the child placing agency; or

(iv) a volunteer providing services at the child placing agency or a foster family home licensed by the child placing agency.

(C) The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

(25) The National Center for Missing and Exploited Children.

(26) A local domestic violence fatality review team established under IC 12-18-8, as determined by the department to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing.



(27) The statewide domestic violence fatality review committee established under IC 12-18-9-3, as determined by the department to be relevant to the death or near fatality that the statewide domestic violence fatality review committee is reviewing.

(28) The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by the department to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing.

(29) A local fetal-infant mortality review team established under IC 16-49-6, as determined by the department to be relevant to the case of fetal or infant fatality that the local fetal-infant mortality review team is reviewing.

(30) A suicide and overdose fatality review team established under IC 16-49.5-2, as determined by the department to be relevant to the case of a suicide or overdose fatality that the suicide and overdose fatality review team is reviewing.

SECTION 60. IC 34-30-2-80 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 80. IC 16-41-2-6 (Concerning physicians, hospitals, and laboratories for reporting communicable or ~~dangerous~~ **serious** diseases).

SECTION 61. IC 34-30-2-81, AS AMENDED BY P.L.86-2018, SECTION 273, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 81. (a) IC 16-41-7-2 (Concerning the good faith reporting to a health officer of an individual thought to present a serious and present ~~danger~~ **risk** to the health of others, to have engaged in noncompliant behavior, or to be at risk of carrying a ~~dangerous~~ **serious** communicable disease).

(b) IC 16-41-7-3 (Concerning a physician who provides notification to certain individuals regarding a patient's ~~dangerous~~ **serious** communicable disease).

SECTION 62. IC 34-30-2-81.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 81.5. IC 16-41-10-3.5 (Concerning a provider who tests a patient for the presence of a ~~dangerous~~ **serious** communicable disease).

SECTION 63. IC 34-30-2-83.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 83.9. (a) IC 16-49.5-2-8 (Concerning certain persons and entities complying with a records request related to a suicide or overdose fatality review).**

(b) IC 16-49.5-2-11 (Concerning the substance of a suicide or overdose fatality review team meeting).



SECTION 64. IC 34-30-2-82 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 82. IC 16-41-10-6 (Concerning a person reporting that an emergency medical services provider has been exposed to a ~~dangerous~~ **serious** communicable disease during the course of emergency duties).

SECTION 65. IC 34-46-2-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. IC 16-41-2-4 (Concerning reports of communicable or ~~dangerous~~ **serious** diseases).

SECTION 66. IC 34-46-2-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. IC 16-41-7-3 (Concerning warning by physician of ~~dangerous~~ **serious** communicable disease).



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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