

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 4

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 4-12-7 IS REPEALED [EFFECTIVE JULY 1, 2023]. (Indiana Local Health Department Trust Account).

SECTION 2. IC 6-7-1-30.5 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 30.5: (a) There is annually appropriated to the local health maintenance fund established by IC 16-46-10 two million four hundred thirty thousand dollars (\$2,430,000) from the state general fund to provide funds for annual distribution to local boards of health in accordance with IC 16-46-10-2 to enable local boards of health to provide basic health services:~~

~~(b) The state department of health may retain annually a maximum of fifty thousand dollars (\$50,000) of the total appropriation to the local health maintenance fund under subsection (a) to pay administrative expenses incurred by the state department of health in distributing the funds to local health departments:~~

SECTION 3. IC 6-8-11-17, AS AMENDED BY P.L.122-2016, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. (a) An employee may, under this section, withdraw money from the employee's medical care savings account for a purpose other than the purposes set forth in section 13 of this chapter.

(b) Except as provided in sections 11(b) and 11.5 of this chapter, if an employee withdraws money from the employee's medical care savings account on the last business day of the account administrator's



business year for a purpose not set forth in section 13 of this chapter:

- (1) the money withdrawn is income to the individual that is subject to taxation under IC 6-3-2-18(e); but
- (2) the withdrawal does not:
 - (A) subject the employee to a penalty; or
 - (B) make the interest earned on the account during the tax year taxable as income of the employee.

(c) Except as provided in sections 11(b) and 11.5 of this chapter, if an employee withdraws money for a purpose not set forth in section 13 of this chapter at any time other than the last business day of the account administrator's business year, all of the following apply:

- (1) The amount of the withdrawal is income to the individual that is subject to taxation under IC 6-3-2-18(e).
- (2) The administrator shall withhold and, on behalf of the employee, pay a penalty to the department of state revenue equal to ten percent (10%) of the amount of the withdrawal.
- (3) All interest earned on the balance in the account during the tax year in which a withdrawal under this subsection is made is income to the individual that is subject to taxation under IC 6-3-2-18(f).

(d) Money paid to the department of state revenue as a penalty under this section shall be deposited in the local **public health maintenance** fund established by IC 16-46-10-1.

SECTION 4. IC 16-18-2-2 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 2: "~~Adjustment and incentive support~~", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-2.

SECTION 5. IC 16-18-2-65 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 65: "~~Community health services~~", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-3.

SECTION 6. IC 16-18-2-79.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 79.5. "Core public health services" means basic services provided by local health departments or through local health department contracts or grants with an entity, including the following:**

- (1) **Food protection under IC 16-20-8 and IC 16-42-5.**
- (2) **Communicable disease prevention and control under IC 16-20-1 and IC 16-41.**
- (3) **Screening and case management for childhood lead exposure and poisoning under IC 16-41-39.4.**
- (4) **Pest and vector control and abatement under IC 16-41-33 and IC 16-41-34.**



- (5) Inspection and testing of public and semipublic pools under rules adopted by the state department in accordance with IC 16-19-3-4.
- (6) Residential onsite sewage system permitting and inspections under IC 13-26-5 and IC 16-41-25.
- (7) Orders for the decontamination of property used to illegally manufacture a controlled substance under IC 16-19-3.1 and IC 16-41-20.
- (8) Sanitary inspections and surveys of public buildings under IC 16-20-1-22.
- (9) Sanitary operation of tattoo parlors and body piercing facilities under rules adopted by the state department under IC 16-19-3-4(c).
- (10) Sanitary operations of facilities where eyelash extensions are applied under rules adopted by the state department under IC 16-19-3-4.5.
- (11) Vital statistics under IC 16-20-1-17.
- (12) Access to childhood and adult immunizations, including immunizations required under IC 16-41-19.
- (13) Tobacco prevention and cessation, including education on vaping and smoking cessation for youth and pregnant women.
- (14) Partnering with schools and school nurses to support student health, including the following:
 - (A) Evidence based education on nutrition and physical activity.
 - (B) Hearing screenings under IC 20-34-3-14, vision screenings under IC 20-34-3-12, and oral health screenings.
- (15) Child fatality review under IC 16-49-2.
- (16) Suicide and overdose fatality review under IC 16-49.5-2.
- (17) Maternal and child health.
- (18) Testing and counseling for HIV, hepatitis C, and other sexually transmitted infections, in accordance with IC 20-30-5-13.
- (19) Health promotion and education for preventing trauma and injury, including safe sleep, child safety car seats, and bicycle helmets for children.
- (20) Tuberculosis control and case management.
- (21) Emergency preparedness.
- (22) Referrals to clinical care, including:
 - (A) health screenings;
 - (B) prenatal care; and



(C) substance use disorder treatment.

(23) The prevention and reduction of chronic illnesses, including the following:

(A) Obesity.

(B) Diabetes.

(C) Cardiovascular diseases, including hypertension and hyperlipidemia.

(D) Hepatitis C.

(E) Cancer.

SECTION 7. IC 16-18-2-87 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 87: "County health fund", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-4.

SECTION 8. IC 16-18-2-140 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 140: "Foundation support", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-5.

SECTION 9. IC 16-18-2-187 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 187: "Inclusive", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-6.

SECTION 10. IC 16-18-2-210 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 210. (a) "Local board of health", for purposes of IC 16-22-8, means a local board of health referred to in IC 16-20.

(b) "Local board of health", for purposes of IC 16-46-1, **IC 16-46-10**, has the meaning set forth in IC 16-46-1-7. **IC 16-46-10-0.5.**

SECTION 11. IC 16-18-2-227 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 227: "Migratory temporary increase in population", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-8.

SECTION 12. IC 16-18-2-268 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 268: "Partnership responsibility", for purposes of IC 16-46-1, has the meaning set forth in IC 16-46-1-9.

SECTION 13. IC 16-19-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The executive board of the state **Indiana** department of health is established.

(b) The executive board consists of ~~eleven (11)~~ **thirteen (13)** members appointed by the governor as follows:

- (1) Three (3) licensed physicians.
- (2) One (1) sanitary engineer.
- (3) One (1) pharmacist.
- (4) One (1) dentist.
- (5) One (1) veterinarian.
- (6) One (1) registered nurse.



- (7) One (1) hospital administrator.
- (8) One (1) health facility administrator.
- (9) One (1) public health professional including an epidemiologist.**
- (10) One (1) citizen representative.**
- ~~(9)~~ **(11) One (1) other person.**

SECTION 14. IC 16-19-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) The state department may ~~establish, operate, and maintain branch offices. The number of branch offices shall be determined by the state department.~~ **provide services to support local health departments.**

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

(b) The state department or contractor of the state department may make available technical support for the following services to local health departments that provide core public health services:

- (1) Epidemiology.**
- (2) Data analytics.**
- (3) Legal services.**
- (4) Communications.**
- (5) Grants.**
- (6) Training.**
- (7) Accreditation.**
- (8) Assistance with reporting requirements, metric development, and metric tracking.**

The state department may provide additional technical support, as determined by the state department.

(c) The legal services provided under subsection (b) are limited to technical support. A state department attorney may not represent a local health department as the local health department's counsel.

(d) The state department may provide funding to local health departments to defray the costs of accreditation.

SECTION 15. IC 16-19-3-33.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 33.4. The state department may issue guidance to local health departments on this title and any rules promulgated by the state department to assist with the**



uniform application of public health laws in Indiana.

SECTION 16. IC 16-19-10-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. The center shall do the following:

- (1) Collect and process health data.
- (2) Maintain statistics concerning gender and ethnicity and provide the information to the state department of health annually.
- (3) Improve the quality, timeliness, and comparability of health statistics.
- (4) Analyze and disseminate information about the health status of Indiana residents.
- (5) Provide access to health data to persons who are permitted to obtain the data under this chapter.
- (6) Ensure the security and protection of health data maintained by the state department.**
- ~~(6)~~ (7) Support the goals and objectives of the Cooperative Health Statistics System established by the federal National Center for Health Statistics.

SECTION 17. IC 16-20-1-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 7. **(a)** The board of each local health department shall ~~publish in pamphlet form, within ninety (90) days after January 1, for free distribution,~~ **submit to the state department** an annual report for the previous year showing the following:

- (1) The amount of money received from all sources.
- (2) The name of any donor.
- (3) How all money has been expended and for what purpose.
- (4) Other statistics and information concerning the work of the health department that the board considers to be of general interest.

(b) The state department shall make the annual reports described in subsection (a) available to the public.

SECTION 18. IC 16-20-1-9.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 9.5. (a) In order to serve as the local health officer, an individual must:**

- (1) be a physician licensed under IC 25-22.5; or**
- (2) have at least:**
 - (A) a master's degree in public health; and**
 - (B) five (5) years of experience in public health;****and be approved in accordance with IC 16-20-2-16.**

(b) Beginning July 1, 2023, any individual listed in subsection (a)



who is newly appointed to the position of a local health officer shall complete a public health foundation training course developed and approved by the state department.

SECTION 19. IC 16-20-1-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. (a) This section applies to a local health department in a county where the county executive has voted to receive additional funding to provide core public health services.

(b) Before July 1, 2023, the state department shall identify state level metrics for measuring the delivery of the core public health services and progress on preventing or reducing the prevalence of health issues impacting Indiana residents. Before December 31, 2024, the state department shall, in coordination with local health departments in a county described in subsection (a), identify the county level metrics for measuring the delivery of the core public health services.

(c) Except as provided in subsection (d), the local board of health shall spend the additional funds for core public health services as follows:

(1) At least sixty percent (60%) on the following core public health services:

- (A) Communicable disease prevention and control.
- (B) Vital statistics.
- (C) Tobacco prevention and cessation.
- (D) Supporting student health as set forth in IC 16-18-2-79.5(14).
- (E) Child fatality review.
- (F) Suicide and overdose fatality review.
- (G) Maternal and child health.
- (H) Testing and counseling for HIV, hepatitis C, and other sexually transmitted infections, in accordance with IC 20-30-5-13.
- (I) Tuberculosis control and case management.
- (J) Emergency preparedness.
- (K) Referrals to clinical care as set forth in IC 16-18-2-79.5(22).
- (L) The prevention and reduction of chronic illnesses.
- (M) Screening and case management for childhood lead exposure and poisoning.
- (N) Health promotion and education for preventing trauma and injury.
- (O) Access to childhood and adult immunizations.



(2) Not more than forty percent (40%) on the following core public health services:

- (A) Food protection.**
- (B) Pest and vector control and abatement.**
- (C) Inspection and testing of public and semipublic pools.**
- (D) Residential onsite sewage system permitting and inspections.**
- (E) Orders for the decontamination of property used to illegally manufacture a controlled substance.**
- (F) Sanitary inspections and surveys of public buildings.**
- (G) Sanitary operation of tattoo parlors and body piercing facilities.**
- (H) Sanitary operations of facilities where eyelash extensions are applied.**

(d) A local health department may request a waiver from the percentage requirements set forth in subsection (c) if the following are met:

- (1) The local health department files a written waiver request with the state department in a manner prescribed by the state department.**
- (2) The state department shall consider the waiver request submitted under subdivision (1). If the state department approves the waiver request, the state department shall notify the budget committee of any waiver that the state department approves and include a review of the waiver.**

(e) Reports of Each local health department that provides core public health services shall report, using de-identified, aggregate data, the activities and metrics on the delivery of the core public health services shall be made to the state department as required by the rules of the state department: semi-annually, in the form and manner determined by the state department.

(f) The state department shall:

- (1) collect and analyze the information reported to the state department under subsection (e); and**
- (2) before July 1, 2024, develop and publish on the Internet a web page that tracks the metrics identified in subsection (b) and indicates any progress made in these metrics.**

(g) The state department shall provide a report annually on the information collected in subsection (e) to the legislative council in an electronic format under IC 5-14-6.

(h) The state department shall annually present the metrics determined under this section to the budget committee.



(i) A county that accepts additional funding to provide core public health services does not transfer any authority under statute in operating the local health department to the state department in return for the additional funding.

(j) Before a local health department may hire or contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.

SECTION 20. IC 16-20-1-14, AS AMENDED BY P.L.134-2008, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 14. (a) Local health officers may, ~~appoint and employ public health nurses; environmental health specialists; computer programmers; clerks; other personnel; and an administrator of public health, subject to the confirmation of the local board of health, as is necessary and reasonable to carry out and perform the duties of the local health department.~~ **subject to approval by the county executive, hire requisite staff to complete and discharge the duties of the local health department.**

(b) Except as provided in subsection (d), the employees of local health departments shall perform any of the duties of the health officer delegated by the health officer, with the approval of the local board of health, on the basis of an agent-principal relation.

(c) The public health personnel of local health departments:

- (1) must meet the minimum qualification requirements of the local board of health;
- (2) by local ordinance, become part of the county classification system for the respective public health personnel positions; and
- (3) shall perform additional duties prescribed by the rules of the state department and local board of health under the general supervision of the local health officer.

(d) If an appointee or employee of a local health officer is not a licensed water well driller under IC 25-39-3, the appointee or employee may not inspect the drilling of a water well.

SECTION 21. IC 16-20-1-21.3 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 21.3. Before administering a vaccine, a local health department must provide education on the following:**

- (1) The immunization data registry under IC 16-38-5, including information concerning exclusion from the registry.**
- (2) The Vaccine Adverse Event Reporting System maintained by the federal Centers for Disease Control and Prevention**



and the federal Food and Drug Administration.

(3) The Countermeasures Injury Compensation Program (42 CFR Part 110).

(4) The National Vaccine Injury Compensation Program (42 U.S.C. 300aa-10 et seq.).

SECTION 22. IC 16-20-2-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. **(a) For a county with a population of less than two hundred thousand (200,000), a local board of health is composed of seven (7) members, not more than four (4) of whom may be from the same political party.**

(b) For a county with a population of at least two hundred thousand (200,000), a local board of health is composed of nine (9) members, not more than five (5) of whom may be from the same political party.

SECTION 23. IC 16-20-2-5, AS AMENDED BY P.L.2-2008, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. **(a) For a county with a population of at least two hundred thousand (200,000), the members of a local board of health shall be chosen as follows:**

(1) ~~Four (4)~~ Five (5) persons knowledgeable in clinical and public health, at least two (2) of whom are licensed physicians, and appointed by the county executive. The other ~~two (2)~~ appointees may be any of the following:

(A) A registered nurse licensed under IC 25-23.

(B) A registered pharmacist licensed under IC 25-26.

(C) A dentist licensed under IC 25-14.

(D) A hospital administrator.

(E) A social worker.

(F) An attorney with expertise in health matters.

(G) A school superintendent.

(H) A veterinarian licensed under IC 25-38.1.

(I) A professional engineer registered under IC 25-31.

(J) An environmental scientist.

(K) A physician assistant licensed under IC 25-27.5.

(L) A public health professional, including an epidemiologist.

(2) ~~Two (2)~~ representatives One (1) representative of the general public, appointed by the county executive.

(3) One (1) representative described in either subdivision ~~(1)~~ or ~~(2)~~: individual appointed by the county fiscal body who either:

(A) has public health knowledge; or

(B) is a member of the general public.



(4) Two (2) representatives appointed by the county executive, one (1) each from a list of three (3) recommendations from each executive of the county's two (2) most populous municipalities in the county of individuals described in subdivision (1)(B) through (1)(K).

(b) For a county with a population of less than two hundred thousand (200,000), the members of a local board of health shall be chosen as follows:

(1) Five (5) persons knowledgeable in clinical and public health, at least one (1) of whom is a physician, and appointed by the county executive. The other appointees may be any of the following:

- (A) A physician licensed under IC 25-22.5.**
- (B) A registered nurse licensed under IC 25-23.**
- (C) A registered pharmacist licensed under IC 25-26.**
- (D) A dentist licensed under IC 25-14.**
- (E) A hospital administrator.**
- (F) A social worker.**
- (G) An attorney with expertise in health matters.**
- (H) A school superintendent.**
- (I) A veterinarian licensed under IC 25-38.1.**
- (J) A professional engineer registered under IC 25-31.**
- (K) An environmental scientist.**
- (L) A physician assistant licensed under IC 25-27.5.**
- (M) A public health professional, including an epidemiologist.**

(2) One (1) person who either has public health knowledge or is a member of the general public, and is appointed by the county fiscal body.

(3) One (1) person appointed by the county executive from a list of three (3) recommendations by the executive of the most populous municipality in the county of individuals described in subdivision (1)(C) through (1)(M).

SECTION 24. IC 16-20-2-6 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 6: Except as provided in section 7 of this chapter, the county executive shall appoint the members of a local board of health:

SECTION 25. IC 16-20-2-7 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 7: (a) In the following counties, the county executive and the executive of the most populous city located in the county shall appoint the members of the local board of health as provided in subsection (b):

(1) A county having a population of more than one hundred eighty



thousand (180,000) and less than one hundred eighty-five thousand (185,000):

(2) A county having a population of more than eighty thousand four hundred (80,400) and less than eighty-two thousand (82,000):

(b) The executive of each second class city located in a county described in subsection (a) shall appoint a number of members of the board in the proportion that the city's population is to the total county population to the nearest whole fraction. The appointments made under this subsection shall be made in order, according to the population of a city, with the city having the largest population making the first appointments. The county executive shall appoint the remaining number of members of the county board of health.

SECTION 26. IC 16-20-2-16, AS AMENDED BY P.L.219-2021, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 16. (a) Each local board of health shall appoint a health officer **that meets the requirements of IC 16-20-1-9.5** to serve for a term of four (4) years. The health officer serves until a successor is appointed and qualified. ~~The health officer must be a licensed physician. After June 30, 2021,~~

(b) The appointment of a local health officer is subject to the approval of the appropriate county legislative body. If the appropriate county legislative body fails to approve a nominated individual on two (2) separate occasions, the individual is barred from further consideration for the position.

~~(b)~~ (c) The appointment shall be certified by the county executive and sent to the state department. The state department shall maintain a record of the certification.

~~(c)~~ (d) The health officer is eligible for reappointment.

~~(d)~~ (e) The health officer is the executive officer of the local health department and shall serve as secretary of the local board of health.

(f) **If a local board of health wants to employ a local health officer who is not a physician, but meets the requirements of IC 16-20-1-9.5(a)(2), the local board of health must do the following:**

(1) **Obtain the approval of the county executive.**

(2) **Upon obtaining the approval under subdivision (1), submit a request to the executive board of the state department for approval to employ the individual. The request must detail how the county or jurisdiction plans to ensure the appropriate clinical oversight for any provided medical services.**

(g) **The executive board of the state department shall determine**



whether to approve a request under subsection (f)(2) based on the needs of the requesting county or jurisdiction and the qualifications of the individual.

(h) A local health officer may be appointed to serve simultaneously more than one (1) local board of health.

SECTION 27. IC 16-20-2-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. (a) The fiscal body of a county in which a local health department has been authorized shall assess a levy annually on the assessed valuation of taxable property for the maintenance of the county health department.

(b) The taxes shall be paid into the county treasury and placed in a special fund to be known as the county health fund. The fund shall be used only for the purpose of this title and shall be drawn upon by the proper officers of the county upon the properly authenticated vouchers of the local health department.

(c) Each county fiscal body shall appropriate from the county health fund money necessary to maintain the local health department.

(d) A tax levy provided for in this chapter may not be made upon property within the corporate limits of any city maintaining the city's own full-time health department.

(e) Money in the fund at the end of a fiscal year does not revert to the county's general fund.

SECTION 28. IC 16-20-3-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 1.5. (a) A multiple county health department must maintain at least one (1) physical office in each represented county.**

(b) Each physical office must at least offer consumer accessible services, including:

- (1) vital records;**
- (2) environmental inspections; and**
- (3) permit services.**

SECTION 29. IC 16-20-3-2, AS AMENDED BY P.L.2-2008, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) There must be at least seven (7) members of a multiple county board of health.

(b) The county executives establishing a multiple county health department shall determine the following for the multiple county board of health:

- (1) The number of members.
- (2) The qualifications of members.
- (3) The number of appointments made by each county.



(c) The county executive of each county participating in a multiple county board of health shall appoint ~~at least one (1) licensed physician.~~ **the members of the multiple county board of health, except that the executive of the most populous municipality of the participating counties of the multiple county board of health shall appoint one (1) member to the multiple county board of health.**

(d) ~~At least two-thirds (2/3) of the members appointed under this section must have expertise in public health. The appointees may be any of the following:~~ **The appointments made by the county executives must meet the following requirements:**

(1) At least five (5) individuals appointed to the multiple county board of health must be knowledgeable in clinical and public health and also be one (1) of the following:

(A) A physician licensed under IC 25-22.5.

~~(1) (B) A registered nurse licensed under IC 25-23.~~

~~(2) (C) A registered pharmacist licensed under IC 25-26.~~

~~(3) (D) A dentist licensed under IC 25-14.~~

~~(4) (E) A hospital administrator.~~

~~(5) (F) A social worker.~~

~~(6) (G) An attorney with expertise in health matters.~~

~~(7) (H) A school superintendent.~~

~~(8) (I) A veterinarian licensed under IC 25-38.1.~~

~~(9) (J) A professional engineer registered under IC 25-31.~~

~~(10) (K) An environmental scientist.~~

(L) A physician assistant licensed under IC 25-27.5.

(M) A public health professional, including an epidemiologist.

(2) At least one (1) individual who either has public health knowledge or is a member of the public and is recommended by any of the participating county fiscal bodies.

SECTION 30. IC 16-20-3-9, AS AMENDED BY P.L.219-2021, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) A multiple county board of health shall appoint a health officer **in accordance with IC 16-20-1-9.5 and section 2 of this chapter** to serve for a term of four (4) years. ~~The health officer must be a licensed physician. After June 30, 2021,~~ The appointment of the health officer is subject to the approval of the legislative body of each participating county. If the legislative bodies of the participating counties fail to approve the nominated individual on two (2) separate occasions, the individual is barred from further consideration for the position.

(b) The appointment of the health officer shall be certified by the



county executive of each participating county and sent to the state department for the state department's records.

(c) The health officer is eligible for reappointment and serves until a successor is appointed and qualified.

(d) The health officer is the executive officer of the multiple county health department and shall serve as secretary of the multiple county board of health.

(e) If a multiple county board of health wants to employ a local health officer who is not a physician, but meets the requirements of IC 16-20-1-9.5(a)(2), the multiple county board of health must do the following:

(1) Obtain the approval of the county executives.

(2) Upon obtaining the approval under subdivision (1), submit a request to the executive board of the state department for approval to employ the individual. The request must detail how the multiple county board of health plans to ensure the appropriate clinical oversight for any provided medical services.

(f) The executive board of the state department shall determine whether to approve a request under subsection (e)(2) based on the needs of the counties or jurisdiction and the qualifications of the individual.

(g) A local health officer may be appointed to serve simultaneously more than one (1) local board of health.

SECTION 31. IC 16-20-3-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 10. (a) The fiscal body of each county that has become a part of a multiple county health department by ordinance of the county executive shall assess a levy annually on the assessed valuation of taxable property for maintenance of the multiple county health department.

(b) The taxes shall be paid into the county treasury and placed in a special fund to be known as the county health fund. The fund may be used only for the purpose of this title and may be drawn upon by the proper officers of the county upon the properly authenticated vouchers of the multiple county health department.

(c) Each county fiscal body shall appropriate from the county health fund money necessary to pay the fiscal body's apportioned share to maintain a multiple county health department in the proportion that the population of the county bears to the total population of all counties in the multiple county health department.

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



SECTION 32. IC 16-20-4-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. **(a) After December 31, 2022, a local official, city legislative body, city fiscal body, or county may not establish a city health department.**

(b) Formation and establishment of A city health department is subject to the approval of the city fiscal body: established before January 1, 2023, may continue to operate in accordance with this chapter.

SECTION 33. IC 16-20-4-4.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4.5. **(a) The city fiscal body in which a city health department has been authorized under this chapter shall establish a special fund known as the municipal health fund.**

(b) Money in the fund may be used only for the purposes of this title and shall be drawn upon by the proper officers of the city upon the properly authenticated vouchers of the city health department.

(c) The city fiscal body shall appropriate from the municipal health fund money necessary to maintain the city health department.

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

SECTION 34. IC 16-20-4-5 IS REPEALED [EFFECTIVE UPON PASSAGE]. Sec. 5: **(a) Except as provided in subsection (b); the legislative body of a second class city may by resolution provide for a full-time city health department:**

(b) A local official, city legislative body, city fiscal body, or county may not establish a full-time or part-time city health department in a county having a population of more than one hundred eighty-five thousand (185,000) and less than two hundred thousand (200,000):

(c) A health ordinance adopted by a city legislative body after December 31, 1993, in a county having a population of more than one hundred eighty-five thousand (185,000) and less than two hundred thousand (200,000) is void:

SECTION 35. IC 16-20-4-20 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 20. **(a) The board of each city health department shall appoint a health officer *who meets the requirements set forth in IC 16-20-1-9.5*. The appointment is subject to the approval of the city legislative body.**

(b) The health officer is the executive officer for the department and shall serve as secretary of the local board.



(c) The health officer must meet the following conditions:

(1) be a citizen of the United States.

(2) Be a licensed physician or be eligible for such a license.

(d) If a city health department wants to employ a local health officer who is not a physician, but meets the requirements of IC 16-20-1-9.5(a)(2), the city health department must do the following:

(1) Obtain the approval of the city executive.

(2) Upon obtaining the approval under subdivision (1), submit a request to the executive board of the state department for approval to employ the individual. The request must detail how the city plans to ensure the appropriate clinical oversight for any provided medical services.

(e) The executive board of the state department shall determine whether to approve a request under subsection (d)(2) based on the needs of the requesting city and the qualifications of the individual.

(f) A local health officer may be appointed to serve simultaneously more than one (1) local board of health.

(g) A health officer serves a term of four (4) years unless removed for cause as provided in this title.

SECTION 36. IC 16-31-2.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 2.5. Indiana Trauma Care Commission

Sec. 1. (a) The Indiana trauma care commission is established.

(b) The governor shall appoint thirteen (13) members to the commission, taking into consideration geographic representation, as follows:

(1) The state health commissioner or the commissioner's designee, who shall serve as chairperson of the commission.

(2) The director or the director's designee.

(3) The secretary of family and social services or the secretary's designee.

(4) A representative of the American College of Surgeons Committee on Trauma.

(5) A representative of the Indiana Hospital Association.

(6) A representative from the Emergency Medical Services for Children Program.

(7) A representative of a Level I designated trauma hospital who is a surgeon and licensed under IC 25-22.5.

(8) A representative of the Indiana Chapter of the American College of Emergency Physicians and who is an emergency



medicine physician licensed under IC 25-22.5.

(9) A registered nurse licensed under IC 25-23 and who is employed as a trauma program manager.

(10) A representative of a Level I pediatric trauma center who is a surgeon and licensed under IC 25-22.5.

(11) A representative of a hospital licensed under IC 16-21-2 that is located in a rural area of Indiana and that is not designated as a Level I, Level II, or Level III trauma care center.

(12) Two (2) members from state designated trauma centers that are not Level 1 trauma centers and who are surgeons and licensed under IC 25-22.5.

(c) The members described in subsection (b)(4) through (b)(12) shall be appointed for terms of four (4) years. The term of a member of the commission expires on July 1. However, a member may continue to serve until a successor is appointed. If a vacancy occurs, the governor shall appoint an individual to serve for the remainder of the unexpired term.

(d) The commission shall meet:

(1) at least four (4) times each year; and

(2) as often as deemed necessary upon the call of the chairperson.

(e) The state department shall staff the commission. The expenses described in section 3 of this chapter shall be paid from money appropriated to the state department.

(f) The governor shall make the initial appointments to the commission not later than October 1, 2023. Notwithstanding subsection (c), the initial appointments to the commission shall be staggered as follows:

(1) Two (2) years for the members appointed under subsection (b)(4), (b)(6), (b)(8), and (b)(10), and one (1) member appointed under subsection (b)(12).

(2) Four (4) years for the members appointed under subsection (b)(5), (b)(7), (b)(9), and (b)(11), and the other member appointed under subsection (b)(12).

A member appointed to the commission may serve for more than one (1) term. This subsection expires June 30, 2026.

Sec. 2. The commission has the following duties:

(1) Develop and promote, in cooperation with state, regional, and local public and private organizations, a statewide program for the provision of trauma care and a comprehensive state trauma plan.



- (2) Use trauma data to promote and support state and regional quality improvement initiatives and evaluations.**
- (3) Develop and implement a trauma system performance improvement plan.**
- (4) Support state level multi-disciplined disaster planning.**
- (5) Identify opportunities for, and promote the training of, trauma personnel and programs for the education of the general public in injury prevention and trauma care.**
- (6) Develop, in coordination with the state department, criteria for the awarding of trauma grant funds in the areas of:
 - (A) trauma system development;**
 - (B) quality improvement;**
 - (C) trauma and nontrauma center engagement; and**
 - (D) injury prevention programming.****
- (7) Advise the state department on state trauma center designation.**
- (8) Not later than November 30 of each year, develop and make written recommendations to the governor and, in an electronic format under IC 5-14-6, to the legislative council concerning the results of the commission's work under this section. The commission shall make the report submitted under this subdivision available to the public.**

Sec. 3. (a) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

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

Sec. 4. Seven (7) members are needed for the commission to take any action on a matter.

SECTION 37. IC 16-46-1 IS REPEALED [EFFECTIVE JULY 1, 2023]. (State Grants to Local Boards of Health for the Improvement of Community Health Services).



SECTION 38. IC 16-46-10-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 0.5. As used in this chapter, "local board of health" means a board established under IC 16-20-2, IC 16-20-3, IC 16-20-4, or IC 16-22-8.**

SECTION 39. IC 16-46-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The local **public health maintenance** fund is established for the purpose of providing local boards of health with funds **as provided in sections 2.1 through 2.3 of this chapter** to provide public health services. The fund shall be administered by the state department and consists of:

- (1) appropriations by the general assembly; **and**
- (2) penalties paid and deposited in the fund under IC 6-8-11-17; **and**
- (3) **amounts, if any, that another statute requires to be distributed to the fund from the Indiana tobacco master settlement agreement fund.**

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

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

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

SECTION 40. IC 16-46-10-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 1.5. (a) Each county shall establish a separate fund known as the local public health services fund to receive local board of health funding under this chapter.**

(b) Money disbursed under this chapter may only be deposited in the local public health services fund established under this section.

(c) The fund may be used only for appropriating money and allocating expenditures for the purposes described in section 3 of this chapter.

SECTION 41. IC 16-46-10-2 IS REPEALED [EFFECTIVE JULY 1, 2023]. Sec. 2: (a) Except as provided in subsections (b) and (d), the state department shall provide funding each year from the local health maintenance fund under the following schedule to each local board of health whose application for funding is approved by the state department:



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

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

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

(d) If a county has more than one (1) local health department, the county fiscal body shall adopt an ordinance to allocate the funds provided to the county under subsection (a). This ordinance must provide that each local board of health in the county must receive an allocation of funds granted under subsection (a). The county fiscal body shall file a copy of the ordinance with the state department before May 1 of each year.

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

- (1) allocate money in the local health maintenance fund (for distribution the following January) to each local board of health whose application is approved in accordance with the schedule in subsection (a); and
- (2) determine how much money in the local health maintenance fund has not been applied for.

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

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

- (1) The services to be provided under the plan.
- (2) The cost of each service to be provided under the plan.
- (3) The percentage of the total cost of services to be provided



under the joint plan by each local board of health:

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

- (1) Benefit the greatest number of people.
- (2) Provide services in a cost effective manner.
- (3) Address the most serious health care needs of the area served.
- (4) Provide additional public health services in a medically underserved or economically distressed area.

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

(h) A multiple county health board may file a plan under this section to provide any of the services set out in section 3 of this chapter. If the state department determines that the services to be provided under the plan submitted by a multiple county health board are eligible for funding from the local health maintenance fund; the state department shall grant (in addition to the funds provided under subsection (a) to each county in which the local boards of health are located) an amount not to exceed fifteen thousand dollars (\$15,000) to fund the plan:

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

SECTION 42. IC 16-46-10-2.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.1. (a) The state department shall provide funding each year from the local public health fund to each local board of health in accordance with this chapter.

(b) If a county has more than one (1) local health department, the state department shall determine the county's share of funding and distribute the funds to the county.

(c) For purposes of determining the amount of funding in the case of a multiple county board of health, the state department shall regard each county as a separate county.

(d) A local board of health may only receive funding under



section 2.2 or 2.3 of this chapter. Funding received under this chapter must be deposited in the county's local public health services fund established under section 1.5 of this chapter.

SECTION 43. IC 16-46-10-2.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2.2. (a) This section applies for purposes of funding beginning in the state fiscal year beginning July 1, 2023, and in each state fiscal year thereafter.

(b) For purposes of this section, "SVI" means the federal Centers for Disease Control and Prevention and the federal Agency for Toxic Substances and Disease Registry social vulnerability index.

(c) In order for a local board of health to be eligible to receive funding under this section, the following requirements must be met:

(1) The county executive must vote to accept additional funding and to provide core public health services in the county described in subsection (e).

(2) The county must provide a maintenance of effort each year according to the following:

(A) In the first year a local board of health receives funds under this section, the county shall distribute funds to the local board of health in an amount that equals the average amount of funds distributed to the local board of health by the county in the immediately preceding three (3) years.

(B) In each year after the first year a local board of health receives funds under this section, the county must provide an amount of funding equal to the amount determined in the last STEP of the following STEPS:

STEP ONE: Determine the amount of funding the local board of health is eligible to receive under subsection (d)(1)(A) for the year.

STEP TWO: Multiply the STEP ONE result by one and twenty-five hundredths (1.25).

STEP THREE: Subtract the STEP ONE result from the STEP TWO result.

(C) The local health funding provided by a county under clauses (A) and (B) may only consist of funds attributable to taxes and miscellaneous revenue that is deposited in the county health fund, and may not include fees collected by the local health department, federal funds, or private funds.

(3) The local board of health:



(A) shall ensure that the core public health services are provided in the county in accordance with the financial report required by subsection (f); and

(B) may employ:

- (i) one (1) full-time public health nurse;**
- (ii) one (1) full-time or part-time school liaison; and**
- (iii) one (1) part-time preparedness employee.**

A school liaison may be employed to partner with schools and school nurses, upon the request of a school corporation, to develop education programming concerning only nutrition, physical activity, drug prevention, tobacco and nicotine prevention and cessation, required school hearing and vision screening, dental hygiene and oral health, and first aid training.

(d) Subject to subsection (f), and subject to state appropriations, the amount of funding for which a local board of health is eligible under this section is the sum of the following:

(1) A base amount equal to the greater of:

(A) twenty-six dollars (\$26) per capita; or

(B) in the case of a county having a population:

- (i) greater than fifteen thousand (15,000), a minimum of four hundred fifty thousand dollars (\$450,000);**
- (ii) greater than ten thousand (10,000), but less than fifteen thousand (15,000), a minimum of four hundred thousand dollars (\$400,000); and**
- (iii) less than ten thousand (10,000), a minimum of three hundred fifty thousand dollars (\$350,000).**

(2) In the case of a county in the highest quartile SVI or an average county life expectancy of more than two (2) years less than the statewide average life expectancy, in addition to the amount under subdivision (1), an additional five dollars (\$5) per capita.

(3) In the case of a county in the second highest quartile SVI or an average county life expectancy that is one (1) year or two (2) years less than the statewide average life expectancy, in addition to the amount under subdivision (1), an additional three dollars (\$3) per capita.

(e) A county executive that votes to accept funding described in subsection (d) shall, in collaboration with the local health board, do the following:

(1) Collaborate with local entities to identify gaps in core public health services within the county.



(2) Develop a health plan for the county.

(3) Prepare a budget, for approval by the county fiscal body, for the use of additional funding provided under this section, including determining which core public health services are to be provided through contracts or grants with the additional funding to local entities.

(f) Subject to section 3.5 of this chapter, before the first year that a local board of health wishes to receive funding under this section, the local board of health shall submit, not later than September 1, a financial report to the state department with a proposed spending plan and any additional information required by the state department. Subject to section 3.5 of this chapter, not later than June 1 of each year after the first year in which a local board of health receives funding under this section, the local board of health shall submit a financial report to the state department with an accounting of how funds were spent the previous year, a proposed spending plan for the upcoming year, and any additional information required by the state department. The financial report must be in a manner prescribed by the state department. The report shall be submitted to the state budget committee each year. State budget committee review must occur prior to the distribution of funding awards to counties provided under subsections (e) and (h).

(g) The county fiscal body shall work with the local board of health in the preparation and submission of a report required under subsection (f).

(h) For counties with a city health department established under IC 16-20-4-3, funding under this section shall be disbursed to the county health department. The county fiscal body and the city fiscal body shall, in good faith, enter into an interlocal agreement, in a manner prescribed by the state department, to determine the amount of funding to be disbursed to the city health department. The county health department and the city health department shall submit a joint plan to the state department that demonstrates the core public health services that will be provided by each in serving the county.

(i) The county fiscal body may adopt an ordinance to allocate the funds received under subsection (h). The ordinance must provide that each local board of health in the county may receive an allocation of funds received under this section. The county fiscal body shall file a copy of the ordinance with the state department before May 1 of each year.



(j) For counties that have an existing health department cooperative that was formed by an interlocal cooperative agreement before December 31, 2022, and as authorized by IC 36-1-7, funding under this section shall be disbursed to the health department cooperative. The health department cooperative shall follow the same rules and guidelines that are required by the local board of health under this section.

(k) Before funds may be used to hire or contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.

(l) A county executive may vote to stop accepting funding under this section at any time.

SECTION 44. IC 16-46-10-2.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2.3. (a) This section applies:

(1) for purposes of funding beginning in the state fiscal year beginning July 1, 2023, and in each state fiscal year thereafter; and

(2) to a local board of health that does not receive funding under section 2.2 of this chapter.

(b) A local board of health receiving funding under this section shall, subject to state appropriations, receive an amount of state funds equal to the allocation of state funds the county received in state fiscal year 2023 from the state department through the local health maintenance fund (as it existed in state fiscal year 2023) and the Indiana local health department trust account (before its repeal). The state budget committee shall receive a report of annual funding amounts for each county under this section each year.

(c) Before the first year that a local board of health wishes to receive funding under this section, the local board of health shall submit, not later than June 1, a financial report to the state department with a proposed spending plan and any additional information required by the state department. Not later than June 1 of each year after the first year in which a local board of health receives funding under this section, the local board of health shall submit a financial report to the state department with an accounting of how funds were spent the previous year, a proposed spending plan for the upcoming year, and any additional information required by the state department. The financial report must be submitted in a manner prescribed by the state department.



The state department may extend the deadline for filing a financial report under this subsection upon a showing of good cause by the local board of health. The report shall be submitted to the state budget committee each year.

SECTION 45. IC 16-46-10-2.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 2.4. Not later than January 1 of each year, the state department shall, subject to state appropriations:**

- (1) allocate money under sections 2.2 and 2.3 of this chapter to each eligible local public health fund; and**
- (2) determine the amount of money under sections 2.2 and 2.3 of this chapter that remains after all allocations have been completed under subdivision (1).**

SECTION 46. IC 16-46-10-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 2.5. Not later than November 1 of each year, the state department shall submit a report to the department of local government finance including all state funds approved for local health departments under this chapter in the previous year.**

SECTION 47. IC 16-46-10-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 3. (a) Funding provided a local board of health under section ~~2~~ 2.2 or 2.3 of this chapter may be used by the local board to provide any of the following services:**

- (1) ~~Animal and vector control:~~ Core public health services.**
- (2) ~~Communicable disease control, including immunizations:~~ Any statutorily required actions for a local health department.**
- (3) ~~Food sanitation:~~ Evidence based programs to prevent or reduce the prevalence of health issues or improve the health and behavioral health of Indiana residents as outlined in the plan described in IC 16-30-3-2.**
- (4) ~~Environmental health:~~**
- (5) ~~Health education:~~**
- (6) ~~Laboratory services:~~**
- (7) ~~Maternal and child health services, including prenatal clinics and well-child clinics:~~**
- (8) ~~Nutrition services:~~**
- (9) ~~Public health nursing, including home nursing visitation and vision and hearing screening:~~**
- (10) ~~Vital records:~~**

(b) Money granted a local board of health from the local public



health maintenance fund may not be used for any purpose other than for the services listed in this section.

(c) A county may not use more than ten percent (10%) of the funds received under section 2.2 or 2.3 of this chapter during a fiscal year for capital expenditures, including:

- (1) the purchase, construction, or renovation of buildings or other structures;**
- (2) land acquisition; and**
- (3) the purchase of vehicles and other transportation equipment.**

(d) Funds used for capital expenditures under subsection (c) must be included on the annual financial report required under section 2.2(f) or 2.3(c) of this chapter and posted on the local health department's website.

(e) Before funds may be used to hire or contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.

SECTION 48. IC 16-46-10-3.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 3.5. (a) If two (2) or more local boards of health cooperate in providing any of the services described in section 3 of this chapter, those local boards of health shall file a joint financial report as described in section 2.2(f) of this chapter that must be approved by the state department. The joint financial report must include the following:**

- (1) The services to be provided under the joint financial report.**
- (2) The cost of each service to be provided under the joint financial report.**
- (3) The percentage of the total cost of services to be provided under the joint financial report by each local board of health.**

(b) The report shall be submitted to the state budget committee each year.

SECTION 49. IC 16-46-10-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 4. (a) Except as provided in subsections (b) and (c), the services funded under this chapter shall be provided without cost to a recipient.**

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



notification from the local board of health, shall pay for those services covered under that recipient's insurance policy or public indemnification.

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

- (1) Charge individuals for services on a sliding fee schedule based on income that is adopted by the state board under rules adopted under IC 4-22-2.
- (2) Charge corporations, partnerships, and other commercial concerns for services funded under this chapter.

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

SECTION 50. IC 16-46-10-6 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. To remain eligible for funding under this chapter, a local board of health must maintain compliance with the financial report submitted under section 2.2 or 2.3 of this chapter, as applicable, and any other reporting requirements under this title. If the state department determines there are reasonable grounds to believe that a local board of health is not complying with:**

- (1) the local board of health's financial report;**
- (2) statutory directives; or**
- (3) rules adopted by the state department;**

the state department shall provide written notice of noncompliance to the local board of health, county executive, county fiscal body, and local health department administrator. The local board of health shall have at least thirty (30) days to demonstrate compliance or provide a plan for compliance that is approved by the state department. If, after thirty (30) days, the local board of health has not demonstrated compliance or provided a plan for compliance, the state department may suspend funding under this chapter for the local board of health until compliance is achieved, as determined by the state department. The state department shall report to the state budget committee each local board's funding that is suspended under this section within thirty (30) days of the suspension.

SECTION 51. IC 16-46-16.7 IS ADDED TO THE INDIANA



CODE AS A NEW CHAPTER TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2023]:

Chapter 16.7. Core Public Health Services Contracts and Grants

Sec. 1. This chapter applies to a local health department that is approved to receive additional funding as set forth in IC 16-46-10-2.2.

Sec. 2. As used in this chapter, "person" means an individual, employer, employer association, nonprofit organization, for-profit organization, institution of higher education, health insurance plan, health ministry, or any combination of these.

Sec. 3. A local health department may:

- (1) contract with; or
- (2) establish a grant;

for the purpose of providing core public health services by a person to Indiana residents. A local health department that receives additional funding under IC 16-46-10-2.2 that establishes a core public health services grant program shall administer the local health department's own grant program.

Sec. 4. (a) A person seeking a grant or contract under this chapter must submit a proposal to a local health department in the manner prescribed by the local health department.

(b) A proposal for a contract or grant under this chapter must include proposed measurable and specific improvement in Indiana in one (1) or more core public health services.

(c) A local health department shall consider working collaboratively with another local health department in awarding a contract or grant under this chapter.

Sec. 5. A local health department shall award a contract or grant under this chapter primarily for the purpose of improving health outcomes and preventing or reducing the prevalence of the health issues related to core public health services. In awarding the contracts or grants, the local health department shall prioritize:

- (1) currently operational local health care providing entities, including hospitals, clinics, physicians, pharmacies, and home health agencies;
- (2) multiple-county initiatives that contract with proven outcomes based health improvement providers; and
- (3) evidence-based practices to achieving desired health outcomes, including the use of behavioral incentives.

Sec. 6. A person awarded a contract or grant under this chapter shall report de-identified, aggregate information concerning the



implementation of the core public health services contract or grant and metrics concerning the core public health services to the local health department that approved the contract or grant for the core public health services as required by IC 16-20-1-12(e).

Sec. 7. Before a local health department may hire or enter into a contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.

SECTION 52. IC 20-34-3-12, AS AMENDED BY P.L.89-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and
- (4) a binocular coordination test to determine if the eyes are working together properly.

(b) For purposes of this section, "vision screening" means the testing of visual acuity to determine an individual's ability to see at various distances using:

- (1) the Snellen chart;
- (2) Sloan ~~letters~~; **letter charts**;
- (3) HOTV **letter or LEA symbol charts for younger students**;
- or
- (4) ~~LEA symbol optotypes~~; **technology devices, including photoscreens or autorefractors, for a child who is unable to perform the tests described in subdivisions (1) through (3)**;

at a distance of either ten (10) or twenty (20) feet for distance vision, depending on the calibration of the chart being used, and a distance of fourteen (14) inches for near vision.

(c) The modified clinical technique shall be performed by an ophthalmologist licensed as a physician under IC 25-22.5 or an optometrist licensed under IC 25-24.

(d) The governing body of each school corporation shall conduct a vision test for each student enrolling in or transferring into:

- (1) either kindergarten or grade 1;
- (2) grade 3;
- (3) grade 5; and
- (4) grade 8;



and for each student suspected of having a visual defect.

(e) The vision test for students in kindergarten and grade 1 shall be conducted using the modified clinical technique unless a waiver is granted under section 13 of this chapter. If a waiver is granted for a school corporation, the governing body shall conduct a vision screening **described in subsection (b)** upon each student's enrollment in kindergarten or grade 1.

(f) Each student described in subsection (d)(2), (d)(3), and (d)(4), and each student suspected of having a visual defect shall be tested using a vision screening of the student's visual acuity.

(g) The following standards apply for a vision screening under subsections (e) and (f):

(1) A student in kindergarten or grade 1 who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters, HOTV, or LEA symbol optotypes shall be recommended for further examination based upon the recommendation of the individual performing the screening.

(2) A student:

(A) in grade 3, grade 5, or grade 8; or

(B) suspected of having a visual defect;

who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters shall be recommended for further examination based upon the recommendation of the individual performing the screening.

(3) If a student at any grade level is recommended for further examination, the school must provide a written recommendation for further examination to the parent or legal guardian of the student.

(h) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The ~~state~~ **Indiana** department of health, ~~and~~ **in consultation with** the state board, shall adopt ~~joint~~ rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(i) The school corporation's governing body and the superintendent shall receive annually the following information concerning the tests conducted under this section:

(1) The number of students eligible for testing, by grade.

~~(1)~~ **(2) The number of students tested, by grade.**

~~(2)~~ **(3) The number of students by grade who were tested using**



the modified clinical technique.

~~(3)~~ (4) The number of students by grade who were tested using a vision screening.

~~(4)~~ (5) The number of students by grade who passed a test.

~~(5)~~ (6) The number of students by grade who failed a test or were referred for further testing.

~~(6)~~ (7) The name of the individual or department that supervised the testing.

(j) Each school corporation shall annually provide to the department, for each school within the school corporation, the following information concerning the tests conducted under this section:

- (1) the number of students tested by grade;
- (2) the number of students by grade who were tested using the modified clinical technique;
- (3) the number of students by grade who were tested using a vision screening;
- (4) the number of students who passed a test by grade; and
- (5) the number of students who failed a test or who were referred for further testing.

(k) Not later than October 1 each year, the department shall report for the previous school year:

- (1) a compilation of the information received from school corporations under subsection (j);
- (2) information received under section 13 of this chapter, including:
 - (A) the number of school corporations that applied for a waiver;
 - (B) the number of waivers approved;
 - (C) the number of waivers denied;
 - (D) the name of each school corporation that applied for a waiver and whether the waiver was approved or denied; and
 - (E) the reason for the approval or denial;
- (3) the total number of students eligible for testing; and
- (4) the total number of students tested;

to the legislative council in electronic format under IC 5-14-6.

SECTION 53. IC 20-34-3-13, AS AMENDED BY P.L.43-2021, SECTION 113, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 13. (a) If a school corporation is unable to comply with section 12(e) of this chapter, the governing body may, before November 1 of a school year, request from the secretary of education a waiver of the requirements of section 12(e) of this chapter.

(b) The waiver request under subsection (a) must:



- (1) be in writing;
 - (2) include the reason or reasons that necessitated the waiver request; and
 - (3) indicate the extent to which the governing body attempted to comply with the requirements under section 12(e) of this chapter.
- (c) The secretary of education shall take action on the waiver request not later than thirty (30) days after receiving the waiver request.
- (d) The secretary of education may:
- (1) approve the waiver request;
 - (2) deny the waiver request; or
 - (3) provide whatever relief that may be available to enable the school corporation to comply with the requirements under section 12(e) of this chapter.
- (e) If the secretary of education approves the waiver request, the governing body shall conduct an annual screening test of the visual acuity of each student **as described in section 12(b) of this chapter** upon the student's enrollment in or transfer to grade 1.
- (f) The governing body of each school corporation shall make and maintain records of all waivers requested by the governing body under this section.
- (g) The secretary of education shall make and continuously maintain records of all actions taken by the secretary of education concerning all waivers requested under this section.
- (h) A request for a waiver under this section must be made annually.

SECTION 54. IC 20-34-4.5-0.4, AS ADDED BY P.L.117-2017, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 0.4. As used in this chapter, "emergency stock medication" means emergency medication to which both of the following apply:

- (1) The prescription **or statewide standing order** for the emergency medication is filled by a school or school corporation.
- (2) The emergency medication is stored at a school in accordance with this chapter.

SECTION 55. IC 20-34-4.5-1, AS AMENDED BY P.L.117-2017, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) A school or a school corporation may:

- (1) fill a prescription **or statewide standing order** for an emergency medication; and
- (2) store the emergency medication:
 - (A) if the prescription **or statewide standing order** is filled by a school, in the school; or
 - (B) if the prescription **or statewide standing order** is filled by



a school corporation, in a school in the school corporation; if a health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication writes the prescription **or the state health commissioner issues a statewide standing order** for the emergency medication for the school or school corporation.

(b) The school shall store the emergency medication in a safe location in which only school employees have access.

SECTION 56. IC 20-34-4.5-3, AS AMENDED BY P.L.28-2019, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may:

- (1) write; or
- (2) transmit in an electronic format for an electronically transmitted prescription;

a prescription, drug order, or protocol for an emergency medication for a school or school corporation.

(b) The state health commissioner or the state health commissioner's designee who is a licensed prescriber may issue a statewide standing order, prescription, or protocol for emergency stock medication for schools or school corporations.

~~(b)~~ (c) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, **standing order**, or protocol for an emergency medication issued in the name of a school or school corporation.

SECTION 57. IC 20-34-4.5-4, AS AMENDED BY P.L.28-2019, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. (a) A school nurse or school employee who administers an emergency stock medication in accordance with the manufacturer's guidelines and with this chapter is not liable for civil damages resulting from the administration of the emergency stock medication under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(b) **The state health commissioner, the state health commissioner's designee, or** a health care provider described in section 3 of this chapter who:

- (1) writes; or
- (2) transmits in an electronic format for an electronically transmitted prescription;

a prescription, drug order, **statewide standing order**, or protocol under this chapter is not liable for civil damages resulting from the administration of an emergency stock medication under this chapter.

(c) A health care provider described in section 2(b)(1) of this



chapter who provides training to school employees under this chapter is not liable for civil damages resulting from the administration of an emergency stock medication.

SECTION 58. IC 25-13-3-8, AS ADDED BY P.L.30-2018, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. An access practice dentist shall ~~reside in the county or adjacent county~~ and be available to provide emergency communication and consultation with the dental hygienist who is providing services under an access practice agreement. The access practice dentist shall appoint another licensed dentist in case the access practice dentist cannot be contacted for emergency communication and consultation.

SECTION 59. IC 34-30-2.1-282, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 282. IC 20-34-4.5-4 (Concerning school nurses, school employees, **the state health commissioner, the state health commissioner's designee**, and health care providers and the administration of emergency stock medication).

SECTION 60. **An emergency is declared for this act.**



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

