



February 3, 2023

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## SENATE BILL No. 4

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DIGEST OF SB 4 (Updated February 1, 2023 2:08 pm - DI 104)

**Citations Affected:** IC 16-18; IC 16-19; IC 16-20; IC 16-31; IC 20-34; IC 25-13; IC 34-30.

**Synopsis:** Public health commission. Defines "core public health services" for purposes of public health laws. Adds members to the executive board of the Indiana department of health (state department). Requires the state department to provide district or regional services to local health departments. Allows the state department to issue guidance to local health departments. Requires the state department to make annual local health department reports available to the public. Changes the qualification requirements for a local health officer and requires certain training. Requires the state department to identify state level metrics and county level metrics and requires certain local health departments to report to the state department activities and metrics on the delivery of core public health services. Requires the state department to annually report on the metrics to the budget committee and publish information concerning the metrics on the Internet. Sets  
(Continued next page)

**Effective:** Upon passage; July 1, 2023.

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**Charbonneau, Leising, Perfect,  
Bassler, Becker, Donato, Raatz,  
Crider, Melton, Brown L, Baldwin,  
Walker K, Garten, Glick, Breaux**

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January 9, 2023, read first time and referred to Committee on Health and Provider Services.

February 2, 2023, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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SB 4—LS 7070/DI 104



## Digest Continued

political affiliation limitations on local boards of health and adds two members to local boards of health. Requires a multiple county health department to maintain at least one physical office in each represented county. Provides that a new city health department cannot be created after December 31, 2022, but allows current city health departments to continue to operate. Creates the Indiana trauma care commission and sets forth the commission's duties. Specifies that certain vision screenings in schools for students may be performed by an ophthalmologist or an optometrist. Requires vision screening in kindergarten and first grade (current law allows for the screening in either grade). Modifies the list of vision tests that may be used. Requires the school to send to the parent of a student any recommendation for further testing by the vision screener. Allows for standing orders to be used for emergency stock medication in schools. Allows the state health commissioner or designee to issue a statewide standing order, prescription, or protocol for emergency stock medication for schools. Removes the distance requirement for an access practice dentist to provide communication with a dental hygienist.

**SB 4—LS 7070/DI 104**



February 3, 2023

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 BILL No. 4

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

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

1       SECTION 1. IC 16-18-2-79.5 IS ADDED TO THE INDIANA  
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2023]: **Sec. 79.5. "Core public health**  
4 **services" means basic services provided by local health**  
5 **departments, including the following:**

6           (1) Food protection under IC 16-20-8 and IC 16-42-5.

7           (2) Communicable disease prevention and control under  
8 IC 16-20-1 and IC 16-41.

9           (3) Screening and case management for childhood lead  
10 exposure and poisoning under IC 16-41-39.4.

11           (4) Pest and vector control and abatement under IC 16-41-33  
12 and IC 16-41-34.

13           (5) Inspection and testing of public and semipublic pools  
14 under rules adopted by the state department in accordance  
15 with IC 16-19-3-4.

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(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, vision, 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.

(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.

SECTION 2. 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 3. IC 16-19-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. **(a) The state department shall provide district or regional services to support local health departments.**

~~(a)~~ **(b)** The state department may establish ~~operate~~, and maintain ~~branch offices~~. **district or regional services.** The number of ~~branch offices~~ **district or regional services** shall be determined by the state department.

~~(b)~~ **(c)** The purpose of authorizing the creation of ~~branch offices~~ **district or regional services** 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~~ **district or regional services** as a means of assisting, but not limiting, the powers possessed by local health ~~agencies~~. **departments.**

**(d) The state department shall at least make available technical support for the following district or regional 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.**

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

**(e) The legal services provided under subsection (d) are limited to technical support. A state department attorney may not represent a local health department as the local health**



department's counsel.

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

SECTION 4. IC 16-19-3-33 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 33. 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 5. 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 6. 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 7. 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;
  - (2) be an advanced practice registered nurse licensed under IC 25-23, with a master's degree in public health;
  - (3) be a physician assistant licensed under IC 25-27.5, with a master's degree in public health; or
  - (4) 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:

- (1) complete a public health foundation training course developed and approved by the state department; and
- (2) earn a certified public health credential not later than one (1) year from being eligible to take the exam.

SECTION 8. 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 accept 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) Reports of Each local health department that provides core public health services shall report 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.

(d) The state department shall:

- (1) collect and analyze the information reported to the state department under subsection (c); 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.

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

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

SECTION 9. 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 confirmation by the local board of health, 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 10. 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:

- (1) four (4) of whom may be from the same political party; and
- (2) two (2) of whom are unaffiliated with any 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:

- (1) five (5) of whom may be from the same political party; and
- (2) two (2) of whom are unaffiliated with any political party.





SECTION 11. 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, one (1) each appointed by the executive of the two (2) most populous cities in the county. However, if either of the county's two (2) most populous cities is a city with a city health department established under IC 16-20-4, the executive of the city with a city health department may not appoint a representative on the local board of health, and the next populous city's executive shall appoint a representative to the local board of health.**

**(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 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:**



- 1 (A) A physician licensed under IC 25-22.5.
- 2 (B) A registered nurse licensed under IC 25-23.
- 3 (C) A registered pharmacist licensed under IC 25-26.
- 4 (D) A dentist licensed under IC 25-14.
- 5 (E) A hospital administrator.
- 6 (F) A social worker.
- 7 (G) An attorney with expertise in health matters.
- 8 (H) A school superintendent.
- 9 (I) A veterinarian licensed under IC 25-38.1.
- 10 (J) A professional engineer registered under IC 25-31.
- 11 (K) An environmental scientist.
- 12 (L) A physician assistant licensed under IC 25-27.5.
- 13 (M) A public health professional, including an
- 14 epidemiologist.
- 15 (2) One (1) person who either has public health knowledge or
- 16 is a member of the general public, and is appointed by the
- 17 county fiscal body.
- 18 (3) One (1) person appointed by the executive of the most
- 19 populous city in the county.

20 SECTION 12. IC 16-20-2-6 IS REPEALED [EFFECTIVE JULY 1,

21 2023]. Sec. 6: Except as provided in section 7 of this chapter, the

22 county executive shall appoint the members of a local board of health.

23 SECTION 13. IC 16-20-2-7 IS REPEALED [EFFECTIVE JULY 1,

24 2023]. Sec. 7: (a) In the following counties, the county executive and

25 the executive of the most populous city located in the county shall

26 appoint the members of the local board of health as provided in

27 subsection (b):

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

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

30 thousand (185,000):

31 (2) A county having a population of more than eighty thousand

32 four hundred (80,400) and less than eighty-two thousand

33 (82,000):

34 (b) The executive of each second class city located in a county

35 described in subsection (a) shall appoint a number of members of the

36 board in the proportion that the city's population is to the total county

37 population to the nearest whole fraction. The appointments made under

38 this subsection shall be made in order, according to the population of

39 a city, with the city having the largest population making the first

40 appointments. The county executive shall appoint the remaining

41 number of members of the county board of health.

42 SECTION 14. 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, advanced practice registered nurse, or physician assistant, but meets the requirements of IC 16-20-1-9.5(a)(4), 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 15. 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;



1           **(2) environmental inspections; and**

2           **(3) permit services.**

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

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

10           (1) The number of members.

11           (2) The qualifications of members.

12           (3) The number of appointments made by each county.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



SECTION 17. 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, advanced practice registered nurse, or physician assistant, but meets the requirements of IC 16-20-1-9.5(a)(4), 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 18. 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**



1 subject to the approval of the city fiscal body: **established before**  
 2 **January 1, 2023, may continue to operate in accordance with this**  
 3 **chapter.**

4 SECTION 19. IC 16-20-4-5 IS REPEALED [EFFECTIVE UPON  
 5 PASSAGE]. Sec. 5: (a) Except as provided in subsection (b), the  
 6 legislative body of a second class city may by resolution provide for a  
 7 full-time city health department:

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

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

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

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

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

24 (1) be a citizen of the United States.

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

26 (d) **If a city health department wants to employ a local health**  
 27 **officer who is not a physician, advanced practice registered nurse,**  
 28 **or physician assistant, but meets the requirements of**  
 29 **IC 16-20-1-9.5(a)(4), the city health department must do the**  
 30 **following:**

31 (1) Obtain the approval of the city executive.

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

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

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

42 (g) A health officer serves a term of four (4) years unless



1 removed for cause as provided in this title.

2 SECTION 21. IC 16-31-2.5 IS ADDED TO THE INDIANA CODE  
3 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
4 JULY 1, 2023]:

5 **Chapter 2.5. Indiana Trauma Care Commission**

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

7 **(b) The governor shall appoint thirteen (13) members to the**  
8 **commission as follows:**

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

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

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

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

16 **(5) A representative of the Indiana Hospital Association.**

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

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

21 **(8) A representative of the Indiana Chapter of the American**  
22 **College of Emergency Physicians and who is an emergency**  
23 **medicine physician licensed under IC 25-22.5.**

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

26 **(10) A representative of a Level I pediatric trauma center.**

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

31 **(12) Two (2) members from a state designated trauma center**  
32 **and who are at least one (1) of the following:**

33 **(A) A hospital executive.**

34 **(B) A trauma program manager.**

35 **(C) A surgeon licensed under IC 25-22.5.**

36 **(D) An emergency medicine physician licensed under**  
37 **IC 25-22.5.**

38 **(c) The members described in subsection (b)(4) through (b)(12)**  
39 **shall be appointed for terms of three (3) years. The term of a**  
40 **member of the commission expires on July 1. However, a member**  
41 **may continue to serve until a successor is appointed. If a vacancy**  
42 **occurs, the governor shall appoint an individual to serve for the**



1 remainder of the unexpired term.

2 (d) The commission shall meet:

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

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

6 (e) The state department shall staff the commission.

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

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

14 (2) Three (3) years for the members appointed under  
15 subsection (b)(5), (b)(7), (b)(9), and (b)(11), and the other  
16 member appointed under subsection (b)(12).

17 This subsection expires June 30, 2026.

18 Sec. 2. The commission has the following duties:

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

23 (2) Use trauma data to promote and support state and  
24 regional quality improvement initiatives and evaluations.

25 (3) Develop and implement a trauma system performance  
26 improvement plan.

27 (4) Support state level multi-disciplined disaster planning.

28 (5) Identify opportunities for, and promote the training of,  
29 trauma personnel and programs for the education of the  
30 general public in injury prevention and trauma care.

31 (6) Develop, in coordination with the state department,  
32 criteria for the awarding of trauma grant funds in the areas  
33 of:

34 (A) trauma system development;

35 (B) quality improvement;

36 (C) trauma and nontrauma center engagement; and

37 (D) injury prevention programming.

38 (7) Advise the state department on state trauma center  
39 designation.

40 (8) Not later than November 30 of each year, develop and  
41 make written recommendations to the governor and, in an  
42 electronic format under IC 5-14-6, to the legislative council





1 concerning the results of the commission's work under this  
 2 section. The commission shall make the report submitted  
 3 under this subdivision available to the public.

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

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

18 Sec. 4. Eight (8) members are needed for the commission to take  
 19 any action on a matter.

20 SECTION 22. IC 20-34-3-12, AS AMENDED BY P.L.89-2013,  
 21 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 22 JULY 1, 2023]: Sec. 12. (a) For purposes of this section, "modified  
 23 clinical technique" means a battery of vision tests that includes:

- 24 (1) a visual acuity test to determine an individual's ability to see
- 25 at various distances;
- 26 (2) a refractive error test to determine the focusing power of the
- 27 eye;
- 28 (3) an ocular health test to determine any external or internal
- 29 abnormalities of the eye; and
- 30 (4) a binocular coordination test to determine if the eyes are
- 31 working together properly **performed by an ophthalmologist**
- 32 **licensed as a physician under IC 25-22.5 or an optometrist**
- 33 **licensed under IC 25-24.**

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

- 37 (1) the Snellen chart;
- 38 (2) Sloan letters;
- 39 (3) HOTV; or
- 40 (4) LEA symbol optotypes;

41 at a distance of either ten (10) or twenty (20) feet for distance vision;  
 42 depending on the calibration of the chart being used; and a distance of



fourteen (14) inches for near vision: with each eye using tests described in subsection (d).

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

(1) either kindergarten; or

(2) grade 1;

(2) (3) grade 3;

(3) (4) grade 5; and

(4) (5) grade 8;

and for each student suspected of having a visual defect.

(e) (d) The vision test for students in kindergarten and grade 1 screening 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 upon each student's enrollment in kindergarten or grade 1.

(1) Sloan letter charts;

(2) HOTV letter or LEA symbol charts for younger students; or

(3) technology devices, including photoscreens or autorefractors, for a child who is unable to perform the tests described in subdivisions (1) and (2).

(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.



(e) If the individual performing the screening determines that a student at any grade level is unable to read the 20/32 line of Sloan letters or LEA charts with each eye and recommends that the student be seen for further examination, the school shall provide a written notice of the recommendation to the student's parent or legal guardian.

(f) 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.

(g) 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 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 by grade who passed a test.
- (5) The number of students by grade who failed a test or were referred for further testing.
- (6) The name of the individual or department that supervised the testing.

(h) 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.

(i) 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); **(h)**;

~~(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)~~ **(2)** the total number of students eligible for testing; and

~~(4)~~ **(3)** the total number of students tested;

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

SECTION 23. IC 20-34-3-13 IS REPEALED [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 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.



~~(b) A request for a waiver under this section must be made annually.~~

SECTION 24. 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 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 25. 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 26. 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



1 medication issued in the name of a school or school corporation.

2 SECTION 27. IC 20-34-4.5-4, AS AMENDED BY P.L.28-2019,  
3 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
4 JULY 1, 2023]: Sec. 4. (a) A school nurse or school employee who  
5 administers an emergency stock medication in accordance with the  
6 manufacturer's guidelines and with this chapter is not liable for civil  
7 damages resulting from the administration of the emergency stock  
8 medication under this chapter unless the act or omission constitutes  
9 gross negligence or willful or wanton misconduct.

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

13 (1) writes; or

14 (2) transmits in an electronic format for an electronically  
15 transmitted prescription;  
16 a prescription, drug order, **statewide standing order**, or protocol under  
17 this chapter is not liable for civil damages resulting from the  
18 administration of an emergency stock medication under this chapter.

19 (c) A health care provider described in section 2(b)(1) of this  
20 chapter who provides training to school employees under this chapter  
21 is not liable for civil damages resulting from the administration of an  
22 emergency stock medication.

23 SECTION 28. IC 25-13-3-8, AS ADDED BY P.L.30-2018,  
24 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
25 JULY 1, 2023]: Sec. 8. An access practice dentist shall ~~reside in the~~  
26 ~~county or adjacent county and~~ be available to provide emergency  
27 communication and consultation with the dental hygienist who is  
28 providing services under an access practice agreement. The access  
29 practice dentist shall appoint another licensed dentist in case the access  
30 practice dentist cannot be contacted for emergency communication and  
31 consultation.

32 SECTION 29. IC 34-30-2.1-282, AS ADDED BY P.L.105-2022,  
33 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
34 JULY 1, 2023]: Sec. 282. IC 20-34-4.5-4 (Concerning school nurses,  
35 school employees, **the state health commissioner, the state health**  
36 **commissioner's designee**, and health care providers and the  
37 administration of emergency stock medication).

38 SECTION 30. **An emergency is declared for this act.**



## COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 4, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Replace the effective date in SECTION 8 with "[EFFECTIVE UPON PASSAGE]".

Page 2, line 3, delete "Decontamination" and insert "**Orders for the decontamination**".

Page 2, line 25, after "(17)" insert "**Maternal and child health. (18)**".

Page 2, line 27, delete "(18)" and insert "**(19)**".

Page 2, line 30, delete "(19)" and insert "**(20)**".

Page 2, line 31, delete "(20)" and insert "**(21)**".

Page 2, line 32, delete "(21)" and insert "**(22)**".

Page 5, line 3, delete "formal public health training;" and insert "**a master's degree in public health;**".

Page 5, line 5, delete "formal public health training;" and insert "**a master's degree in public health;**".

Page 5, delete lines 10 through 24, begin a new paragraph and insert:

**"(b) Beginning July 1, 2023, any individual listed in subsection (a) who is newly appointed to the position of a local health officer shall:**

- (1) complete a public health foundation training course developed and approved by the state department; and**
- (2) earn a certified public health credential not later than one (1) year from being eligible to take the exam."**

Page 5, line 30, after "(b)" insert "**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)".**

Page 5, line 36, delete "(c)" and insert "**(d)**".

Page 5, line 36, delete "shall" and insert "**shall:**

**(1)".**



Page 5, line 37, delete "(b)" and insert "(c); 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."**

Page 5, delete line 38.

Page 5, line 39, delete "(d)" and insert "(e)".

Page 5, line 40, delete "(b)" and insert "(c)".

Page 5, between lines 41 and 42, begin a new paragraph and insert:  
**"(f) The state department shall annually present the metrics  
determined under this section to the budget committee."**

Page 7, line 13, after "(K)" insert "**A physician assistant licensed  
under IC 25-27.5.**

**(L)".**

Page 8, line 4, after "(L)" insert "**A physician assistant licensed  
under IC 25-27.5.**

**(M)".**

Page 10, line 28, after "(L)" insert "**A physician assistant licensed  
under IC 25-27.5.**

**(M)".**

Page 12, line 39, delete "fifteen (15)" and insert "**thirteen (13)**".

and when so amended that said bill do pass and be reassigned to the  
Senate Committee on Appropriations.

(Reference is to SB 4 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 12, Nays 0.

