

# SENATE BILL No. 174

---

## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10; IC 9-24; IC 10-14-3-23; IC 12-15-15-4.5; IC 12-17.2; IC 13-18-16-17; IC 16-18; IC 16-21-7-4; IC 16-28; IC 16-38-5-1; IC 16-41; IC 16-42-5.3; IC 16-49-4-11; IC 16-50-1; IC 20-19-3-41; IC 20-26-22.5; IC 20-33-8; IC 20-34; IC 21-7-13-2; IC 21-40; IC 21-44-8; IC 22-4-15-1; IC 22-5; IC 22-12-1-4; IC 25-22.5-8.7; IC 27-2-30; IC 27-8-24-4; IC 31-27-9-2; IC 34-30-2.1; IC 35-31.5-2; IC 35-38-1; IC 35-42-2-1; IC 35-52-16.

**Synopsis:** Various health matters. Prohibits a person from adding a chemical to a public water supply in certain circumstances. Defines "medical intervention" and provides that a person may not require an individual to accept, undergo, or engage in a medical intervention in or on the individual's body as a condition of employment, entrance, admission, compensation, benefits, or participation. Provides that a person may not take a punitive measure against an individual because the individual refused to accept, undergo, or engage in a medical intervention in or on the individual's body. Allows an individual who suffers bodily injury as a result of a violation of these provisions to file an action. Provides that a person who knowingly or intentionally causes bodily injury to another person by violating these provisions commits battery, a class B misdemeanor, enhanced to a level 5 felony if the offense constitutes a violation of the right to bodily integrity. Allows an individual to sell certain meat products from the individual's primary residence. Establishes various requirements for an individual to sell certain meat products from the individual's primary residence. Exempts a stand or another retail building used only for the sale of certain food products or meat products from the definition of a Class 1 structure. Provides that a student enrolled in a health profession education program may not be required to receive an immunization as a condition

(Continued next page)

**Effective:** July 1, 2026.

---

---

## Johnson T

---

---

January 6, 2026, read first time and referred to Committee on Health and Provider Services.

---

---



of: (1) participating in; or (2) obtaining; clinical training or clinical experience required by the program if receiving the immunization is against the student's conscience. Amends the information that the statewide child fatality review committee and statewide maternal mortality review committee must include in each committee's annual report. Provides that a physician may not be required to receive an immunization if receiving the immunization is against the physician's conscience. Provides that a health care provider, health care entity, and a health carrier may not be required to provide or refer an individual for a health care service that violates the conscience of the health care provider, health care entity, or health carrier. Establishes an exception for a health carrier. Specifies that a health care provider, health care entity, or a health carrier may not be subject to discrimination and certain other acts and liability for declining to provide the health care service. Establishes a civil action for a violation of these provisions. Provides that a person who prevails in a civil action is entitled to certain relief. Requires a licensed child care center, school, and person that operates a before or after school program to report the ingredients of each food product provided to a child or student. Requires the division of family resources and the department of education to publish the information on each agency's website. Allows a school corporation to contract with a health care provider, health system, or community partner to establish a school based health center (center). Sets forth requirements to establish a center. Provides that, notwithstanding state or federal law, a school may not conduct a physical or mental assessment or treatment of a student unless the physical or mental assessment or treatment is related to an illness or accident that occurred during school hours or on or near school property. Repeals certain superseded laws, including provisions concerning immunizations, communicable diseases, potentially disease transmitting offenses, quarantine, medical testing, disqualification for unemployment benefits, and COVID-19 immunization requirements. Makes conforming amendments.



Introduced

Second Regular Session of the 124th General Assembly (2026)

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 2025 Regular Session of the General Assembly.

## SENATE BILL No. 174

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 5-10-8-10 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) The state shall  
3 cover the ~~testing required under IC 16-41-6-4~~ and the examinations  
4 required under IC 16-41-17-2 under a:

5 (1) self-insurance program established or maintained under  
6 section 7(b) of this chapter to provide group health coverage; and  
7 (2) contract entered into or renewed under section 7(c) of this  
8 chapter to provide health services through a prepaid health care  
9 delivery plan.

10 (b) ~~Payment to a hospital for a test required under IC 16-41-6-4~~  
11 ~~must be in an amount equal to the hospital's actual cost of performing~~  
12 ~~the test.~~

13 SECTION 2. IC 5-10-13-5, AS AMENDED BY P.L.143-2021,  
14 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
15 JULY 1, 2026]: Sec. 5. (a) ~~Except as provided in section 6 of this~~



chapter. An employee who:

(1) is diagnosed with a health condition caused by an exposure risk disease that:

(A) requires medical treatment; and

(B) results in total or partial disability or death;

(2) by written affidavit has provided to the employee's employer a verification described in subsection (b), (c), (d), (e), (f), or (g); and

(3) before the employee is diagnosed with a health condition caused by hepatitis or tuberculosis, tests negative for evidence of hepatitis or tuberculosis through medical testing; is presumed to have a disability or death incurred in the line of duty.

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

(1) outside the scope of the employee's current employment, been exposed through transfer of body fluids to an individual known to have a medical condition caused by hepatitis;

(2) received blood products other than a transfusion received because of an injury to the employee that occurred in the scope of the employee's current employment;

(3) received blood products for the treatment of a coagulation disorder since testing negative for hepatitis;

(4) engaged in sexual practices or other behavior identified as high risk by the Centers for Disease Control and Prevention or the Surgeon General of the United States;

(5) had sexual relations with another individual known to the employee to have engaged in sexual practices or other behavior described in subdivision (4); or

(6) used intravenous drugs that were not prescribed by a physician.

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



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

4 (d) This subsection applies to an employee who is diagnosed with  
5 a health condition caused by tuberculosis. If the health condition results  
6 in disability or death and the employee wishes to have a presumption  
7 of disability or death incurred in the line of duty apply to the employee,  
8 the employee shall, by written affidavit executed before death, provide  
9 verification that the employee has not, outside the scope of the  
10 employee's current employment, been exposed to another individual  
11 known to have tuberculosis.

12 (e) This subsection applies to an employee who is diagnosed with  
13 a health condition caused by HIV. If the health condition results in  
14 disability or death and the employee wishes to have a presumption of  
15 disability or death incurred in the line of duty apply to the employee,  
16 the employee shall, by written affidavit executed before death, provide  
17 verification that the employee has not:

18 (1) outside the scope of the employee's current employment, been  
19 exposed through transfer of body fluids to an individual known to  
20 have a medical condition caused by HIV;

21 (2) received blood products other than a transfusion received  
22 because of an injury to the employee that occurred in the scope of  
23 the employee's current employment;

24 (3) received blood products for the treatment of a coagulation  
25 disorder since testing negative for HIV;

26 (4) engaged in sexual practices or other behavior identified as  
27 high risk by the Centers for Disease Control and Prevention or the  
28 Surgeon General of the United States;

29 (5) had sexual relations with another individual known to the  
30 employee to have engaged in sexual practices or other behavior  
31 described in subdivision (4); or

32 (6) used intravenous drugs that were not prescribed by a  
33 physician.

34 (f) This subsection applies to an employee who is diagnosed with a  
35 health condition caused by smallpox. If the health condition results in  
36 disability or death and the employee wishes to have a presumption of  
37 disability or death incurred in the line of duty apply to the employee,  
38 the employee shall, by written affidavit executed before death, provide  
39 verification that the employee has not, outside the scope of the  
40 employee's current employment, been exposed to another individual  
41 known to have smallpox.

42 (g) This subsection applies to an employee who is diagnosed after



June 30, 2021, with a health condition caused by any variant of severe acute respiratory syndrome (SARS), including coronavirus disease (COVID-19). If the health condition results in disability or death and the employee wishes to have a presumption of disability or death incurred in the line of duty apply to the employee, the employee shall, by written affidavit executed before death, provide verification that the employee has not, outside the scope of the employee's current employment, been exposed to another individual known to have any variant of severe acute respiratory syndrome (SARS), including coronavirus disease (COVID-19).

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

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

SECTION 3. IC 5-10-13-6 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 6: If a standard, medically recognized vaccine or other measure exists for the prevention of an exposure risk disease and the vaccine or other measure is medically indicated for an employee according to immunization policies established by the Advisory Committee on Immunization Practices of the United States Public Health Service, the following apply:

(+) If:

(A) the employee receives the vaccine or other measure as required by the employee's employer; or

(B) the employee's physician provides written notice to the employer that the vaccine or other measure would pose a significant risk to the employee's health;

and the employee meets the other requirements of this chapter; a presumption of disability or death incurred in the line of duty under this chapter applies to the employee.

(-) If:

(A) the employee does not receive the vaccine or other measure as required by the employee's employer; and

(B) the employee's physician has not provided written notice that the vaccine or other measure would pose a significant risk to the employee's health;

a presumption of disability or death incurred in the line of duty under this chapter does not apply to the employee.

SECTION 4. IC 9-24-10-4, AS AMENDED BY P.L.111-2021, SECTION 59, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) Except as provided in subsection (c), an



examination for a learner's permit or driver's license must include the following:

(1) A test of the following of the applicant:

~~(A) Eyesight.~~

~~(B)~~ (A) Ability to read and understand highway signs regulating, warning, and directing traffic.

~~(C)~~ (B) Knowledge of Indiana traffic laws, including IC 9-26-1-1.5 and IC 9-21-12-1.

(2) An actual demonstration of the applicant's skill in exercising ordinary and reasonable control in the operation of a motor vehicle under the type of permit or driver's license applied for.

(b) The examination may include further physical and mental examination that the bureau finds necessary to determine the applicant's fitness to operate a motor vehicle safely upon a highway. The applicant must provide the motor vehicle used in the examination. An autocycle may not be used as the motor vehicle provided for the examination.

(c) The bureau may waive:

~~(1) the testing required under subsection (a)(1)(A) if the applicant provides evidence from a licensed ophthalmologist or licensed optometrist that the applicant's vision is fit to operate a motor vehicle in a manner that does not jeopardize the safety of individuals or property;~~

~~(2)~~ (1) the actual demonstration required under subsection (a)(2) for an individual who has passed:

(A) a driver's education class and a skills test given by a driver training school;

(B) a driver education program given by an entity licensed under IC 9-27; or

(C) a skills assessment conducted by a third party approved by the bureau;

~~(3)~~ (2) the testing ~~other than eyesight testing under subsection (a)(1)(A);~~ of an applicant who has passed:

(A) an examination concerning:

(i) subsection ~~(a)(1)(B);~~ **(a)(1)(A);** and

(ii) subsection ~~(a)(1)(C);~~ **(a)(1)(B);** and

(B) a skills test;

given by a driver training school or an entity licensed under IC 9-27; and

~~(4)~~ (3) the testing ~~other than the eyesight testing described in subsection (a)(1)(A);~~ of an applicant who:

(A) is at least eighteen (18) years of age;



(B) was previously a nonresident but now qualifies as an Indiana resident at the time of application; and

(C) holds a valid driver's license, excluding a learner's permit or its equivalent, from the applicant's state of prior residence.

(d) ~~The following are~~ **An instructor having a license under IC 9-27-6-8** is not civilly or criminally liable for a report made in good faith to the bureau, commission, or driver licensing medical advisory board concerning the fitness of the applicant to operate a motor vehicle in a manner that does not jeopardize the safety of individuals or property.

~~(1) An instructor having a license under IC 9-27-6-8.~~

~~(2) A licensed ophthalmologist or licensed optometrist.~~

SECTION 5. IC 9-24-12-5, AS AMENDED BY P.L.211-2023, SECTION 46, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) Except as provided in subsection (b), and subject to subsection (d), an individual applying for renewal of a driver's license in the form of a physical credential (issued under IC 9-24-3), or a chauffeur's or a public passenger chauffeur's license, including any endorsements in effect with respect to the license, must apply in person at a license branch and ~~do the following:~~

~~(1) Pass an eyesight examination.~~

~~(2) pass a written examination if:~~

~~(A)~~ **(1)** the applicant has at least six (6) active points on the applicant's driving record maintained by the bureau;

~~(B)~~ **(2)** the applicant has not reached the applicant's twenty-first birthday and has active points on the applicant's driving record maintained by the bureau; or

~~(C)~~ **(3)** the applicant is in possession of a driver's license that is expired beyond one hundred eighty (180) days.

(b) The holder of a driver's license in the form of a physical credential (issued under IC 9-24-3), a chauffeur's or a public passenger chauffeur's license, or a learner's permit issued in the form of a physical credential under IC 9-24-7 may renew the license, including any endorsements in effect with respect to the license, by mail or by electronic service, subject to the following conditions:

(1) A valid computerized image of the individual must exist within the records of the bureau.

(2) The previous renewal of the individual's driver's license (issued under IC 9-24-3), chauffeur's or public passenger chauffeur's license, or a learner's permit issued under IC 9-24-7 must not have been by mail or by electronic service.

~~(3) The application for or previous renewal of the individual's~~





license or permit must have included a test of the individual's eyesight approved by the bureau.

~~(4)~~ (3) If the individual were applying for the license or permit renewal in person at a license branch, the individual would not be required under subsection ~~(a)(2)~~ (a) to submit to a written examination.

~~(5)~~ (4) The individual must be a citizen of the United States, as shown in the records of the bureau.

~~(6)~~ (5) There must not have been any change in the:

(A) address; or

(B) name;

of the individual since the issuance or previous renewal of the individual's driver's license (issued under IC 9-24-3), chauffeur's or public passenger chauffeur's license, or a learner's permit issued under IC 9-24-7.

~~(7)~~ (6) The driver's license (issued under IC 9-24-3), chauffeur's or public passenger chauffeur's license, or a learner's permit issued under IC 9-24-7 of the individual must not be:

(A) suspended; or

(B) expired more than one hundred eighty (180) days;

at the time of the application for renewal.

~~(8) If the individual is seventy-five (75) years of age or older at the time of the application for renewal, the individual must provide proof, on a form approved by the bureau, that the individual has passed an eyesight examination within thirty (30) days prior to the renewal application.~~

(c) An individual applying for the renewal of a driver's license issued in the form of a physical credential (issued under IC 9-24-3), a chauffeur's license or a public passenger chauffeur's license, or a learner's permit issued in the form of a physical credential under IC 9-24-7, including any endorsements in effect with respect to the license, must apply in person at a license branch under subsection (a) if the individual is not entitled to apply by mail or by electronic service under subsection (b).

(d) The bureau may not issue or renew a chauffeur's or a public passenger chauffeur's license after December 31, 2016. If a holder of a chauffeur's or a public passenger chauffeur's license applies after December 31, 2016, for renewal of the chauffeur's or public passenger chauffeur's license, the bureau shall issue to the holder a driver's license under IC 9-24-3 with a for-hire endorsement if the holder:

(1) applies in a form and manner prescribed by the bureau; and

(2) satisfies the requirements for renewal of a driver's license



issued under IC 9-24-3, including the fee and examination requirements under this section.

(e) An individual applying for the renewal of a driver's license issued in the form of a physical credential under IC 9-24-3 shall pay the following applicable fee:

(1) If the individual is less than seventy-five (75) years of age, seventeen dollars and fifty cents (\$17.50). The fee shall be distributed as follows:

(A) Fifty cents (\$0.50) to the state motor vehicle technology fund.

(B) Two dollars (\$2) to the crossroads 2000 fund.

(C) Four dollars and fifty cents (\$4.50) to the motor vehicle highway account.

(D) One dollar and twenty-five cents (\$1.25) to the integrated public safety communications fund.

(E) Nine dollars and twenty-five cents (\$9.25) to the commission fund.

(2) If the individual is at least seventy-five (75) years of age and less than eighty-five (85) years of age, eleven dollars (\$11). The fee shall be distributed as follows:

(A) Fifty cents (\$0.50) to the state motor vehicle technology fund.

(B) One dollar and fifty cents (\$1.50) to the crossroads 2000 fund.

(C) Three dollars (\$3) to the motor vehicle highway account.

(D) One dollar and twenty-five cents (\$1.25) to the integrated public safety communications fund.

(E) Four dollars and seventy-five cents (\$4.75) to the commission fund.

(3) If the individual is at least eighty-five (85) years of age, seven dollars (\$7). The fee shall be distributed as follows:

(A) Fifty cents (\$0.50) to the state motor vehicle technology fund.

(B) One dollar (\$1) to the crossroads 2000 fund.

(C) Two dollars (\$2) to the motor vehicle highway account.

(D) One dollar and twenty-five cents (\$1.25) to the integrated public safety communications fund.

(E) Two dollars and twenty-five cents (\$2.25) to the commission fund.

A fee paid under this subsection after December 31, 2016, includes the renewal of any endorsements that are in effect with respect to the driver's license issued in the form of a physical credential under



1 IC 9-24-3 at the time of renewal.

2 SECTION 6. IC 10-14-3-23 IS AMENDED TO READ AS  
3 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 23. This chapter may  
4 not be construed to compel a person, ~~either~~ on behalf of:

- 5 (1) the person;  
6 (2) the person's child less than eighteen (18) years of age; or  
7 (3) a protected person for whom the person acts as a guardian;  
8 to submit to any physical examination, medical treatment, or  
9 immunization. ~~if the person, parent, or guardian relies in good faith on~~  
10 ~~spiritual means or prayer to prevent or cure disease or suffering and~~  
11 ~~objects to the treatment in writing.~~

12 SECTION 7. IC 12-15-15-4.5 IS REPEALED [EFFECTIVE JULY  
13 1, 2026]. ~~Sec. 4.5: Payment to a hospital for a test required under~~  
14 ~~IC 16-41-6-4 must be in an amount equal to the hospital's actual cost~~  
15 ~~of performing the test and may not reduce or replace the reimbursement~~  
16 ~~of other services that are provided to the patient under the state~~  
17 ~~Medicaid program. The total cost to the state may not be more than~~  
18 ~~twenty-four thousand dollars (\$24,000) in a state fiscal year.~~

19 SECTION 8. IC 12-17.2-2-1, AS AMENDED BY P.L.1-2025,  
20 SECTION 171, IS AMENDED TO READ AS FOLLOWS  
21 [EFFECTIVE JULY 1, 2026]: Sec. 1. The division shall perform the  
22 following duties:

- 23 (1) Administer the licensing and monitoring of child care centers  
24 or child care homes in accordance with this article.  
25 (2) Ensure that a national criminal history background check of  
26 the following is completed through the state police department  
27 under IC 10-13-3-39 before issuing a license:  
28 (A) An applicant for a license.  
29 (B) An employee or volunteer of an applicant who may be  
30 present on the premises of the child care center or child care  
31 home during the operating hours of the child care center or  
32 child care home.  
33 (C) If an applicant is applying for a license to operate a child  
34 care home, the following:  
35 (i) The applicant's spouse.  
36 (ii) The applicant's household members who are at least  
37 eighteen (18) years of age or who are less than eighteen (18)  
38 years of age but have previously been waived from juvenile  
39 court to adult court.  
40 (3) Ensure that a national criminal history background check of  
41 the following is completed through the state police department  
42 under IC 10-13-3-39 before registering a child care ministry:



- 1 (A) An applicant for a child care ministry registration.
- 2 (B) An employee or volunteer of an applicant who may be
- 3 present on the premises of the child care ministry during the
- 4 operating hours of the child care ministry.
- 5 (4) Provide for the issuance, denial, suspension, and revocation of
- 6 licenses.
- 7 (5) Cooperate with governing bodies of child care centers and
- 8 child care homes and their staffs to improve standards of child
- 9 care.
- 10 (6) Prepare at least biannually a directory of licensees with a
- 11 description of the program capacity and type of children served
- 12 that will be distributed to the legislature, licensees, and other
- 13 interested parties as a public document.
- 14 (7) Deposit all license application fees collected under section 2
- 15 of this chapter in the division of family resources child care fund
- 16 established by section 3 of this chapter.
- 17 (8) Require each child care center or child care home to record
- 18 proof of a child's date of birth before accepting the child. A child's
- 19 date of birth may be proven by the child's original birth certificate
- 20 or other reliable proof of the child's date of birth, including a duly
- 21 attested transcript of a birth certificate.
- 22 (9) Provide a website through which members of the public may
- 23 obtain the following information:
- 24 (A) Information concerning violations of this article by a
- 25 licensed child care provider, including:
- 26 (i) the identity of the child care provider;
- 27 (ii) the date of the violation; and
- 28 (iii) action taken by the division in response to the violation.
- 29 (B) Current status of a child care provider's license.
- 30 (C) Other relevant information.
- 31 The website may not contain the address of a child care home or
- 32 information identifying an individual child. However, the website
- 33 may include the county and ZIP code in which a child care home
- 34 is located.
- 35 (10) Provide or approve training concerning safe sleeping
- 36 practices for children to:
- 37 (A) a provider who operates a child care program in the
- 38 provider's home as described in IC 12-17.2-3.5-12.5;
- 39 (B) a child care home licensed under IC 12-17.2-5;
- 40 (C) a child care center licensed under IC 12-17.2-4; and
- 41 (D) a child care ministry registered under IC 12-17.2-6;
- 42 including practices to reduce the risk of sudden infant death



syndrome.

**(11) Publish the information received from each licensed child care center under IC 12-17.2-4-18.2 on the division's website.**

SECTION 9. IC 12-17.2-3.5-11.1 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 11.1. (a) After December 31, 2002, a provider shall maintain and annually update documentation provided by the physician of each child who is cared for in a facility where the provider operates a child care program that the child has received complete age appropriate immunizations, including:

(1) conjugated pneumococcal vaccine; and

(2) varicella vaccine or a demonstrated immunity to varicella.

The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations:

(b) A provider meets the requirement of subsection (a) if:

(1) a child's parent:

(A) objects to immunizations for religious reasons; and

(B) provides documentation of the parent's objection;

(2) the child's physician provides documentation of a medical reason the child should not be immunized; or

(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the provider maintains and annually updates the documentation provided by the parent or physician under this subsection.

SECTION 10. IC 12-17.2-4-18.1 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care center where the licensee provides child care that the child has received complete age appropriate immunizations, including:

(1) conjugated pneumococcal vaccine; and

(2) varicella vaccine or a demonstrated immunity to varicella.

The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations:

(b) A licensee meets the requirement of subsection (a) if:

(1) a child's parent:

(A) objects to immunizations for religious reasons; and

(B) provides documentation of the parent's objection;

(2) the child's physician provides documentation of a medical reason the child should not be immunized; or

(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate



1 immunizations;  
 2 and the licensee maintains and annually updates the documentation  
 3 provided by the parent or physician under this subsection.

4 SECTION 11. IC 12-17.2-4-18.2 IS ADDED TO THE INDIANA  
 5 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 6 [EFFECTIVE JULY 1, 2026]: **Sec. 18.2. A licensee shall report to the**  
 7 **division the ingredients in each food product provided to a child**  
 8 **enrolled at the child care center.**

9 SECTION 12. IC 12-17.2-5-18.1 IS REPEALED [EFFECTIVE  
 10 JULY 1, 2026]. ~~Sec. 18.1:~~ (a) After December 31, 2002, a licensee  
 11 shall maintain and annually update documentation provided by the  
 12 physician of each child who is cared for in a child care home where the  
 13 licensee provides child care that the child has received complete age  
 14 appropriate immunizations; including:

- 15 (1) conjugated pneumococcal vaccine; and
- 16 (2) varicella vaccine or a demonstrated immunity to varicella.

17 The Indiana department of health shall determine for each age level the  
 18 immunizations that constitute complete age appropriate immunizations.

19 (b) A licensee meets the requirement of subsection (a) if:

- 20 (1) a child's parent:
  - 21 (A) objects to immunizations for religious reasons; and
  - 22 (B) provides documentation of the parent's objection;
- 23 (2) the child's physician provides documentation of a medical  
 24 reason the child should not be immunized; or
- 25 (3) the child's physician provides documentation that the child is  
 26 currently in the process of receiving complete age appropriate  
 27 immunizations;

28 and the licensee maintains and annually updates the documentation  
 29 provided by the parent or physician under this subsection.

30 SECTION 13. IC 12-17.2-6-11 IS REPEALED [EFFECTIVE JULY  
 31 1, 2026]. ~~Sec. 11:~~ (a) The parent or guardian of a child shall, when the  
 32 child is enrolled in a child care ministry; provide the child care ministry  
 33 with proof that the child has received the required immunizations  
 34 against the following:

- 35 (1) Diphtheria;
- 36 (2) Whooping cough;
- 37 (3) Tetanus;
- 38 (4) Measles;
- 39 (5) Rubella;
- 40 (6) Poliomyelitis;
- 41 (7) Mumps;

42 (b) A child enrolled in a child care ministry may not be required to



1 undergo an immunization required under this section if the parents  
 2 object for religious reasons. The objection must be:

- 3 (1) made in writing;
- 4 (2) signed by the child's parent or guardian; and
- 5 (3) delivered to the child care ministry.

6 (c) If a physician certifies that a particular immunization required  
 7 by this section is or may be detrimental to the child's health, the  
 8 requirements of this section for that particular immunization are  
 9 inapplicable to that child until the immunization is found to be no  
 10 longer detrimental to the child's health.

11 SECTION 14. IC 13-18-16-17 IS ADDED TO THE INDIANA  
 12 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 13 [EFFECTIVE JULY 1, 2026]: **Sec. 17. (a) As used in this section,**  
 14 **"public water supply" means a system that:**

- 15 (1) is for the provision to the public of water for human
- 16 consumption through pipes or other constructed conveyances;
- 17 and
- 18 (2) either:
- 19 (A) has at least fifteen (15) service connections; or
- 20 (B) regularly serves an average of at least twenty-five (25)
- 21 individuals daily at least sixty (60) days out of the year.

22 (b) A person may not add a chemical to a public water supply if  
 23 the primary purpose of adding the chemical is to affect human  
 24 health.

25 (c) This section does not prohibit a person from adding a  
 26 chemical to a public water supply for the purpose of purifying the  
 27 public water supply.

28 SECTION 15. IC 16-18-2-23 IS REPEALED [EFFECTIVE JULY  
 29 1, 2026]. ~~Sec. 23. "Approved laboratory"; for purposes of IC 16-41-6~~  
 30 ~~and IC 16-41-15, has the meaning set forth in IC 16-41-15-1.~~

31 SECTION 16. IC 16-18-2-68.8 IS ADDED TO THE INDIANA  
 32 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 33 [EFFECTIVE JULY 1, 2026]: **Sec. 68.8. "Conscience", for purposes**  
 34 **of IC 16-18-5, has the meaning set forth in IC 16-18-5-1.**

35 SECTION 17. IC 16-18-2-79.5, AS ADDED BY P.L.164-2023,  
 36 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 37 JULY 1, 2026]: **Sec. 79.5. "Core public health services" means basic**  
 38 **services provided by local health departments or through local health**  
 39 **department contracts or grants with an entity, including the following:**

- 40 (1) Food protection under IC 16-20-8 and IC 16-42-5.
- 41 (2) Communicable disease prevention and control under
- 42 IC 16-20-1 and IC 16-41.



- 1 (3) Screening and case management for childhood lead exposure
- 2 and poisoning under IC 16-41-39.4.
- 3 (4) Pest and vector control and abatement under IC 16-41-33 and
- 4 IC 16-41-34.
- 5 (5) Inspection and testing of public and semipublic pools under
- 6 rules adopted by the state department in accordance with
- 7 IC 16-19-3-4.
- 8 (6) Residential onsite sewage system permitting and inspections
- 9 under IC 13-26-5 and IC 16-41-25.
- 10 (7) Orders for the decontamination of property used to illegally
- 11 manufacture a controlled substance under IC 16-19-3.1 and
- 12 IC 16-41-20.
- 13 (8) Sanitary inspections and surveys of public buildings under
- 14 IC 16-20-1-22.
- 15 (9) Sanitary operation of tattoo parlors and body piercing facilities
- 16 under rules adopted by the state department under
- 17 IC 16-19-3-4(c).
- 18 (10) Sanitary operations of facilities where eyelash extensions are
- 19 applied under rules adopted by the state department under
- 20 IC 16-19-3-4.5.
- 21 (11) Vital statistics under IC 16-20-1-17.
- 22 (12) Access to childhood and adult immunizations, including
- 23 immunizations required under IC 16-41-19.
- 24 (13) Tobacco prevention and cessation, including education on
- 25 vaping and smoking cessation for youth and pregnant women.
- 26 (14) Partnering with schools and school nurses to support student
- 27 health, including the following:
- 28     (A) evidence based education on nutrition and physical
- 29     activity.
- 30     (B) ~~Hearing screenings under IC 20-34-3-14, vision screenings~~
- 31     ~~under IC 20-34-3-12, and oral health screenings.~~
- 32 (15) Child fatality review under IC 16-49-2.
- 33 (16) Suicide and overdose fatality review under IC 16-49.5-2.
- 34 (17) Maternal and child health.
- 35 (18) Testing and counseling for HIV, hepatitis C, and other
- 36 sexually transmitted infections, in accordance with IC 20-30-5-13.
- 37 (19) Health promotion and education for preventing trauma and
- 38 injury, including safe sleep, child safety car seats, and bicycle
- 39 helmets for children.
- 40 (20) Tuberculosis control and case management.
- 41 (21) Emergency preparedness.
- 42 (22) Referrals to clinical care, including:





- 1 (A) health screenings;
- 2 (B) prenatal care; and
- 3 (C) substance use disorder treatment.
- 4 (23) The prevention and reduction of chronic illnesses, including
- 5 the following:
- 6 (A) Obesity.
- 7 (B) Diabetes.
- 8 (C) Cardiovascular diseases, including hypertension and
- 9 hyperlipidemia.
- 10 (D) Hepatitis C.
- 11 (E) Cancer.
- 12 SECTION 18. IC 16-18-2-160.5, AS AMENDED BY P.L.3-2008,
- 13 SECTION 107, IS AMENDED TO READ AS FOLLOWS
- 14 [EFFECTIVE JULY 1, 2026]: Sec. 160.5. (a) **"Health care entity",**
- 15 **for purposes of IC 16-18-5, has the meaning set forth in**
- 16 **IC 16-18-5-2.**
- 17 (b) "Health care entity", for purposes of IC 16-41-42.1, has the
- 18 meaning set forth in IC 16-41-42.1-1.
- 19 SECTION 19. IC 16-18-2-163, AS AMENDED BY
- 20 P.L.179-2022(ss), SECTION 4, IS AMENDED TO READ AS
- 21 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 163. (a) Except as
- 22 provided in subsection (c), "health care provider", for purposes of
- 23 IC 16-21 and IC 16-41, means any of the following:
- 24 (1) An individual, a partnership, a corporation, a professional
- 25 corporation, a facility, or an institution licensed or legally
- 26 authorized by this state to provide health care or professional
- 27 services as a licensed physician, a psychiatric hospital, a hospital,
- 28 a health facility, an emergency ambulance service (IC 16-31-3),
- 29 a dentist, a registered or licensed practical nurse, a midwife, an
- 30 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
- 31 therapist, a respiratory care practitioner, an occupational therapist,
- 32 a psychologist, a paramedic, an emergency medical technician, an
- 33 advanced emergency medical technician, an athletic trainer, or a
- 34 person who is an officer, employee, or agent of the individual,
- 35 partnership, corporation, professional corporation, facility, or
- 36 institution acting in the course and scope of the person's
- 37 employment.
- 38 (2) A college, university, or junior college that provides health
- 39 care to a student, a faculty member, or an employee, and the
- 40 governing board or a person who is an officer, employee, or agent
- 41 of the college, university, or junior college acting in the course
- 42 and scope of the person's employment.



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

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

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

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

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

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

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

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

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

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

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

(1) a licensed physician;

(2) a registered nurse;

(3) a licensed practical nurse;

(4) an advanced practice registered nurse;

(5) a certified nurse midwife;

(6) a paramedic;

(7) an emergency medical technician;

(8) an advanced emergency medical technician;

(9) an emergency medical responder, as defined by section 109.8 of this chapter;

(10) a licensed dentist;

(11) a home health aide, as defined by section 174 of this chapter;

or

(12) a licensed physician assistant.

The term includes an individual who is an employee or agent of a



1 health care provider acting in the course and scope of the individual's  
2 employment.

3 (d) "Health care provider", for purposes of IC 16-36-7, has the  
4 meaning set forth in IC 16-36-7-12.

5 (e) "Health care provider", for purposes of IC 16-40-4, means any  
6 of the following:

7 (1) An individual, a partnership, a corporation, a professional  
8 corporation, a facility, or an institution licensed or authorized by  
9 the state to provide health care or professional services as a  
10 licensed physician, a psychiatric hospital, a hospital, a health  
11 facility, an emergency ambulance service (IC 16-31-3), an  
12 ambulatory outpatient surgical center, a dentist, an optometrist, a  
13 pharmacist, a podiatrist, a chiropractor, a psychologist, or a  
14 person who is an officer, employee, or agent of the individual,  
15 partnership, corporation, professional corporation, facility, or  
16 institution acting in the course and scope of the person's  
17 employment.

18 (2) A blood bank, laboratory, community mental health center,  
19 community intellectual disability center, community health  
20 center, or migrant health center.

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

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

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

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

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

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

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

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

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

38 **(g) "Health care provider", for purposes of IC 16-18-5, has the**  
39 **meaning set forth in IC 16-18-5-3.**

40 SECTION 20. IC 16-18-2-163.7 IS ADDED TO THE INDIANA  
41 CODE AS A NEW SECTION TO READ AS FOLLOWS  
42 [EFFECTIVE JULY 1, 2026]: **Sec. 163.7. "Health care service", for**



purposes of IC 16-18-5, has the meaning set forth in IC 16-18-5-4.

SECTION 21. IC 16-18-2-223.7 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 223.7: "Medically contraindicated", for purposes of IC 16-28-14 and IC 16-28-14.5, means that a vaccine would be detrimental to an individual's health because of a medical condition of the individual.

SECTION 22. IC 16-18-5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 5. Health Care Freedom of Conscience**

**Sec. 1.** As used in this chapter, "conscience" means religious, moral, or ethical beliefs or principles.

**Sec. 2.** As used in this chapter, "health care entity" means an entity, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or legally authorized by this state to provide a health care service.

**Sec. 3. (a)** As used in this chapter, "health care provider" means an individual licensed or authorized by this state to provide health care services.

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

**Sec. 4.** As used in this chapter, "health care service" means any health care related service, treatment, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

**Sec. 5. (a)** A health care provider may not be required to:

- (1) perform;
- (2) provide;
- (3) participate in; or
- (4) refer an individual for;

a health care service that violates the health care provider's conscience.

**(b)** A health care provider may not be subject to any of the following for declining to perform, provide, participate in, or refer an individual for a health care service described in subsection (a):

- (1) Discrimination, including denial of, revocation of, or disqualification for:
  - (A) licensure, staff privileges, board certification, or career specialty;
  - (B) a grant, contract, or other program; or
  - (C) a residency or other training opportunity.
- (2) Adverse employment action, including termination of



employment, transfer, demotion, reassignment to a different shift, or loss or reduction of wages or benefits.

(3) Adverse administrative action.

(4) Disciplinary or retaliatory action.

(5) Criminal, administrative, or civil liability.

Sec. 6. (a) A health care entity may not be required to perform, provide, participate in, or refer an individual for a health care service that violates the health care entity's conscience, as determined by the entity's existing or proposed:

- (1) guidelines;
- (2) mission statement;
- (3) constitution;
- (4) bylaws;
- (5) articles of incorporation;
- (6) regulations; or
- (7) other documents.

(b) A health care entity that:

- (1) declines to perform, provide, participate in, or refer an individual for a health care service described in subsection (a);
- (2) discloses to the patient, in writing, that the health care entity reserves the right to decline to perform, provide, participate in, or refer the patient for a health care service that violates the health care entity's conscience; and
- (3) obtains written consent from the patient before the patient is admitted to the health care entity's facility;

may not be criminally prosecuted or held administratively or civilly liable for refusing to perform, provide, participate in, or refer the patient for the health care service.

(c) A health care entity or a prospective health care entity may not be subject to any of the following for declining to perform, provide, participate in, or refer an individual for a health care service described in subsection (a):

- (1) Discrimination.
- (2) Denial of, revocation of, or disqualification for:
  - (A) licensure;
  - (B) staff privileges;
  - (C) a grant; or
  - (D) any form of aid, assistance, benefit, or privilege.
- (3) Denial of authorization to establish, expand, improve, acquire, affiliate, or merge with the health care entity.

Sec. 7. (a) A person injured by a violation of this chapter may



bring an action against the person that violated this chapter.

(b) It is not a defense in an action under this chapter that a violation was necessary to prevent additional burden or expense on a health care provider, a health care entity, an individual, or a patient.

(c) A person whose rights have been violated by a violation of this chapter may assert the violation or impending violation as a claim or defense in a judicial, administrative, or other proceeding.

Sec. 8. A prevailing plaintiff in an action brought under section 7 of this chapter is entitled to the following:

(1) Injunctive relief.

(2) The greater of:

(A) an amount not to exceed three (3) times the actual damages sustained; or

(B) liquidated damages of five thousand dollars (\$5,000).

(3) Court costs and reasonable attorney's fees.

(4) Any other appropriate relief determined by the court.

SECTION 23. IC 16-21-7-4, AS AMENDED BY P.L.112-2020, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. With the approval of the budget director and upon the recommendation of the budget committee, each county that has incurred costs for an individual with a communicable disease under:

(1) IC 16-41-1;

(2) IC 16-41-2;

(3) IC 16-41-3;

~~(4) IC 16-41-5;~~

~~(5)~~ (4) IC 16-41-6;

~~(6)~~ (5) IC 16-41-7;

~~(7)~~ (6) IC 16-41-8;

~~(8)~~ (7) IC 16-41-9; or

~~(9)~~ (8) IC 16-41-13;

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

SECTION 24. IC 16-28-14 IS REPEALED [EFFECTIVE JULY 1, 2026]. (Patient Immunizations).

SECTION 25. IC 16-28-14.5 IS REPEALED [EFFECTIVE JULY 1, 2026]. (Health Facility Employee Immunizations).

SECTION 26. IC 16-38-5-1, AS AMENDED BY P.L.45-2020, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) The state department shall maintain an immunization data registry to collect, store, analyze, release, and report



- 1 immunization data.
- 2 (b) Except as provided in subsection (c), data in the immunization
- 3 data registry may be used only for the following purposes:
- 4 (1) To assure that necessary immunizations are provided and
- 5 overimmunization is avoided.
- 6 (2) To assess immunization coverage rates.
- 7 (3) To determine areas of underimmunization and other
- 8 epidemiological research for disease control purposes.
- 9 ~~(4) To document that required immunizations have been provided~~
- 10 ~~as required for school or child care admission.~~
- 11 ~~(5)~~ (4) To accomplish other public health purposes as determined
- 12 by the state department.
- 13 (c) The immunization data registry may be used to store and release
- 14 other nonimmunization personal health information maintained by the
- 15 state department, including blood lead screening and newborn
- 16 screening information, so providers and the individual may access the
- 17 health information. However, section 3 of this chapter does not apply
- 18 to the release of nonimmunization personal health information.
- 19 Nonimmunization personal health information may be released only in
- 20 accordance with state and federal laws concerning that personal health
- 21 information.
- 22 (d) The state department may adopt rules under IC 4-22-2
- 23 concerning who may input and retrieve information from the
- 24 immunization data registry.
- 25 SECTION 27. IC 16-41-5 IS REPEALED [EFFECTIVE JULY 1,
- 26 2026]. (Communicable Disease: Investigation by Health Officers;
- 27 Examination of Individuals With Communicable Disease).
- 28 SECTION 28. IC 16-41-6-1, AS AMENDED BY P.L.112-2020,
- 29 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 30 JULY 1, 2026]: Sec. 1. (a) As used in this section, "physician's
- 31 authorized representative" means:
- 32 (1) an advanced practice registered nurse (as defined by
- 33 IC 25-23-1-1(b)) who is operating in collaboration with a licensed
- 34 physician; or
- 35 (2) an individual acting under the supervision of a licensed
- 36 physician and within the individual's scope of employment.
- 37 (b) A physician or the physician's authorized representative shall not
- 38 order an HIV test on an individual under the care of a physician unless
- 39 the physician or the physician's authorized representative does the
- 40 following:
- 41 (1) Informs the patient of the test, orally or in writing.
- 42 (2) Provides the patient with an explanation of the test orally, in



1 writing, by video, or by a combination of these methods.

2 (3) Informs the patient of the patient's right to ask questions and  
3 to refuse the test.

4 ~~Subject to subsection (c)~~; If the patient refuses the test, the physician  
5 or the physician's authorized representative may not perform the test  
6 and shall document the patient's refusal in the patient's medical record.

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

12 (d) After ordering an HIV test for a patient, the physician or the  
13 physician's authorized representative shall notify the patient of the test  
14 results and the availability of HIV and other bloodborne disease  
15 prevention counseling. If a test conducted under this section indicates  
16 that a patient is HIV positive, in addition to the requirements set forth  
17 in IC 16-41-2, the physician or the physician's authorized  
18 representative shall inform the patient of the availability of counseling  
19 and of the treatment and referral options available to the patient.

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

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

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

31 ~~(A) a hearing; and~~

32 ~~(B) counsel;~~

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

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

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

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

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





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

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

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

SECTION 29. IC 16-41-6-2, AS AMENDED BY P.L.112-2020, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) As used in this section, "informed consent" means authorization for a physical examination, made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:

(1) A fair explanation of the examination, including the purpose, potential uses, limitations, and the fair meaning of the examination results.

(2) A fair explanation of the procedures to be followed, including the following:

(A) The voluntary nature of the examination.

(B) The right to withdraw consent to the examination process at any time.

(C) The right to anonymity to the extent provided by law with respect to participation in the examination and disclosure of examination results.

(D) The right to confidential treatment to the extent provided by law of information identifying the subject of the examination and the results of the examination.

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

(c) If the individual, when requested, refuses such an examination, the state health commissioner, the state health commissioner's legally authorized agent, or local health officer may **not** compel the examination. ~~only upon a court order based on clear and convincing evidence of a serious and present health threat to others posed by the individual.~~

~~(d) A hearing held under this section shall be held in camera at the~~



request of the individual:

SECTION 30. IC 16-41-6-3 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 3: (a) Except as otherwise provided, a person who recklessly violates or fails to comply with this chapter commits a Class B misdemeanor:

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

SECTION 31. IC 16-41-6-4 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 4: (a) Subject to subsection (f), if:

(1) the mother of a newborn infant has not had a test performed under section 5 or 6 of this chapter;

(2) the mother of a newborn infant has refused a test for the newborn infant to detect HHV or the antibody or antigen to HHV; and

(3) a physician believes that testing the newborn infant is medically necessary;

the physician overseeing the care of the newborn infant may order a confidential test for the newborn infant in order to detect HHV or the antibody or antigen to HHV. The test must be ordered at the earliest feasible time not exceeding forty-eight (48) hours after the birth of the infant.

(b) If the physician orders a test under subsection (a), the physician must:

(1) notify the mother of the newborn infant of the test; and

(2) provide HHV information and counseling to the mother. The information and counseling must include the following:

(A) The purpose of the test.

(B) The risks and benefits of the test.

(C) A description of the methods of HHV transmission.

(D) A discussion of risk reduction behavior modifications, including methods to reduce the risk of perinatal HHV transmission and HHV transmission through breast milk.

(E) Referral information to other HHV prevention, health care, and psychosocial services.

(c) The confidentiality provisions of IC 16-41-2-3 apply to this section.

(d) The results of the confidential test ordered under subsection (a) must be released to the mother of the newborn infant.

(e) If a test ordered under subsection (a) is positive, the person who provides the results of the test shall inform the mother of the newborn infant of treatment options or referral options available to the newborn infant.

(f) If a parent of the newborn infant objects in writing for reasons



1 pertaining to religious beliefs; the newborn infant is exempt from the  
2 test under subsection (a):

3 (g) The state department shall adopt rules under IC 4-22-2 to carry  
4 out this section:

5 (h) The results of a test performed under this section are  
6 confidential:

7 (i) The state department shall apply for funds under Section 2625 of  
8 the Ryan White CARE Amendments of 1996 (42 U.S.C. 300ff-21 et  
9 seq.) to pay for all tests conducted under subsection (a):

10 SECTION 32. IC 16-41-6-5 IS REPEALED [EFFECTIVE JULY 1,  
11 2026]. Sec. 5: (a) This section applies to:

12 (1) a physician licensed under IC 25-22.5; or

13 (2) an advanced practice registered nurse licensed under  
14 IC 25-23;

15 who provides prenatal care within the scope of the provider's license:

16 (b) Subject to section 8 of this chapter, an individual described in  
17 subsection (a) who:

18 (1) diagnoses the pregnancy of a woman; or

19 (2) is primarily responsible for providing prenatal care to a  
20 pregnant woman;

21 shall order to be taken a sample of the pregnant woman's blood and  
22 shall submit the sample to an approved laboratory for a standard  
23 licensed diagnostic test for HHV:

24 SECTION 33. IC 16-41-6-6 IS REPEALED [EFFECTIVE JULY 1,  
25 2026]. Sec. 6: Subject to section 8 of this chapter, if, at the time of  
26 delivery, there is no written evidence that a standard licensed  
27 diagnostic test for HHV has been performed under section 5 of this  
28 chapter, the physician or advanced practice registered nurse in  
29 attendance at the delivery shall order to be taken a sample of the  
30 woman's blood at the time of the delivery and shall submit the sample  
31 to an approved laboratory for a standard licensed diagnostic test for  
32 HHV:

33 SECTION 34. IC 16-41-6-7 IS AMENDED TO READ AS  
34 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. A pregnant woman  
35 has a right to refuse a test under section 5 or 6 of this chapter: **standard**  
36 **licensed diagnostic test for HIV.**

37 SECTION 35. IC 16-41-6-8, AS AMENDED BY P.L.129-2018,  
38 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
39 JULY 1, 2026]: Sec. 8. (a) This section applies to a physician or an  
40 advanced practice registered nurse who orders an HHV test under  
41 section 5 or 6 of this chapter or to the physician's or nurse's designee:

42 (b) An individual described in subsection (a) shall:



- (1) inform the pregnant woman that:
  - (A) the individual is required by law to order an HIV test unless the pregnant woman refuses; and
  - (B) the pregnant woman has a right to refuse the test; and
- (2) explain to the pregnant woman:
  - (A) the purpose of the test; and
  - (B) the risks and benefits of the test.
- (c) An individual described in subsection (a) shall document in the pregnant woman's medical records that the pregnant woman received the information required under subsection (b):
  - (d) If a pregnant woman refuses to consent to an HIV test, the refusal must be noted by an individual described in subsection (a) in the pregnant woman's medical records.
  - (e) If a test ordered under section 5 or 6 of this chapter is positive, an individual described in subsection (a):
    - (1) shall inform the pregnant woman of the test results;
    - (2) shall inform the pregnant woman of the treatment options or referral options available to the pregnant woman; and
    - (3) shall:
      - (A) provide the pregnant woman with a description of the methods of HIV transmission;
      - (B) discuss risk reduction behavior modifications with the pregnant woman, including methods to reduce the risk of perinatal HIV transmission and HIV transmission through breast milk; and
      - (C) provide the pregnant woman with referral information to other HIV prevention, health care, and psychosocial services.
  - (f) The provisions of IC 16-41-2-3 apply to a positive HIV test under section 5 or 6 of this chapter.
  - (g) The results of a test performed under section 5 or 6 of this chapter are confidential.
  - (h) As a routine component of prenatal care, every individual described in subsection (a) **a physician or an advanced practice registered nurse** is required to provide information and counseling regarding HIV and the standard licensed diagnostic test for HIV and to offer and recommend the standard licensed diagnostic test for HIV.
  - (i) An individual described in subsection (a) shall document:
    - (1) the oral or written consent of the pregnant woman to be tested; and
    - (2) that the pregnant woman was counseled and provided the required information set forth in subsection (b) to ensure that an informed decision has been made.



1           ~~(j) A pregnant woman who refuses a test under this section must do~~  
 2           ~~so in writing.~~

3           SECTION 36. IC 16-41-6-11, AS AMENDED BY P.L.112-2020,  
 4           SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 5           JULY 1, 2026]: Sec. 11. (a) The state department shall adopt rules  
 6           under IC 4-22-2 that include procedures:

7                 (1) to inform the woman of the test results under this chapter,  
 8                 whether they are positive or negative;

9                 (2) for explaining the side effects of any treatment for HIV if the  
 10                test results under this chapter are positive; and

11               (3) to establish a process for a woman who tests positive under  
 12               this chapter to appeal the woman's status on a waiting list on a  
 13               treatment program for which the woman is eligible. The rule  
 14               must:

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

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

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

26                 (1) an explanation of the nature of AIDS and HIV;

27                 (2) information concerning discrimination and legal protections;

28                 (3) information concerning the duty to notify persons at risk as  
 29                 described in IC 16-41-7-1;

30                 (4) information about risk behaviors for HIV transmission;

31                 (5) information about the risk of transmission through breast  
 32                 feeding;

33                 ~~(6) notification that if the woman chooses not to be tested for HIV~~  
 34                 ~~before delivery, at delivery the child will be tested subject to~~  
 35                 ~~section 4 of this chapter;~~

36                 ~~(7) (6) procedures for obtaining informed, written consent for~~  
 37                 ~~testing under this chapter;~~

38                 ~~(8) (7) procedures for post-test counseling by a health care~~  
 39                 ~~provider when the test results are communicated to the woman,~~  
 40                 ~~whether the results are positive or negative;~~

41                 ~~(9) (8) procedures for referral for physical and emotional services~~  
 42                 ~~if the test results are positive;~~



(9) procedures for explaining the importance of immediate entry into medical care if the test results are positive; and  
 (10) procedures for explaining that the use of antiretroviral drugs and other medical interventions lessen the likelihood of transmitting HIV to the child during childbirth.

SECTION 37. IC 16-41-6-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) Women who:

(1) meet all qualifications to participate in the children's health insurance program, the AIDS drug assistance program, the health insurance assistance program, or any other health care program of the state; and

(2) test positive ~~under section 5 or 6 of this chapter;~~ **on a standard licensed diagnostic test for HIV;**

shall be given first priority on a waiting list for the program if a waiting list exists. If a program does not have a waiting list, the woman described in this subsection shall be automatically approved and accepted into the program.

(b) If the state department determines during the process described in section 11(a)(3) of this chapter that the treatment of a woman who tests positive under this chapter should not be interrupted because of medical necessity, the woman may enter a program described in subsection (a) regardless of the existence of a waiting list for the program.

SECTION 38. IC 16-41-7-3, AS AMENDED BY P.L.56-2023, SECTION 158, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A licensed physician who diagnoses, treats, or counsels a patient with a serious communicable disease shall inform the patient of the patient's duty under section 1 of this chapter.

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

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

(A) is a serious and present risk to the health of others as described in section 2(a) of this chapter;

(B) has engaged in noncompliant behavior; or

(C) is suspected of being a person at risk (as defined in section 1 of this chapter).

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

(A) has medical verification that the patient is an individual with a communicable disease;



- 1 (B) knows the identity of the person at risk;
- 2 (C) has a reasonable belief of a significant risk of harm to the
- 3 identified person at risk;
- 4 (D) has reason to believe the identified person at risk has not
- 5 been informed and will not be informed of the risk by the
- 6 patient or another person; and
- 7 (E) has made reasonable efforts to inform the individual with
- 8 a communicable disease of the physician's intent to make or
- 9 cause the state department to make a disclosure to the person
- 10 at risk.
- 11 (c) A physician who notifies a person at risk under this section shall
- 12 do the following:
- 13 (1) Identify the serious communicable disease.
- 14 (2) Inform the person of available health care measures such as
- 15 counseling and testing.
- 16 (d) A physician who in good faith provides notification under this
- 17 section is not subject to liability in a civil, an administrative, a
- 18 disciplinary, or a criminal action.
- 19 (e) A patient's privilege with respect to a physician under
- 20 IC 34-46-3-1 is waived regarding:
- 21 (1) notification under subsection (b); and
- 22 (2) information provided about a patient's noncompliant behavior
- 23 in an investigation or action under this chapter, IC 16-41-2,
- 24 IC 16-41-3, ~~IC 16-41-5~~, IC 16-41-6, IC 16-41-8, IC 16-41-9,
- 25 IC 16-41-13, IC 16-41-14, and IC 16-41-16.
- 26 (f) A physician's immunity from liability under subsection (d)
- 27 applies only to the provision of information reasonably calculated to
- 28 protect an identified person who is at epidemiological risk of infection.
- 29 (g) A physician who notifies a person under this section is also
- 30 required to satisfy the reporting requirements under IC 16-41-2-2
- 31 through IC 16-41-2-8.
- 32 SECTION 39. IC 16-41-7-4, AS AMENDED BY P.L.112-2020,
- 33 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 34 JULY 1, 2026]: Sec. 4. (a) As used in this section, "person at risk"
- 35 means an individual who in the best judgment of a licensed physician:
- 36 (1) has engaged in high risk activity (as defined in section 1 of
- 37 this chapter); or
- 38 (2) is in imminent risk of engaging in high risk activity (as
- 39 defined in section 1 of this chapter).
- 40 (b) If a health officer is notified in writing by a physician under
- 41 section 3(b)(1)(A) of this chapter of a patient:
- 42 (1) for whom the physician has medical verification that the



1 patient is an individual with a communicable disease; and  
 2 (2) who, in the best judgment of the physician, is a serious and  
 3 present risk to the health of others;  
 4 the health officer shall make an investigation of the individual with a  
 5 communicable disease ~~as authorized in IC 16-41-5-2~~ to determine  
 6 whether the environmental conditions surrounding the individual with  
 7 a communicable disease or the conduct of the individual with a  
 8 communicable disease requires the intervention by the health officer or  
 9 designated health official to prevent the transmission of disease to  
 10 others.

11 (c) If the state department is requested in writing by a physician who  
 12 has complied with the requirements of section 3(b)(2) of this chapter  
 13 to notify a person at risk, the state department shall notify the person  
 14 at risk unless, in the opinion of the state department, the person at risk:

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

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

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

28 SECTION 40. IC 16-41-8-5 IS REPEALED [EFFECTIVE JULY 1,  
 29 2026]. ~~Sec. 5: (a) This section does not apply to medical testing of an~~  
 30 ~~individual for whom an indictment or information is filed for a sex~~  
 31 ~~crime and for whom a request to have the individual tested under~~  
 32 ~~section 6 of this chapter is filed.~~

33 (b) The following definitions apply throughout this section:

- 34 (1) "Bodily fluid" means blood, human waste, or any other bodily  
 35 fluid.
- 36 (2) "Serious disease" means any of the following:  
 37 (A) Chancroid;  
 38 (B) Chlamydia;  
 39 (C) Gonorrhea;  
 40 (D) Hepatitis;  
 41 (E) Human immunodeficiency virus (HIV);  
 42 (F) Lymphogranuloma venereum.





(G) Syphilis:

(H) Tuberculosis:

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

(c) This subsection applies only to a defendant who has been charged with a potentially disease transmitting offense. At the request of an alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney shall petition a court to order a defendant charged with the commission of a potentially disease transmitting offense to submit to a screening test to determine whether the defendant is infected with a serious disease. In the petition, the prosecuting attorney must set forth information demonstrating that the defendant has committed a potentially disease transmitting offense. The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed a potentially disease transmitting offense, the court may order the defendant to submit to a screening test for one (1) or more serious diseases. The court shall take actions to ensure the confidentiality of evidence introduced at the hearing.

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



1 must set forth information demonstrating that:

2 (1) the defendant has committed an offense; and

3 (2) a bodily fluid was transmitted from the defendant to the victim  
4 in connection with the commission of the offense.

5 The court shall set the matter for hearing not later than forty-eight (48)  
6 hours after the prosecuting attorney files a petition under this  
7 subsection. The alleged victim of the offense; the parent, guardian, or  
8 custodian of an alleged victim who is less than eighteen (18) years of  
9 age; and the parent, guardian, or custodian of an alleged victim who is  
10 an endangered adult (as defined in IC 12-10-3-2) are entitled to receive  
11 notice of the hearing and are entitled to attend the hearing. The  
12 defendant and the defendant's counsel are entitled to receive notice of  
13 the hearing and are entitled to attend the hearing. If, following the  
14 hearing, the court finds probable cause to believe that the defendant has  
15 committed an offense and that a bodily fluid was transmitted from the  
16 defendant to the alleged victim in connection with the commission of  
17 the offense, the court may order the defendant to submit to a screening  
18 test for one (1) or more serious diseases. The court shall take actions to  
19 ensure the confidentiality of evidence introduced at the hearing.

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

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

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

36 (1) The defendant and the defendant's counsel.

37 (2) The prosecuting attorney.

38 (3) The department of correction or the penal facility, juvenile  
39 detention facility, or secure private facility where the defendant  
40 is housed.

41 (4) The alleged victim or the parent, guardian, or custodian of an  
42 alleged victim who is less than eighteen (18) years of age; or the



parent; guardian; or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2); and the alleged victim's counsel.

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

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

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

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

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

(k) A person that knowingly or intentionally:

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

commits a Class B misdemeanor.

SECTION 41. IC 16-41-8-6 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 6: (a) If an indictment or information alleges that the defendant compelled another person to engage in sexual activity by force or threat of force, the alleged victim of the offense described in the indictment or information may request that the defendant against whom the indictment or information is filed be tested for the human immunodeficiency virus (HIV):

(b) Not later than forty-eight (48) hours after an alleged victim described in subsection (a) requests that the defendant be tested for the human immunodeficiency virus (HIV); the defendant must be tested for the human immunodeficiency virus (HIV):

(c) As soon as practicable, the results of a test for the human immunodeficiency virus (HIV) conducted under subsection (b) shall be sent to:

- (1) the alleged victim;



- (2) the parent or guardian of the alleged victim; if the alleged victim is less than eighteen (18) years of age; and
- (3) the defendant.

(d) If follow-up testing of the defendant for the human immunodeficiency virus (HIV) is necessary, the results of follow-up testing of the defendant shall be sent to:

- (1) the alleged victim;
- (2) the parent or guardian of the alleged victim if the alleged victim is less than eighteen (18) years of age; and
- (3) the defendant.

SECTION 42. IC 16-41-9-1.5 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 1-5: (a) If a public health authority has reason to believe that:

- (1) an individual:
  - (A) has been infected with; or
  - (B) has been exposed to;
 a serious communicable disease or outbreak; and
- (2) the individual is likely to cause the infection of an uninfected individual if the individual is not restricted in the individual's ability to come into contact with an uninfected individual;

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

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

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

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

- (1) an individual has been infected or exposed to a serious



communicable disease or outbreak; and

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

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

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

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

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

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

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

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

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

(3) the individual may expose an uninfected individual to a serious communicable disease or outbreak before the individual can be provided with notice and an opportunity to be heard;

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



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

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

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

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

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

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

(k) The public health authority may issue an immediate order imposing isolation or quarantine on an individual if exigent circumstances, including the number of affected individuals, exist that make it impracticable for the public health authority to seek an order from a court, and obtaining the individual's voluntary compliance is or has proven impracticable or ineffective. An immediate order of isolation or quarantine expires after seventy-two (72) hours, excluding Saturdays, Sundays, and legal holidays, unless renewed in accordance with subsection (l). The public health authority shall establish the other



conditions of isolation or quarantine. The public health authority shall impose the least restrictive conditions of isolation or quarantine that are consistent with the protection of the public. If the immediate order applies to a group of individuals and it is impracticable to provide individual notice; the public health authority shall post a copy of the order where it is likely to be seen by individuals subject to the order.

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

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

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

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

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

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

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

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

(B) cross-examine witnesses; and

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

(4) If:

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

(B) it is impracticable to provide individual notice;

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

(m) If the public health authority proves by clear and convincing



evidence at a hearing under subsection (f) that:

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

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

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

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

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

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

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

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

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

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

(3) the individuals have similar rights at issue.

A court may appoint an attorney to represent a group of similarly situated individuals if the individuals can be adequately represented.

An individual may retain his or her own counsel or proceed pro se.

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

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

(2) may allow an adult;

to remain with the quarantined individual in quarantine. As a condition





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

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

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

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

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

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

- (1) voluntary compliance with isolation and quarantine;
- (2) quarantine locations and logistical support; and
- (3) moving individuals to and from a quarantine location:

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

SECTION 43. IC 16-41-9-1.6, AS AMENDED BY P.L.1-2007, SECTION 138, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1.6. (a) A public health authority may impose or petition a court to impose a quarantine and do the following:

- (1) Distribute information to the public concerning:
  - (A) the risks of the disease;
  - (B) how the disease is transmitted;
  - (C) available precautions to reduce the risk of contracting the disease;



- 1 (D) the symptoms of the disease; and
- 2 (E) available medical or nonmedical treatments available for
- 3 the disease.
- 4 (2) Instruct the public concerning social distancing.
- 5 (3) Request that the public inform the public health authority or
- 6 a law enforcement agency if a family member contracts the
- 7 disease.
- 8 (4) Instruct the public on self quarantine and provide a distinctive
- 9 means of identifying a home that is self quarantined.
- 10 (5) Instruct the public on the use of masks, gloves, disinfectant,
- 11 and other means of reducing exposure to the disease.
- 12 (6) Close schools, athletic events, and other nonessential
- 13 situations in which people gather.
- 14 ~~If a quarantine is imposed under section 1.5 of this chapter, the public~~
- 15 ~~health authority shall ensure that, to the extent possible, quarantined~~
- 16 ~~individuals have sufficient supplies to remain in their own home.~~
- 17 (b) ~~If an out of home, nonhospital quarantine is imposed on an~~
- 18 ~~individual, the individual shall be housed as close as possible to the~~
- 19 ~~individual's residence.~~
- 20 (c) ~~In exercising the powers described in this section or in section~~
- 21 ~~1.5 of this chapter, the public health authority may not prohibit a~~
- 22 ~~person lawfully permitted to possess a firearm from possessing one (1)~~
- 23 ~~or more firearms unless the person is quarantined in a mass quarantine~~
- 24 ~~location. The public health authority may not remove a firearm from~~
- 25 ~~the person's home, even if the person is quarantined in a mass~~
- 26 ~~quarantine location.~~
- 27 ~~(d) (b)~~ This section does not prohibit a public health authority from
- 28 adopting rules and enforcing rules to implement this section if the rules
- 29 are not inconsistent with this section.
- 30 SECTION 44. IC 16-41-9-1.7, AS AMENDED BY P.L.112-2020,
- 31 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 32 JULY 1, 2026]: Sec. 1.7. (a) An immunization program established by
- 33 a public health authority to combat a public health emergency
- 34 involving a serious communicable disease must comply with the
- 35 following:
- 36 (1) The state department must develop and distribute or post
- 37 information concerning the risks and benefits of immunization.
- 38 (2) No person may be required to receive an immunization
- 39 without that person's consent. No child may be required to receive
- 40 an immunization without the consent of the child's parent,
- 41 guardian, or custodian. ~~The state department may implement the~~
- 42 ~~procedures described in section 1.5 of this chapter concerning a~~



1 person who refuses to receive an immunization or the child of a  
 2 parent, guardian, or custodian who refuses to consent to the child  
 3 receiving an immunization.

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

8 SECTION 45. IC 16-41-9-3 IS REPEALED [EFFECTIVE JULY 1,  
 9 2026]. Sec. 3: (a) The local health officer may exclude from school a  
 10 student who has a serious communicable disease that:

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

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

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

20 the local health officer shall issue a certificate of health to admit or  
 21 readmit the student to school:

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

26 SECTION 46. IC 16-41-9-5 IS REPEALED [EFFECTIVE JULY 1,  
 27 2026]. Sec. 5: (a) If a designated health official determines that an  
 28 individual with a communicable disease has a serious communicable  
 29 disease and has reasonable grounds to believe that the individual with  
 30 a communicable disease is mentally ill and either dangerous or gravely  
 31 disabled, the designated health official may request emergency  
 32 detention under IC 12-26-5 for the purpose of having the individual  
 33 with a communicable disease apprehended, detained, and examined.  
 34 The designated health official may provide to the superintendent of the  
 35 psychiatric hospital or center or the attending physician information  
 36 about the communicable disease status of the individual with a  
 37 communicable disease. Communications under this subsection do not  
 38 constitute a breach of confidentiality.

39 (b) If the application for detention required under IC 12-26-5 states  
 40 there is probable cause to believe the individual with a communicable  
 41 disease is mentally ill and either dangerous or gravely disabled and  
 42 requires continuing care and treatment, proceedings may continue



1 under IC 12-26.

2 (c) If the court does not approve an application for detention  
3 required under IC 12-26-5; or if an application for detention is not  
4 timely filed, the individual with a communicable disease shall be  
5 referred to the designated health official who may take action under  
6 this article.

7 SECTION 47. IC 16-41-9-6 IS REPEALED [EFFECTIVE JULY 1,  
8 2026]. Sec. 6: (a) The chief medical officer of a hospital or other  
9 institutional facility may direct that an individual with a communicable  
10 disease detained under this article be placed apart from the others and  
11 restrained from leaving the facility. An individual with a  
12 communicable disease detained under this article shall observe all the  
13 rules of the facility or is subject to further action before the committing  
14 court.

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

20 (c) The sheriff of the county in which an individual with a  
21 communicable disease referred to in subsection (b) is found shall  
22 apprehend the individual with a communicable disease and return the  
23 individual with a communicable disease to the facility at which the  
24 individual with a communicable disease was being detained upon  
25 written request of the superintendent of the facility. Expenses incurred  
26 under this section are treated as expenses described in section 13 of  
27 this chapter.

28 SECTION 48. IC 16-41-9-7 IS REPEALED [EFFECTIVE JULY 1,  
29 2026]. Sec. 7: (a) An individual with a communicable disease who:

30 (1) poses a serious and present risk to the health of others;

31 (2) has been voluntarily admitted to a hospital or other facility for  
32 the treatment of tuberculosis or another serious communicable  
33 disease; and

34 (3) who leaves the facility without authorized leave or against  
35 medical advice or who fails to return from authorized leave;

36 shall be reported to a health officer by the facility not more than  
37 twenty-four (24) hours after discovery of the individual with a  
38 communicable disease's absence.

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



under this article:

SECTION 49. IC 16-41-9-8 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 8: (a) A local health officer may file a report with the court that states that an individual with a communicable disease who has been detained under this article may be discharged without danger to the health or life of others:

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

SECTION 50. IC 16-41-9-10 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 10: (a) The administrator of a hospital or other facility for the treatment of tuberculosis or other serious communicable disease may transfer or authorize the transfer of a nonresident indigent individual with a communicable disease to the state or county of legal residence of the individual with a communicable disease if the individual with a communicable disease is able to travel. If the individual with a communicable disease is unable to travel, the administrator may have the individual with a communicable disease hospitalized until the individual with a communicable disease is able to travel:

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

(1) individual with a communicable disease under section 13 of this chapter; or

(2) state department if the individual with a communicable disease cannot pay the full cost:

SECTION 51. IC 16-41-9-12, AS AMENDED BY P.L.112-2020, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 12. (a) The superintendent or the chief executive officer of the facility to which an individual with a communicable disease has been ordered under this chapter may decline to admit a patient if the superintendent or chief executive officer determines that there is not available adequate space, treatment staff, or treatment facilities appropriate to the needs of the patient:

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

(1) fails to comply with IC 16-41-1 through IC 16-41-3, ~~IC 16-41-5~~ **IC 16-41-6** through IC 16-41-9, IC 16-41-13, IC 16-41-14, or IC 16-41-16 or a rule adopted under these chapters; or

(2) interferes with or obstructs the state department or the state



department's designated agent in the performance of official duties under IC 16-41-1 through IC 16-41-3, ~~IC 16-41-5~~ **IC 16-41-6** through IC 16-41-9, IC 16-41-13, IC 16-41-14, or IC 16-41-16 or a rule adopted under these chapters.

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

SECTION 52. IC 16-41-9-13 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 13: (a) The court shall determine what part of the cost of care or treatment ordered by the court, if any; the individual with a communicable disease can pay and whether there are other available sources of public or private funding responsible for payment of the individual's care or treatment. The individual with a communicable disease shall provide the court documents and other information necessary to determine financial ability. If the individual with a communicable disease cannot pay the full cost of care and other sources of public or private funding responsible for payment of the individual's care or treatment are not available, the county is responsible for the cost. If the individual with a communicable disease:

(1) provides inaccurate or misleading information; or

(2) later becomes able to pay the full cost of care;

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

(b) Except as provided in subsections (c) and (d), the costs incurred by the county under this chapter are limited to the costs incurred under section 1-5 of this chapter.

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

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

SECTION 53. IC 16-41-9-15 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 15: In carrying out its duties under this chapter, a public health authority shall attempt to seek the cooperation of cases; individuals with a communicable disease; contacts; or suspect cases to implement the least restrictive but medically necessary procedures to protect the public health.

SECTION 54. IC 16-41-15-1 IS REPEALED [EFFECTIVE JULY



1 1, 2026]. Sec. 1: As used in this chapter, "approved laboratory" means  
 2 a laboratory approved by the state department for making serological  
 3 tests:

4 SECTION 55. IC 16-41-15-6 IS REPEALED [EFFECTIVE JULY  
 5 1, 2026]. Sec. 6: A person in professional attendance at a birth shall  
 6 carefully examine the eyes of the infant and if there is reason for  
 7 suspecting infection in one (1) or both eyes, the person in professional  
 8 attendance at the birth shall apply such prophylactic treatment as may  
 9 be prescribed by the state department:

10 SECTION 56. IC 16-41-15-10 IS REPEALED [EFFECTIVE JULY  
 11 1, 2026]. Sec. 10: A physician who diagnoses a pregnancy of a woman  
 12 shall take or cause to be taken a sample of blood:

13 (1) at the time of diagnosis of pregnancy; and

14 (2) during the third trimester of pregnancy; if the woman belongs  
 15 to a high risk population for which the Centers for Disease  
 16 Control "Sexually Transmitted Diseases Treatment Guidelines"  
 17 recommend a third trimester syphilis testing;

18 and shall submit each sample to an approved laboratory for a standard  
 19 serological test for syphilis:

20 SECTION 57. IC 16-41-15-11 IS REPEALED [EFFECTIVE JULY  
 21 1, 2026]. Sec. 11: A person other than a physician who is permitted by  
 22 law to attend a pregnant woman; but who is not permitted by law to  
 23 take blood specimens; shall cause a sample of the blood of the pregnant  
 24 woman to be taken by a licensed physician; who shall submit the  
 25 sample to an approved laboratory for a standard serological test for  
 26 syphilis:

27 SECTION 58. IC 16-41-15-12 IS REPEALED [EFFECTIVE JULY  
 28 1, 2026]. Sec. 12: If at the time of delivery positive evidence is not  
 29 available to show that standard serological tests for syphilis have been  
 30 made in accordance with section 10 of this chapter; the person in  
 31 attendance at the delivery shall take or cause to be taken a sample of  
 32 the blood of the woman at the time of the delivery and shall submit the  
 33 sample to an approved laboratory for a standard serological test for  
 34 syphilis:

35 SECTION 59. IC 16-41-15-15 IS REPEALED [EFFECTIVE JULY  
 36 1, 2026]. Sec. 15: Whenever a person with a sexually transmitted  
 37 infection is admitted to a benevolent, charitable, or penal institution or  
 38 correctional facility of Indiana; the warden or official in charge of the  
 39 institution or correctional facility shall institute and provide the proper  
 40 treatment for the person and shall carry out laboratory tests necessary  
 41 to determine the nature, course, duration, and results of the treatment:

42 SECTION 60. IC 16-41-15-16, AS AMENDED BY P.L.147-2023,



SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 16. The services of the laboratory of the state department shall be available without charge for the laboratory diagnoses and tests as may be necessary to carry out ~~sections~~ **section** 14 ~~and 15~~ of this chapter. The state institutions and the state department shall cooperate in every reasonable way in the prevention and suppression of sexually transmitted infection.

SECTION 61. IC 16-41-15-17 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 17. Sections 10 through 12 of this chapter do not apply to the following:~~

(1) ~~A person who administers to or treats the sick or suffering by spiritual means or prayer.~~

(2) ~~A person who, because of the person's religious belief, in good faith selects and depends upon spiritual means or prayer for treatment or cure of diseases.~~

SECTION 62. IC 16-41-39.8-7, AS AMENDED BY P.L.156-2011, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) The lead trust fund established by IC 13-17-14-6 (repealed) is reestablished to provide a source of money for the purposes set forth in subsection (f).

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

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

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

(e) The sources of money for the fund are the following:

(1) License fees established under section 6 of this chapter.

(2) Appropriations made by the general assembly, gifts, and donations intended for deposit in the fund.

(3) Penalties imposed under ~~sections~~ **section** 14 ~~and 15~~ of this chapter for violations of this chapter and rules adopted under this chapter concerning lead-based paint activities.

(4) Any gifts and grants to the fund.

(f) The state department may use money in the fund to do the following:

(1) Pay the expenses of administering this chapter.

(2) Cover other costs related to implementation of 40 CFR 745 for lead-based paint activities in target housing and child occupied facilities.





SECTION 63. IC 16-41-39.8-10, AS ADDED BY P.L.57-2009, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. ~~Without limiting the authority to inspect under IC 16-41-5-1,~~ The state department may do the following:

- (1) Inspect the site of a lead-based paint activities project:
  - (A) during the project; or
  - (B) after the project is completed.
- (2) Conduct an investigation of a lead-based paint activities project upon:
  - (A) the state department's own initiation; or
  - (B) the receipt of a complaint by a person.
- (3) Conduct an investigation of the provider of a lead-based paint activities training course upon:
  - (A) the state department's own initiation; or
  - (B) the receipt of a complaint by a person.

SECTION 64. IC 16-41-39.8-15 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 15. ~~A person who obstructs, delays, resists, prevents, or interferes with:~~

- ~~(1) the state department; or~~
- ~~(2) the state department's personnel or designated agent; in the performance of an inspection or investigation performed under IC 16-41-5-1 commits a Class C infraction. Each day of violation of this section constitutes a separate infraction.~~

SECTION 65. IC 16-42-5.3-1, AS AMENDED BY P.L.151-2024, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. **(a) As used in this chapter, "board" refers to the Indiana state board of animal health established by IC 15-17-3-1.**

~~(a)~~ **(b)** As used in this chapter, "end consumer" means a person who is the last person to purchase any food product **or meat product** and who does not resell the food product.

**(c) As used in this chapter, "meat product" has the meaning set forth in IC 15-17-2-54.**

~~(b)~~ **(d)** As used in this chapter, "roadside stand" means a structure, including a tent, stand, vehicle, or trailer that is:

- (1) visible from a road; and
- (2) located not more than one hundred (100) feet from the edge of the side of the road;

where whole uncut produce, food products that are not time temperature control for safety food, poultry that is exempt under IC 15-17-5-11, rabbits, or eggs permitted for sale by the state egg board are sold to an end consumer.



SECTION 66. IC 16-42-5.3-3, AS ADDED BY P.L.49-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The production and sale of:

- (1) food products by a home based vendor; **or**
- (2) **meat products;**

in accordance with this chapter are exempt from the requirements of this title that apply to food establishments.

SECTION 67. IC 16-42-5.3-7, AS ADDED BY P.L.49-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) A home based vendor **or an individual selling meat products** shall obtain a food handler certificate from a certificate issuer that is accredited by the American National Standards Institute.

(b) Upon request, a home based vendor **or an individual selling meat products** shall provide a copy of the food handler certificate required by subsection (a) to the state department or an end consumer.

(c) A home based vendor **or an individual selling meat products** shall provide a copy of the food handler certificate required by subsection (a) to the local health department in the county where the **individual selling meat products or the** home based vendor's residence is located.

SECTION 68. IC 16-42-5.3-10.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10.5. (a) **This section applies to the sale of meat products by an individual at the individual's primary residence.**

(b) **For the purpose of conducting sales at the individual's primary residence, meat products from animals:**

- (1) **raised at the individual's primary residence; and**
- (2) **slaughtered and processed at an official establishment (as defined in IC 15-17-2-72);**

**are exempt from the requirements of this title that apply to food establishments. Meat products at the individual's primary residence where the product is produced must be kept frozen at the point of sale and through delivery by the producer to the end consumer. An individual who sells meat products under this section shall comply with the label requirements set forth in this chapter.**

(c) **An individual who sells a meat product under this section may not further alter or process a meat product that is slaughtered and processed at an official establishment.**

(d) **An individual selling a meat product under this section must comply with all refrigeration and freezer requirements for meat**



1 **products required by:**

2 **(1) the board; or**

3 **(2) the state department.**

4 **(e) Before an individual sells meat products under this section,**  
5 **the individual shall do the following:**

6 **(1) Obtain a food handler certificate from a certificate issuer**  
7 **that is accredited by the American National Standards**  
8 **Institute.**

9 **(2) Complete and pass the certified food protection manager**  
10 **course from a list of providers approved by the state**  
11 **department.**

12 **(f) Upon request, an individual selling meat products shall**  
13 **provide a copy of the food handler certificate required by**  
14 **subsection (e) to the state department or an end consumer.**

15 **(g) An individual selling meat products shall provide a copy of**  
16 **the food handler certificate required by subsection (e) to the local**  
17 **health department in the county where the individual selling meat**  
18 **products from cattle or swine or the home based vendor's**  
19 **residence is located.**

20 **(h) The state department shall make the list of approved**  
21 **certified food protection manager courses available on its website**  
22 **by July 1, 2027.**

23 SECTION 69. IC 16-42-5.3-12, AS ADDED BY P.L.49-2022,  
24 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
25 JULY 1, 2026]: Sec. 12. Notwithstanding any other law, a local unit of  
26 government (as defined in IC 14-22-31.5-1) may not by ordinance or  
27 resolution require any licensure, certification, or inspection of foods or  
28 food products of a home based vendor or an individual vendor who  
29 prepares and sells food products **or meat products** under this chapter.

30 SECTION 70. IC 16-49-4-11, AS AMENDED BY THE  
31 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL  
32 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
33 JULY 1, 2026]: Sec. 11. (a) The statewide child fatality review  
34 committee shall submit to the legislative council, governor, department  
35 of child services, state department, and commission on improving the  
36 status of children in Indiana on or before December 31 of each year a  
37 report that includes the following information:

38 **(1) A summary of the data collected and reviewed by the**  
39 **statewide child fatality review committee in the previous calendar**  
40 **year.**

41 **(2) Trends and patterns that have been identified by the statewide**  
42 **child fatality review committee concerning deaths of children in**



Indiana.

(3) Recommended actions or resources to prevent future child fatalities in Indiana.

A report submitted under this section to the legislative council must be in an electronic format under IC 5-14-6.

(b) The statewide child fatality review committee shall provide a copy of a report submitted under this section to a member of the public upon request.

(c) The state department shall make the report available on the state department's ~~Internet web site.~~ **website.**

**(d) A summary of data collected under subsection (a)(1) must include the most recent date on which a child whose death is being reviewed had received an immunization.**

SECTION 71. IC 16-50-1-6, AS AMENDED BY P.L.65-2021, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) If a health care provider or a health care facility has a patient who suffers a death occurring during pregnancy, irrespective of the duration and site of the pregnancy, through one (1) year after the pregnancy and the health care provider or health care facility has knowledge of the circumstances of the maternal death, the health care provider or the health care facility shall report the maternal death for review to the statewide maternal mortality review committee in the manner established by the statewide maternal mortality review coordinator under IC 16-50-2-4.

(b) The state department may provide data held by the state department, including:

- (1) vital statistics;
- (2) trauma data; ~~and~~
- (3) hospital discharge data; **and**
- (4) immunization data;**

to the statewide maternal mortality review coordinator to aid in the identification of cases of maternal morbidity and maternal mortality.

SECTION 72. IC 16-50-1-9, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. (a) The statewide maternal mortality review committee shall, before July 1 of each year, submit a report to the state department that includes the following information:

- (1) A summary of the data collected regarding the reviews conducted by the statewide maternal mortality review committee.
- (2) Actions recommended by the statewide maternal mortality review committee to improve systems of care and enhance



coordination to reduce maternal morbidity and maternal mortality in Indiana.

(3) Legislative recommendations for consideration by the general assembly.

(b) A report released under this section must not contain identifying information relating to the deaths reviewed by the statewide maternal mortality review committee.

(c) The state department shall make a report prepared under this section available to public inspection and post the report on the state department's ~~Internet web site.~~ **website.**

**(d) A summary of data collected under subsection (a)(1) must include the most recent date on which an individual whose death is being reviewed had received an immunization.**

SECTION 73. IC 20-19-3-41 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 41. The department shall publish on the department's website the information received from each school under IC 20-34-3-28.**

SECTION 74. IC 20-26-22.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 22.5. School Health Services**

**Sec. 1. As used in this chapter, "health care provider" has the meaning set forth in IC 16-18-2-163(a).**

**Sec. 2. As used in this chapter, "health records" has the meaning set forth in IC 16-18-2-168(a).**

**Sec. 3. As used in this chapter, "informed consent" has the meaning set forth in IC 16-36-7-16.**

**Sec. 4. As used in this chapter, "school based health center" means a health clinic that:**

- (1) is located in or near a school or school facility of a school corporation;**
- (2) is organized or promoted through school, community, or health care provider relationships;**
- (3) provides primary health services to children by health care providers, in accordance with state and federal law; and**
- (4) meets any other requirements necessary for the operation of a school based health center.**

**Sec. 5. (a) As used in this chapter, "school nursing services" refers to the responsibilities of a school nurse as described in IC 20-34-3-6.**

**(b) The term does not include services provided:**



1 (1) in a school based health center; or

2 (2) by an individual who is not employed by the school.

3 Sec. 6. (a) Except as provided in subsection (b), a school  
4 corporation may employ at least one (1) registered nurse who holds  
5 a bachelor of science in nursing to coordinate school nursing  
6 services in the school corporation.

7 (b) A school corporation may employ a registered nurse who  
8 does not hold a bachelor of science in nursing to coordinate school  
9 nursing services in the school corporation if the registered nurse:

10 (1) was employed by the school corporation on June 30, 2000,  
11 to coordinate health services; and

12 (2) has been continuously employed by the school corporation  
13 to coordinate health services described in subdivision (1) since  
14 June 30, 2000.

15 Sec. 7. If a school corporation provides school nursing services,  
16 the services must be provided to students in accordance with:

17 (1) all state and federal laws and regulations; and

18 (2) the applicable standard of care.

19 Sec. 8. A school corporation may contract with a health care  
20 provider, health system, or community partner to establish a  
21 school based health center for the purpose of providing services to  
22 students beyond the scope of school nursing services if the  
23 following requirements are met:

24 (1) The school based health center must be a distinct legal  
25 entity that is separate from the school corporation.

26 (2) The establishment of a school based health center may not  
27 replace the role of school nurses who are employed by the  
28 school corporation to provide first aid and emergency  
29 services.

30 (3) Student participation in services provided by a school  
31 based health center must be voluntary.

32 (4) The school based health center or school corporation may  
33 not offer an incentive to a student or parent of a student in  
34 exchange for participation in services provided by the school  
35 based health center.

36 (5) A student, if the student is an emancipated minor, or the  
37 student's parent or guardian, if the student is an  
38 unemancipated minor, must provide written informed consent  
39 for the student to receive services at a school based health  
40 center, and the parent of a student, if the student is an  
41 unemancipated minor, must be present at the time the student  
42 receives services at a school based health center.



(6) Services provided at a school based health center must be provided by a health care provider.

(7) A health care provider employed by or working in a school based health center must maintain health records in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA).

(8) Except as required by law, a school or school corporation may not access a student's health records.

(9) A school, school corporation, or health care provider may not be obligated to violate this section, including participating in a grant program that requires a school, school corporation, or health care provider to violate this section.

**Sec. 9. The state board shall amend any rules necessary to comply with this chapter.**

SECTION 75. IC 20-33-8-3, AS ADDED BY P.L.1-2005, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) As used in this chapter, "expulsion" means a disciplinary or other action whereby a student:

(1) is separated from school attendance for a period exceeding ten

(10) school days;

(2) is separated from school attendance for the balance of the current semester or current year unless a student is permitted to complete required examinations in order to receive credit for courses taken in the current semester or current year; or

(3) is separated from school attendance for the period prescribed under section 16 of this chapter, which may include an assignment to attend an alternative school, an alternative educational program, or a homebound educational program.

(b) The term does not include situations when a student is

(+) disciplined under section 25 of this chapter.

(2) removed from school in accordance with IC 20-34-3-9; or

(3) removed from school for failure to comply with the immunization requirements of IC 20-34-4-5.

SECTION 76. IC 20-33-8-7, AS ADDED BY P.L.1-2005, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) As used in this chapter, "suspension" means any disciplinary action that does not constitute an expulsion under section 3 of this chapter, whereby a student is separated from school attendance for a period of not more than ten (10) school days.

(b) The term does not include a situation in which a student is

(+) disciplined under section 25 of this chapter.

(2) removed from school in accordance with IC 20-34-3-9; or



(3) removed from school for failure to comply with the immunization requirements of IC 20-34-4-5.

SECTION 77. IC 20-34-3-2, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as otherwise provided, A student may not be required to undergo, **in a manner that violates IC 22-5-9-5**, any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is:

(1) made in writing;

(2) signed by the child's parent; and

(3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

(b) A teacher may not be compelled to undergo, **in a manner that violates IC 22-5-9-5**, any testing, examination, or treatment. under this chapter or IC 20-34-4 if the teacher objects on religious grounds. A religious objection does not exempt an objecting individual from any testing, examination, or treatment required under this chapter or IC 20-34-4 unless the objection is:

(1) made in writing;

(2) signed by the objecting individual; and

(3) delivered to the principal of the school in which the objecting individual teaches.

SECTION 78. IC 20-34-3-3 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 3: If a physician certifies that a particular immunization required by this chapter or IC 20-34-4 is or may be detrimental to a student's health, the requirements of this chapter or IC 20-34-4 for that particular immunization is inapplicable for the student until the immunization is found no longer detrimental to the student's health.

SECTION 79. IC 20-34-3-4 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 4: The governing body of a school corporation may provide for the inspection of students by a school physician to determine whether any child suffers from disease, disability, decayed teeth, or other defects that may reduce the student's efficiency or prevent the student from receiving the full benefit of the student's school work.

SECTION 80. IC 20-34-3-5 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 5: If the parent of a student furnishes a certificate of examination from an Indiana physician at the beginning of a school year, the student is exempt from any examination the governing body





requires under section 4 of this chapter. The certificate of examination must state that the physician has examined the student and reported the results of the examination to the parent. The governing body may require a parent to periodically furnish additional certificates.

SECTION 81. IC 20-34-3-6, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) The governing body of a school corporation may appoint one (1) or more school physicians and one (1) or more nurses who are registered to practice nursing in Indiana.

(b) A nurse appointed under this section is responsible for emergency nursing care of students when an illness or accident occurs during school hours or on or near school property.

**(c) Notwithstanding any physical or mental assessment or treatment required or permitted under state or federal law, a school may not conduct a physical or mental assessment or treatment of a student unless the physical or mental assessment or treatment is related to an illness or accident that occurred during school hours or on or near school property.**

SECTION 82. IC 20-34-3-9 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 9: (a) If a student is ill; has a communicable disease; or is infested with parasites, the school principal may send the student home with a note to the student's parent. The note must describe the nature of the illness or infestation and, if appropriate, recommend that the family physician be consulted.

(b) If the parent of a student who is sent home under this section is financially unable to provide the necessary medical care, the medical care shall be provided by a public health facility. If a public health facility is not available, the township trustee or an appropriate governmental agency shall provide the necessary care.

(c) A student who is sent home under this section may be readmitted to the school:

(1) when it is apparent to school officials that the student is no longer ill; no longer has a communicable disease; or is no longer infested with parasites;

(2) upon certification of a physician that the student is no longer ill; no longer has a communicable disease; or is no longer infested with parasites;

(3) upon certification of a physician that the student has a communicable disease, but the disease is not transmissible through normal school contacts; or

(4) upon certification of a Christian Science practitioner, who is listed in The Christian Science Journal; that based on the



1 practitioner's observation the student apparently is no longer ill;  
 2 no longer has a communicable disease; or is no longer infested  
 3 with parasites:

4 If school personnel disagree with the certifying physician or Christian  
 5 Science practitioner as to whether the student should be readmitted to  
 6 school; the local health officer shall determine whether the student may  
 7 be readmitted to school:

8 (d) An individual who objects to the determination made by the  
 9 local health officer under this section may appeal to the commissioner  
 10 of the Indiana department of health; who is the ultimate authority:  
 11 IC 4-21.5 applies to appeals under this subsection:

12 SECTION 83. IC 20-34-3-10 IS REPEALED [EFFECTIVE JULY  
 13 1, 2026]. Sec. 10: (a) A sickle cell anemia test shall be administered to  
 14 each student when the examining physician or school nurse determines  
 15 that the test is necessary. The physician shall state on the examination  
 16 form whether the test was given and, if it was, the result. All positive  
 17 results shall be filed with the examining physician and the Indiana  
 18 department of health:

19 (b) The Indiana department of health and the state board shall adopt  
 20 joint rules concerning sickle cell anemia testing equipment;  
 21 qualifications for sickle cell anemia testing personnel; and sickle cell  
 22 anemia testing procedures:

23 (c) Records of all tests administered under this section shall be  
 24 made and continuously maintained by the Indiana department of health  
 25 to provide information useful in protecting, promoting, and maintaining  
 26 the health of students:

27 SECTION 84. IC 20-34-3-11 IS REPEALED [EFFECTIVE JULY  
 28 1, 2026]. Sec. 11: (a) The governing body of a school corporation may  
 29 require students to be tested for lead poisoning:

30 (b) If a student's parent states in writing that the parent is financially  
 31 unable to pay for a test under this section; the student shall be referred  
 32 to the free clinic or public health facility in the area that provides  
 33 services for indigents:

34 (c) The Indiana department of health and the state board shall adopt  
 35 joint rules concerning lead poisoning testing under this section:

36 (d) Records of all tests administered under this section shall be  
 37 made and continuously maintained by the Indiana department of health  
 38 to provide information useful in protecting, promoting, and maintaining  
 39 the health of students:

40 SECTION 85. IC 20-34-3-12 IS REPEALED [EFFECTIVE JULY  
 41 1, 2026]. Sec. 12: (a) For purposes of this section, "modified clinical  
 42 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 letter charts;
- (3) HOTV letter or LEA symbol charts for younger students; or
- (4) 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 Indiana department of health, in consultation with the state board, shall adopt 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.

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

(3) The number of students by grade who were tested using the modified clinical technique.

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

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

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

(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 86. IC 20-34-3-13 IS REPEALED [EFFECTIVE JULY 1, 2026]. 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 87. IC 20-34-3-14 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 14. (a) The governing body of each school corporation shall annually conduct an audiometer test or a similar test to determine the hearing efficiency of the following students:

(1) Students in grade 1, grade 4, grade 7, and grade 10.

(2) A student who has transferred into the school corporation.

(3) A student who is suspected of having hearing defects.

(b) A governing body may appoint the technicians and assistants necessary to perform the testing required under this section.

(c) Records of all tests shall be made and continuously maintained by the school corporation to provide information that may assist in diagnosing and treating any student's auditory abnormality. However, diagnosis and treatment shall be performed only on recommendation of an Indiana physician who has examined the student.

(d) The governing body may adopt rules for the administration of this section.

SECTION 88. IC 20-34-3-28 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 28. (a) As used in this section, "school" means the following:

(1) A public school, including a charter school.

(2) A state accredited school.

(3) A nonaccredited nonpublic school that has at least one (1) employee.

(4) A laboratory school established under IC 20-24.5-2.

(5) The Indiana School for the Blind and Visually Impaired established by IC 20-21-2-1.

(6) The Indiana School for the Deaf established by IC 20-22-2-1.

(b) A school, a before school program, and an after school program shall report to the department the ingredients in each



1 **food product the school or program provides to a student enrolled**  
 2 **in the school or program.**

3 SECTION 89. IC 20-34-4-2 IS REPEALED [EFFECTIVE JULY 1,  
 4 2026]. Sec. 2: (a) Every child residing in Indiana who is enrolled in an  
 5 accredited elementary school or high school shall be immunized as  
 6 determined by the Indiana department of health against:

- 7 (1) diphtheria;
- 8 (2) pertussis (whooping cough);
- 9 (3) tetanus;
- 10 (4) measles;
- 11 (5) rubella;
- 12 (6) poliomyelitis;
- 13 (7) mumps;
- 14 (8) varicella;
- 15 (9) hepatitis A;
- 16 (10) hepatitis B; and
- 17 (11) meningitis.

18 (b) The Indiana department of health may expand or otherwise  
 19 modify the list of communicable diseases that require documentation  
 20 of immunity as medical information becomes available that would  
 21 warrant the expansion or modification in the interest of public health.

22 (c) Before November 30 of each year, the Indiana department of  
 23 health shall publish a two (2) year calendar of immunization  
 24 requirements and recommendations. The calendar must include:

- 25 (1) the immunization requirements for the following school year;
- 26 and
- 27 (2) recommendations for immunization requirements for the year
- 28 subsequent to the following school year.

29 (d) The publishing time frame for the calendar described in  
 30 subsection (c) does not apply in the event of an emergency as  
 31 determined by the state health commissioner.

32 (e) The Indiana department of health shall adopt rules under  
 33 IC 4-22-2 specifying the:

- 34 (1) required immunizations;
- 35 (2) child's age for administering each vaccine;
- 36 (3) adequately immunizing doses; and
- 37 (4) method of documentation of proof of immunity.

38 SECTION 90. IC 20-34-4-3, AS AMENDED BY P.L.160-2023,  
 39 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 40 JULY 1, 2026]: Sec. 3. (a) Each school shall notify each parent of a  
 41 student who enrolls in the school of the requirement that the student  
 42 must be immunized and that the immunization is required for the



1 student's continued enrollment, attendance, or residence at the school  
2 unless:

3 (1) the parent or student provides the appropriate documentation  
4 of immunity; or

5 (2) IC 20-34-3-2 or IC 20-34-3-3 applies.

6 ~~(b)~~ (a) A school that enrolls grade 6 students shall provide each  
7 parent of a student who is entering grade 6 with information prescribed  
8 by the Indiana department of health under subsection ~~(e)~~ (b)  
9 concerning the link between cancer and the human papillomavirus  
10 (HPV) infection and that an immunization against the human  
11 papillomavirus (HPV) infection is available.

12 ~~(e)~~ (b) The Indiana department of health shall provide a school  
13 described in subsection ~~(b)~~ (a) with the information concerning cancer  
14 and the human papillomavirus (HPV) infection required in subsection  
15 ~~(b)~~ (a). The information must include the following:

16 (1) The latest scientific information on the immunization against  
17 the human papillomavirus (HPV) infection and the  
18 immunization's effectiveness against causes of cancer.

19 (2) That a pap smear is still critical for the detection of  
20 precancerous changes in the cervix to allow for treatment before  
21 cervical cancer develops.

22 (3) Information concerning the means in which the human  
23 papillomavirus (HPV) infection is contracted.

24 (4) A statement that any questions or concerns concerning  
25 immunizing the child against human papillomavirus (HPV) could  
26 be answered by contacting a health care provider.

27 ~~(d)~~ (c) The Indiana department of health shall provide the  
28 department of education with material concerning immunizations and  
29 immunization preventable diseases for distribution to parents and  
30 guardians. The department of education shall provide these materials  
31 to schools to be provided to students' parents and guardians. These  
32 materials may be distributed by a school by posting the required  
33 information on the school's website.

34 ~~(e)~~ Any notification or materials provided or distributed by the  
35 Indiana department of health or a school to a parent of a student  
36 regarding required or recommended immunizations for the student  
37 must clearly delineate or label immunizations that are required and  
38 immunizations that are only recommended.

39 SECTION 91. IC 20-34-4-4 IS REPEALED [EFFECTIVE JULY 1,  
40 2026]. Sec. 4: (a) The parent of any student who has not received the  
41 immunizations required under this chapter shall present the student to  
42 a health care provider authorized to administer the immunizations.





(b) The health care provider who administers the required immunizations to a student or the health care provider's designee shall enter the immunization information into the state immunization data registry in accordance with IC 16-38-5.

SECTION 92. IC 20-34-4-5 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 5: (a) Each school shall require the parent of a student who has enrolled in the school to furnish, not later than the first day of school attendance, proof of the student's immunization status; either as a written document from the health care provider who administered the immunization or documentation provided from the state immunization data registry.

(b) The statement must show, except for a student to whom IC 20-34-3-2 or IC 20-34-3-3 applies; that the student has been immunized as required under section 2 of this chapter. The statement must include the student's date of birth and the date of each immunization.

(c) A student may not be permitted to attend school beyond the first day of school without furnishing the documentation described in subsections (a) and (b) unless:

- (1) the school gives the parent of the student a waiver; or
- (2) the local health department or a health care provider determines that the student's immunization schedule has been delayed due to extreme circumstances and that the required immunizations will not be completed before the first day of school.

The waiver referred to in subdivision (1) may not be granted for a period that exceeds twenty (20) school days. If subdivision (2) applies, the parent of the student shall furnish the written statement and a schedule, approved by a health care provider who is authorized to administer the immunizations or the local health department, for the completion of the remainder of the immunizations.

(d) The Indiana department of health may commence an action against a school under IC 4-21.5-3-6 or IC 4-21.5-4 for the issuance of an order of compliance for failure to enforce this section.

(e) Neither a religious objection under IC 20-34-3-2 nor an exception for the student's health under IC 20-34-3-3 relieves a parent from the reporting requirements under this section.

(f) The Indiana department of health shall adopt rules under IC 4-22-2 to implement this section.

SECTION 93. IC 20-34-4.5-2, AS AMENDED BY P.L.117-2017, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) **Subject to IC 22-5-9**, a school nurse may



administer emergency stock medication obtained under section 1 of this chapter to any of the following individuals if the individual is demonstrating signs or symptoms of a life-threatening emergency and the individual does not have emergency medication at the school or the individual's prescription is not available:

- (1) Students at the school.
- (2) School employees.
- (3) Visitors at the school.

(b) **Subject to IC 22-5-9**, school employees may administer emergency stock medication obtained under section 1 of this chapter if the following are met:

- (1) The school employee has voluntarily received training in:
  - (A) recognizing a life-threatening emergency; and
  - (B) the proper administration of emergency medication; by a health care provider who is licensed or certified in Indiana, for whom the administration of emergency medication is within the health care provider's scope of practice, who has received training in the administration of emergency medication, and who is knowledgeable in recognizing the symptoms of a life-threatening emergency and the administration of emergency medication.
- (2) The individual to whom the emergency stock medication is being administered is:
  - (A) a student at the school;
  - (B) a school employee; or
  - (C) a visitor at the school.

SECTION 94. IC 20-34-10 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 10. Health Profession Education Program**

**Sec. 1. This chapter does not apply to a contract entered into or renewed before July 1, 2026.**

**Sec. 2. As used in this chapter, "health profession education program" means an education program that:**

- (1) is designed to prepare a student for a career in a health profession regulated by an entity described in IC 25-0.5-11; and
- (2) requires a student to complete clinical training or clinical experience at an offsite facility.

**Sec. 3. As used in this chapter, "immunization" means the treatment of an individual with a vaccine to produce immunity.**

**Sec. 4. As used in this chapter, "student" means a student**



enrolled in a health profession education program.

**Sec. 5.** A student may not be required to receive an immunization as a condition of:

(1) participating in; or

(2) obtaining;

clinical training or clinical experience required by a health profession education program if receiving the immunization is against the student's conscience.

**Sec. 6. (a)** A student may bring a civil action against an entity that violates this chapter.

**(b)** The court may award to a student who prevails in an action under this section any of the following:

(1) Injunctive relief.

(2) Costs and reasonable attorney's fees.

SECTION 95. IC 21-7-13-2, AS ADDED BY P.L.2-2007, SECTION 243, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. "Academic term"

(1) for purposes of this title (other than IC 21-40); has the meaning set forth in IC 21-12-1-2. and

(2) for purposes of IC 21-40; has the meaning set forth in IC 21-40-1-2.

SECTION 96. IC 21-40-1 IS REPEALED [EFFECTIVE JULY 1, 2026]. (General Provisions; Definitions).

SECTION 97. IC 21-40-5 IS REPEALED [EFFECTIVE JULY 1, 2026]. (Immunization Requirements at State Educational Institutions).

SECTION 98. IC 21-44-8 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

#### **Chapter 8. Health Profession Education Program**

**Sec. 1.** This chapter does not apply to a contract entered into or renewed before July 1, 2026.

**Sec. 2. (a)** As used in this chapter, "health profession education program" means an education program that:

(1) is designed to prepare a student for a career in a health profession regulated by an entity described in IC 25-0.5-11; and

(2) requires a student to complete clinical training or clinical experience at an offsite facility.

**(b)** The term includes an intern, residency, and graduate program (as defined in IC 21-44-1-12).

**Sec. 3.** As used in this chapter, "immunization" means the treatment of an individual with a vaccine to produce immunity.



1        **Sec. 4. As used in this chapter, "student" means a student**  
 2        **enrolled in a health profession education program.**

3        **Sec. 5. A student may not be required to receive an**  
 4        **immunization as a condition of:**

5            (1) participating in; or

6            (2) obtaining;

7        **clinical training or clinical experience required by a health**  
 8        **profession education program if receiving the immunization is**  
 9        **against the student's conscience.**

10       **Sec. 6. (a) A student may bring a civil action against an entity**  
 11       **that violates this chapter.**

12       **(b) The court may award to a student who prevails in an action**  
 13       **under this section any of the following:**

14            (1) Injunctive relief.

15            (2) Costs and reasonable attorney's fees.

16       **SECTION 99. IC 22-4-15-1, AS AMENDED BY P.L.186-2025,**  
 17       **SECTION 121, IS AMENDED TO READ AS FOLLOWS**  
 18       **[EFFECTIVE JULY 1, 2026]: Sec. 1. (a) Regarding an individual's**  
 19       **most recent separation from employment before filing an initial or**  
 20       **additional claim for benefits, an individual who voluntarily left the**  
 21       **employment without good cause in connection with the work or was**  
 22       **discharged from the employment for just cause is ineligible for waiting**  
 23       **period or benefit rights for the week in which the disqualifying**  
 24       **separation occurred and until:**

25            (1) the individual has earned remuneration in employment in at  
 26            least eight (8) weeks; and

27            (2) the remuneration earned equals or exceeds the product of the  
 28            weekly benefit amount multiplied by eight (8).

29       **If the qualification amount has not been earned at the expiration of an**  
 30       **individual's benefit period, the unearned amount shall be carried**  
 31       **forward to an extended benefit period or to the benefit period of a**  
 32       **subsequent claim.**

33       **(b) When it has been determined that an individual has been**  
 34       **separated from employment under disqualifying conditions as outlined**  
 35       **in this section, the maximum benefit amount of the individual's current**  
 36       **claim, as initially determined, shall be reduced by an amount**  
 37       **determined as follows:**

38            (1) For the first separation from employment under disqualifying  
 39            conditions, the maximum benefit amount of the individual's  
 40            current claim is equal to the result of:

41            (A) the maximum benefit amount of the individual's current  
 42            claim, as initially determined; multiplied by



- 1 (B) seventy-five percent (75%);
- 2 rounded (if not already a multiple of one dollar (\$1)) to the next
- 3 higher dollar.
- 4 (2) For the second separation from employment under
- 5 disqualifying conditions, the maximum benefit amount of the
- 6 individual's current claim is equal to the result of:
- 7 (A) the maximum benefit amount of the individual's current
- 8 claim determined under subdivision (1); multiplied by
- 9 (B) eighty-five percent (85%);
- 10 rounded (if not already a multiple of one dollar (\$1)) to the next
- 11 higher dollar.
- 12 (3) For the third and any subsequent separation from employment
- 13 under disqualifying conditions, the maximum benefit amount of
- 14 the individual's current claim is equal to the result of:
- 15 (A) the maximum benefit amount of the individual's current
- 16 claim determined under subdivision (2); multiplied by
- 17 (B) ninety percent (90%);
- 18 rounded (if not already a multiple of one dollar (\$1)) to the next
- 19 higher dollar.
- 20 (c) The disqualifications provided in this section shall be subject to
- 21 the following modifications:
- 22 (1) An individual shall not be subject to disqualification because
- 23 of separation from the individual's employment if:
- 24 (A) the individual left to accept with another employer
- 25 previously secured permanent full-time work which offered
- 26 reasonable expectation of continued covered employment and
- 27 betterment of wages or working conditions and thereafter was
- 28 employed on said job;
- 29 (B) having been simultaneously employed by two (2)
- 30 employers, the individual leaves one (1) such employer
- 31 voluntarily without good cause in connection with the work
- 32 but remains in employment with the second employer with a
- 33 reasonable expectation of continued employment; or
- 34 (C) the individual left to accept recall made by a base period
- 35 employer.
- 36 (2) An individual whose unemployment is the result of medically
- 37 substantiated physical disability and who is involuntarily
- 38 unemployed after having made reasonable efforts to maintain the
- 39 employment relationship shall not be subject to disqualification
- 40 under this section for such separation.
- 41 (3) An individual who left work to enter the armed forces of the
- 42 United States shall not be subject to disqualification under this



section for such leaving of work.

(4) An individual whose employment is terminated under the compulsory retirement provision of a collective bargaining agreement to which the employer is a party, or under any other plan, system, or program, public or private, providing for compulsory retirement and who is otherwise eligible shall not be deemed to have left the individual's work voluntarily without good cause in connection with the work. However, if such individual subsequently becomes reemployed and thereafter voluntarily leaves work without good cause in connection with the work, the individual shall be deemed ineligible as outlined in this section.

(5) An otherwise eligible individual shall not be denied benefits for any week because the individual is in training approved under Section 236(a)(1) of the Trade Act of 1974, nor shall the individual be denied benefits by reason of leaving work to enter such training, provided the work left is not suitable employment, or because of the application to any week in training of provisions in this law (or any applicable federal unemployment compensation law), relating to availability for work, active search for work, or refusal to accept work. For purposes of this subdivision, the term "suitable employment" means with respect to an individual, work of a substantially equal or higher skill level than the individual's past adversely affected employment (as defined for purposes of the Trade Act of 1974), and wages for such work at not less than eighty percent (80%) of the individual's average weekly wage as determined for the purposes of the Trade Act of 1974.

(6) An individual is not subject to disqualification because of separation from the individual's employment if:

- (A) the employment was outside the individual's labor market;
- (B) the individual left to accept previously secured full-time work with an employer in the individual's labor market; and
- (C) the individual actually became employed with the employer in the individual's labor market.

(7) An individual who, but for the voluntary separation to move to another labor market to join a spouse who had moved to that labor market, shall not be disqualified for that voluntary separation, if the individual is otherwise eligible for benefits. Benefits paid to the spouse whose eligibility is established under this subdivision shall not be charged against the employer from whom the spouse voluntarily separated.



(8) An individual shall not be subject to disqualification if the individual voluntarily left employment or was discharged due to circumstances directly caused by domestic or family violence (as defined in IC 31-9-2-42). An individual who may be entitled to benefits based on this modification may apply to the office of the attorney general under IC 5-26.5 to have an address designated by the office of the attorney general to serve as the individual's address for purposes of this article.

(9) An individual shall not be subject to disqualification if the individual

(A) ~~has requested an exemption from an employer's COVID-19 immunization requirement;~~

(B) ~~has complied with the requirements set forth in IC 22-5-4.6; and~~

(C) ~~was discharged from employment for failing or refusing to receive an immunization against COVID-19; refuses to accept, undergo, or engage in a medical intervention (as defined in IC 22-5-9-2) in or on the individual's body.~~

As used in this subsection, "labor market" means the area surrounding an individual's permanent residence, outside which the individual cannot reasonably commute on a daily basis. In determining whether an individual can reasonably commute under this subdivision, the department shall consider the nature of the individual's job.

(d) "Discharge for just cause" as used in this section is defined to include but not be limited to:

(1) separation initiated by an employer for falsification of an employment application to obtain employment through subterfuge;

(2) knowing violation of a reasonable and uniformly enforced rule of an employer, including a rule regarding attendance;

(3) if an employer does not have a rule regarding attendance, an individual's unsatisfactory attendance, if good cause for absences or tardiness is not established;

(4) damaging the employer's property through willful and wanton misconduct;

(5) refusing to obey instructions;

(6) conduct endangering safety of self or coworkers;

(7) incarceration in jail following conviction of a misdemeanor or felony by a court of competent jurisdiction; or

(8) any breach of duty in connection with work which is reasonably owed an employer by an employee.

(e) To verify that domestic or family violence has occurred, an



individual who applies for benefits under subsection (c)(8) shall provide one (1) of the following:

- (1) A report of a law enforcement agency (as defined in IC 10-13-3-10).
- (2) A protection order issued under IC 34-26-5.
- (3) A foreign protection order (as defined in IC 34-6-2.1-76).
- (4) An affidavit from a domestic violence service provider verifying services provided to the individual by the domestic violence service provider.

SECTION 100. IC 22-5-4.6 IS REPEALED [EFFECTIVE JULY 1, 2026]. (Exemptions from COVID-19 Immunization Requirements).

SECTION 101. IC 22-5-9 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 9. Medical Intervention**

**Sec. 1. As used in this chapter, "bodily injury" has the meaning set forth in IC 35-31.5-2-29.**

**Sec. 2. As used in this chapter, "medical intervention" means:**

- (1) a medical:
  - (A) procedure;
  - (B) test; or
  - (C) treatment;
- (2) an immunization; or
- (3) a prophylaxis not described in subdivision (1) or (2).

**Sec. 3. As used in this chapter, "person" has the meaning set forth in IC 35-31.5-2-234(a).**

**Sec. 4. As used in this chapter, "punitive measure" means an action that results in a negative consequence.**

**Sec. 5. Notwithstanding any other law, a person may not require an individual to accept, undergo, or engage in a medical intervention in or on the individual's body as a condition of:**

- (1) employment;
- (2) entrance;
- (3) admission;
- (4) compensation;
- (5) benefits; or
- (6) participation.

**Sec. 6. Notwithstanding any other law, a person may not take a punitive measure against an individual because the individual refused to accept, undergo, or engage in a medical intervention in or on the individual's body.**

**Sec. 7. (a) An individual who suffers bodily injury as a result of**





1 a person's violation of section 5 or 6 of this chapter may file an  
 2 action in the circuit or superior court of the county in which the  
 3 violation occurred.

4 (b) An individual who files and prevails in an action described  
 5 in subsection (a) is entitled to recover from the defendant:

6 (1) compensatory damages, including damages for lost wages;  
 7 and

8 (2) damages for pain and suffering.

9 Sec. 8. An individual may report a violation under section 5 or  
 10 6 of this chapter to the attorney general.

11 Sec. 9. Nothing in this chapter precludes:

12 (1) a power of attorney or proxy from completing the  
 13 obligations of the power of attorney or proxy in good faith;

14 (2) an entity from offering:

15 (A) a medical:

16 (i) procedure;

17 (ii) test; or

18 (iii) treatment;

19 (B) an immunization; or

20 (C) a prophylaxis not described in clause (A) or (B);

21 at no cost to an individual; or

22 (3) a person from providing medical intervention to an  
 23 individual during an emergency.

24 SECTION 102. IC 22-12-1-4, AS AMENDED BY P.L.142-2013,  
 25 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 26 JULY 1, 2026]: Sec. 4. (a) "Class 1 structure" means any part of the  
 27 following:

28 (1) A building or structure that is intended to be or is occupied or  
 29 otherwise used in any part by any of the following:

30 (A) The public.

31 (B) Three (3) or more tenants.

32 (C) One (1) or more persons who act as the employees of  
 33 another.

34 (2) A site improvement affecting access by persons with physical  
 35 disabilities to a building or structure described in subdivision (1).

36 (3) Outdoor event equipment.

37 (4) Any class of buildings or structures that the commission  
 38 determines by rules to affect a building or structure described in  
 39 subdivision (1), except buildings or structures described in  
 40 subsections (c) through (f).

41 (b) Subsection (a)(1) includes a structure that contains three (3) or  
 42 more condominium units (as defined in IC 32-25-2-9) or other units



that:

(1) are intended to be or are used or leased by the owner of the unit; and

(2) are not completely separated from each other by an unimproved space.

(c) Subsection (a)(1) does not include a building or structure that ~~(1)~~ is intended to be or is used only for an agricultural purpose on the land where it is located. **and A building or structure under this subsection includes a stand or another retail building used only for the sale of food products or meat products (as defined in IC 16-42-5.3-1) derived from the land where the stand or retail building is located.**

~~(2) is not used for retail trade or is a stand used for retail sales of farm produce for eight (8) or less consecutive months in a calendar year.~~

(d) Subsection (a)(1) does not include a Class 2 structure.

(e) Subsection (a)(1) does not include a vehicular bridge.

(f) Subsection (a)(1) does not include a structure that is intended to be or is occupied solely to provide periodic maintenance or repair of:

(1) the structure; or

(2) mechanical or electrical equipment located within and affixed to the structure.

SECTION 103. IC 25-22.5-8.7 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 8.7. Exemption From Immunizations**

**Sec. 1. This chapter does not apply to a contract entered into or renewed before July 1, 2026.**

**Sec. 2. As used in this chapter, "immunization" means the treatment of an individual with a vaccine to produce immunity.**

**Sec. 3. A physician may not be required to receive an immunization if receiving the immunization is against the physician's conscience.**

**Sec. 4. (a) A physician may bring a civil action against an entity that violates this chapter.**

**(b) The court may award to a physician who prevails in an action under this section any of the following:**

**(1) Injunctive relief.**

**(2) Costs and reasonable attorney's fees.**

SECTION 104. IC 27-2-30 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:



**Chapter 30. Health Care Freedom of Conscience**

**Sec. 1.** This chapter applies to a policy or a contract issued, entered into, delivered, amended, or renewed by a health carrier after June 30, 2026.

**Sec. 2.** As used in this chapter, "conscience" means religious, moral, or ethical beliefs or principles.

**Sec. 3.** As used in this chapter, "health care service" means any health care related service, treatment, or procedure to maintain, diagnose, or treat an individual's physical or mental condition. The term includes a patient referral for a health care service.

**Sec. 4. (a)** As used in this chapter, "health carrier" means an entity:

(1) that is subject to this title and the administrative rules adopted under this title; and

(2) that enters into a contract to:

(A) provide health care services;

(B) deliver health care services;

(C) arrange for health care services; or

(D) pay for or reimburse any of the costs of health care services.

(b) The term includes the following:

(1) An insurer, as defined in IC 27-1-2-3(x), that issues a policy of accident and sickness insurance, as defined in IC 27-8-5-1(a).

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

(3) An administrator (as defined in IC 27-1-25-1(a)) that is licensed under IC 27-1-25.

(4) A state employee health plan offered under IC 5-10-8.

(5) A short term insurance plan (as defined in IC 27-8-5.9-3).

(6) Any other entity that provides a plan of health insurance, health benefits, or health care services.

(c) The term does not include:

(1) an insurer that issues a policy of accident and sickness insurance;

(2) a limited service health maintenance organization (as defined in IC 27-13-34-4); or

(3) an administrator;

that only provides coverage for, or processes claims for, dental or vision care services.

**Sec. 5. (a)** Except as required by federal law, but notwithstanding any other provision of this title, a health carrier



may not be required to provide, deliver, arrange for, pay for, reimburse any of the costs of, or refer an individual for a health care service that violates the health carrier's conscience, as determined by the health carrier's existing or proposed:

- (1) guidelines;
- (2) mission statement;
- (3) constitution;
- (4) bylaws;
- (5) articles of incorporation;
- (6) regulations; or
- (7) other documents.

(b) A health carrier that declines to provide, deliver, arrange for, pay for, reimburse any of the costs of, or refer an individual for a health care service described in subsection (a) may not be held civilly or criminally liable for declining to provide, deliver, arrange for, pay for, or reimburse any of the costs of a health care service.

Sec. 6. A health carrier or prospective health carrier may not be subject to any of the following for declining to provide, deliver, arrange for, pay for, reimburse any of the costs of, or refer an individual for a health care service that violates the conscience of the health carrier or prospective health carrier:

- (1) Discrimination.
- (2) Denial of, revocation of, or disqualification for:
  - (A) licensure;
  - (B) a grant; or
  - (C) any form of aid, assistance, benefit, or privilege.
- (3) Denial of authorization to establish, expand, improve, acquire, affiliate, or merge with the health carrier.
- (4) Criminal or civil liability.

Sec. 7. (a) A person injured by a violation of this chapter may bring an action against the person that violated this chapter.

(b) It is not a defense in an action under this chapter that a violation was necessary to prevent additional burden or expense on a health care provider, a health care entity, an individual, or a patient.

(c) A person whose rights have been violated by a violation of this chapter may assert the violation or impending violation as a claim or defense in a judicial, administrative, or other proceeding.

Sec. 8. A prevailing plaintiff in an action brought under section 7 of this chapter is entitled to the following:

- (1) Injunctive relief.



**(2) The greater of:**

**(A) an amount not to exceed three (3) times the actual damages sustained; or**

**(B) liquidated damages of five thousand dollars (\$5,000).**

**(3) Court costs and reasonable attorney's fees.**

**(4) Any other appropriate relief determined by the court.**

SECTION 105. IC 27-8-24-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) Except as provided in section 5 of this chapter, every policy or group contract that provides maternity benefits must provide minimum benefits to a mother and her newborn child that cover:

(1) a minimum length of postpartum stay at a hospital licensed under IC 16-21 that is consistent with the minimum postpartum hospital stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their Guidelines for Perinatal Care; **and**

(2) the examinations to the newborn child required under IC 16-41-17-2. **and**

~~(3) the testing of the newborn child required under IC 16-41-6-4.~~

~~(b) Payment to a hospital for a test required under IC 16-41-6-4 must be in an amount equal to the hospital's actual cost of performing the test.~~

SECTION 106. IC 31-27-9-2, AS AMENDED BY P.L.81-2025, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) A licensee shall obtain from the placing agency or placing parent a statement indicating whether or not the child has, to the best of the agency's or parent's knowledge, been exposed to a communicable disease within twenty-one (21) days before the date of admission.

(b) Each child must receive a health examination by a licensed professional within ninety-three (93) days before admission, or not later than twenty-one (21) days after admission. The examination must include the following:

(1) Health history.

(2) Physical examination.

(3) Vision and hearing screening.

(4) A test for tuberculosis if the last such test is known to be negative or if there is no record of a test. If the test is positive the child shall have a diagnostic chest x-ray and other indicated laboratory tests to determine whether or not the disease is in an infectious state.

(5) A written statement from the licensed professional that in the



professional's opinion there is no health condition that would be hazardous either to the child or to other children in the licensee's care.

(6) A statement of the medical findings, including physical defects and need for dental care, state of development, and ability of the child to take part in group activities, or a schedule of permitted activities if activities need to be limited.

(7) A health examination, including a tuberculosis screen annually and a tuberculosis test whenever there is reason to suspect that the child may have a condition hazardous or potentially hazardous to others or whenever the child's general condition indicates the need for an examination.

(c) Each child must receive a dental examination from a licensed dentist as follows:

(1) Within forty-five (45) days of admission unless the child caring institution has documentation of a dental examination within the one hundred eighty-five (185) days before admission.

(2) Annually.

(3) Whenever an interim condition indicates the need for examination or treatment.

(d) Any treatment or corrective measures required by the licensed professional or dentist must be arranged by the licensee, as approved by a parent, legal guardian, or placing agency.

~~(e) This subsection does not apply to an emergency shelter or an emergency shelter group home. A licensee, after attempting to determine the child's immunization history, shall ensure that each child has received all immunizations and booster shots which are required under IC 20-34-4-2(c)(1).~~

~~(f)~~ (e) All children must be immunized against routine childhood diseases unless exempted by a licensed professional's statement.

~~(g)~~ (f) A child may be exempted from immunizations against routine childhood diseases upon the good faith religious belief statement of the parent or guardian.

~~(h)~~ (g) The adequate immunizing doses and the child's age for administering each vaccine ~~under subsection (e)~~ must be those recommended by the Indiana department of health.

~~(i)~~ (h) Adequate documentation of an immunization history must consist of one (1) of the following:

(1) A licensed professional's certificate, including the number and dates of doses administered.

(2) Immunization records forwarded from a school corporation, including the number and dates of doses administered.



(3) A record maintained by the parent or guardian showing the month, day, and year during which each dose of vaccine was administered.

(j) (i) If a licensed professional certifies in writing that a particular immunization required under this section is detrimental, or may be detrimental, to the child's health, the requirements for that particular immunization are not applicable for that child until the immunization is found no longer to be detrimental to the child's health.

(k) (j) A licensee shall maintain a health record for each child. The record must include the following:

(1) Admission and periodic health and dental examination information.

(2) A licensed professional's written instructions with regard to special dietary or health care required.

(3) Record of all medications and treatments.

(4) Record of observations and incidents, including accidents, injuries, or any other condition which may be associated with a health condition or possible abuse or neglect.

SECTION 107. IC 34-30-2.1-98, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 98. IC 9-24-10-4(d) (Concerning a driver education ~~instructors licensed ophthalmologists, and licensed optometrists~~ **instructor** who ~~make reports~~ **makes a report** concerning the fitness of the applicant to operate a motor vehicle).

SECTION 108. IC 34-30-2.1-195.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 195.5. IC 16-18-5-5 and IC 16-18-5-6 (Concerning a health care provider or a health care entity that declines to provide a health care service that violates the conscience of the health care provider or health care entity).**

SECTION 109. IC 34-30-2.1-246 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 246. IC 16-41-8-5(f) (Concerning a health care provider who discloses information in compliance with IC 16-41-8-5).~~

SECTION 110. IC 34-30-2.1-420.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 420.5. IC 27-2-30-5 and IC 27-2-30-6 (Concerning a health carrier or prospective health carrier that declines to provide a health care service that violates the conscience of the health carrier or prospective health carrier).**

SECTION 111. IC 34-30-2.1-561 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 561. IC 35-38-1-10.5 (Concerning a person who makes a report or testifies in court regarding the results of a test for a~~



1 serious disease performed on an individual convicted of certain  
2 crimes):

3 SECTION 112. IC 35-31.5-2-138, AS ADDED BY P.L.114-2012,  
4 SECTION 67, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
5 JULY 1, 2026]: Sec. 138. "Forcible felony" means a felony that  
6 involves the use or threat of force against a human being, or in which  
7 there is imminent danger of bodily injury to a human being. **The term**  
8 **includes a felony under IC 35-42-2-1(c)(3).**

9 SECTION 113. IC 35-31.5-2-279.3 IS ADDED TO THE INDIANA  
10 CODE AS A NEW SECTION TO READ AS FOLLOWS  
11 [EFFECTIVE JULY 1, 2026]: Sec. 279.3. "Right to bodily integrity",  
12 for purposes of IC 35-42-2-1, means the:

13 (1) inalienable right of a human being to remain whole and  
14 intact as their creator intended; and

15 (2) right to be free from:

16 (A) a medical:

17 (i) procedure;

18 (ii) test; or

19 (iii) treatment;

20 (B) an immunization; or

21 (C) a prophylaxis not described in clause (A) or (B).

22 SECTION 114. IC 35-38-1-10.5 IS REPEALED [EFFECTIVE  
23 JULY 1, 2026]. Sec. 10.5: (a) The court:

24 (1) shall order that a person undergo a screening test for the  
25 human immunodeficiency virus (HIV) if the person is:

26 (A) convicted of an offense relating to a criminal sexual act  
27 and the offense created an epidemiologically demonstrated  
28 risk of transmission of the human immunodeficiency virus  
29 (HIV); or

30 (B) convicted of an offense relating to controlled substances  
31 and the offense involved:

32 (i) the delivery by any person to another person; or

33 (ii) the use by any person on another person;

34 of a contaminated sharp (as defined in IC 16-41-16-2) or other  
35 paraphernalia that creates an epidemiologically demonstrated  
36 risk of transmission of HIV by involving percutaneous contact;  
37 and

38 (2) may order that a person undergo a screening test for a serious  
39 disease (as defined in IC 16-41-8-5) in accordance with  
40 IC 16-41-8-5.

41 (b) If the screening test required by this section indicates the  
42 presence of antibodies to HIV, the court shall order the person to





1 undergo a confirmatory test:

2 (c) If the confirmatory test confirms the presence of the HIV  
3 antibodies; the court shall report the results to the Indiana department  
4 of health and require a probation officer to conduct a presentence  
5 investigation to:

6 (1) obtain the medical record of the convicted person from the  
7 Indiana department of health under IC 16-41-8-1(b)(3); and

8 (2) determine whether the convicted person had received risk  
9 counseling that included information on the behavior that  
10 facilitates the transmission of HIV:

11 (d) A person who, in good faith:

12 (1) makes a report required to be made under this section; or

13 (2) testifies in a judicial proceeding on matters arising from the  
14 report;

15 is immune from both civil and criminal liability due to the offering of  
16 that report or testimony:

17 (e) The privileged communication between a husband and wife or  
18 between a health care provider and the health care provider's patient is  
19 not a ground for excluding information required under this section:

20 (f) A mental health service provider (as defined in IC 34-6-2.1-123)  
21 who discloses information that must be disclosed to comply with this  
22 section is immune from civil and criminal liability under Indiana  
23 statutes that protect patient privacy and confidentiality:

24 SECTION 115. IC 35-38-1-10.6 IS REPEALED [EFFECTIVE  
25 JULY 1, 2026]. Sec. 10.6: (a) The Indiana department of health shall  
26 notify victims of an offense relating to a criminal sexual act or an  
27 offense relating to controlled substances if tests conducted under  
28 section 10.5 of this chapter or IC 16-41-8-5 confirm that the person  
29 tested had antibodies for the human immunodeficiency virus (HIV):

30 (b) The Indiana department of health shall provide counseling to  
31 persons notified under this section:

32 SECTION 116. IC 35-42-2-1, AS AMENDED BY P.L.148-2024,  
33 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
34 JULY 1, 2026]: Sec. 1. (a) As used in this section, "public safety  
35 official" means:

36 (1) a law enforcement officer, including an alcoholic beverage  
37 enforcement officer;

38 (2) an employee of a penal facility or a juvenile detention facility  
39 (as defined in IC 31-9-2-71);

40 (3) an employee of the department of correction;

41 (4) a probation officer;

42 (5) a parole officer;



- (6) a community corrections worker;
- (7) a home detention officer;
- (8) a department of child services employee;
- (9) a firefighter;
- (10) an emergency medical services provider;
- (11) a judicial officer;
- (12) a bailiff of any court; or
- (13) a special deputy (as described in IC 36-8-10-10.6).

(b) As used in this section, "relative" means an individual related by blood, half-blood, adoption, marriage, or remarriage, including:

- (1) a spouse;
- (2) a parent or stepparent;
- (3) a child or stepchild;
- (4) a grandchild or stepgrandchild;
- (5) a grandparent or stepgrandparent;
- (6) a brother, sister, stepbrother, or stepsister;
- (7) a niece or nephew;
- (8) an aunt or uncle;
- (9) a daughter-in-law or son-in-law;
- (10) a mother-in-law or father-in-law; or
- (11) a first cousin.

(c) Except as provided in subsections (d) through (k), a person who knowingly or intentionally:

- (1) touches another person in a rude, insolent, or angry manner;
- or**
- (2) in a rude, insolent, or angry manner places any bodily fluid or waste on another person; **or**
- (3) causes bodily injury to another person by violating IC 22-5-9-5 or IC 22-5-9-6;**

commits battery, a Class B misdemeanor.

(d) The offense described in subsection (c)(1) or (c)(2) is a Class A misdemeanor if it:

- (1) results in bodily injury to any other person; or
- (2) is committed against a member of a foster family home (as defined in IC 35-31.5-2-139.3) by a person who is not a resident of the foster family home if the person who committed the offense is a relative of a person who lived in the foster family home at the time of the offense.

(e) The offense described in subsection (c)(1) or (c)(2) is a Level 6 felony if one (1) or more of the following apply:

- (1) The offense results in moderate bodily injury to any other person.



(2) The offense is committed against a public safety official while the official is engaged in the official's official duty, unless the offense is committed by a person detained or committed under IC 12-26.

(3) The offense is committed against a person less than fourteen (14) years of age and is committed by a person at least eighteen (18) years of age.

(4) The offense is committed against a person of any age who has a mental or physical disability and is committed by a person having the care of the person with the mental or physical disability, whether the care is assumed voluntarily or because of a legal obligation.

(5) The offense is committed against an endangered adult (as defined in IC 12-10-3-2).

(6) The offense:

(A) is committed against a member of a foster family home (as defined in IC 35-31.5-2-139.3) by a person who is not a resident of the foster family home if the person who committed the offense is a relative of a person who lived in the foster family home at the time of the offense; and

(B) results in bodily injury to the member of the foster family.

(f) The offense described in subsection (c)(2) is a Level 6 felony if the person knew or recklessly failed to know that the bodily fluid or waste placed on another person was infected with hepatitis, tuberculosis, or human immunodeficiency virus.

(g) The offense described in subsection (c)(1), ~~or~~ (c)(2), **or (c)(3)** is a Level 5 felony if one (1) or more of the following apply:

(1) The offense results in serious bodily injury to another person.

(2) The offense is committed with a deadly weapon.

(3) The offense results in bodily injury to a pregnant woman if the person knew of the pregnancy.

(4) The person has a previous conviction for a battery or strangulation offense included in this chapter against the same victim.

(5) The offense results in bodily injury to one (1) or more of the following:

(A) A public safety official while the official is engaged in the official's official duties, unless the offense is committed by a person detained or committed under IC 12-26.

(B) A person less than fourteen (14) years of age if the offense is committed by a person at least eighteen (18) years of age.

(C) A person who has a mental or physical disability if the



offense is committed by an individual having care of the person with the disability, regardless of whether the care is assumed voluntarily or because of a legal obligation.

(D) An endangered adult (as defined in IC 12-10-3-2).

**(6) The offense constitutes a violation of the right to bodily integrity.**

(h) The offense described in subsection (c)(2) is a Level 5 felony if:

(1) the person knew or recklessly failed to know that the bodily fluid or waste placed on another person was infected with hepatitis, tuberculosis, or human immunodeficiency virus; and

(2) the person placed the bodily fluid or waste on a public safety official, unless the offense is committed by a person detained or committed under IC 12-26.

(i) The offense described in subsection (c)(1) or (c)(2) is a Level 4 felony if it results in serious bodily injury to an endangered adult (as defined in IC 12-10-3-2).

(j) The offense described in subsection (c)(1) or (c)(2) is a Level 3 felony if it results in serious bodily injury to a person less than fourteen (14) years of age if the offense is committed by a person at least eighteen (18) years of age.

(k) The offense described in subsection (c)(1) or (c)(2) is a Level 2 felony if it results in the death of one (1) or more of the following:

(1) A person less than fourteen (14) years of age if the offense is committed by a person at least eighteen (18) years of age.

(2) An endangered adult (as defined in IC 12-10-3-2).

SECTION 117. IC 35-52-16-40 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 40. IC 16-41-5-3 defines a crime concerning communicable diseases.~~

SECTION 118. IC 35-52-16-41 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 41. IC 16-41-6-3 defines a crime concerning communicable diseases.~~

SECTION 119. IC 35-52-16-45 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 45. IC 16-41-8-5 defines a crime concerning communicable diseases.~~

SECTION 120. IC 35-52-16-46 IS REPEALED [EFFECTIVE JULY 1, 2026]. ~~Sec. 46. IC 16-41-9-1.5 defines a crime concerning communicable diseases.~~

SECTION 121. [EFFECTIVE JULY 1, 2026] (a) **Before December 31, 2026, the Indiana department of health shall amend rules affected by IC 16-42-5.3-1, IC 16-42-5.3-3, IC 16-42-5.3-7, and IC 16-42-5.3-12, all as amended by this act, and IC 16-42-5.3-10.5, as added by this act, to comply with the amendments to those**



- 1       **sections.**
- 2       **(b) This SECTION expires January 1, 2027.**

