HOUSE BILL No. 1182

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-13; IC 16-18-2; IC 16-21-7-4; IC 16-30-4-1; IC 16-41; IC 16-51; IC 20-26-15-8; IC 20-30-5-12; IC 20-34-3-17; IC 31-11-4; IC 34-30-2; IC 34-46-2.

Synopsis: HIV and fatality reviews. Removes acquired immune deficiency syndrome (AIDS) from the statutory definition of "exposure risk disease". Replaces the term "AIDS" with the term "human immunodeficiency virus (HIV)" where appropriate. Replaces the term "carrier" with the term "individual with a communicable disease" where appropriate. Replaces the term "danger" with the term "risk" where appropriate. Replaces the term "spread" with the term "transmission" where appropriate. Replaces the term "HIV antibody" with "human immunodeficiency virus (HIV)" where appropriate. Requires the state department of health (department) to specify, in any literature provided to children and young adults concerning HIV, that abstinence is one way to prevent the transmission of HIV. (Current law states that abstinence is the best way to prevent the transmission of HIV). Specifies that the use of antiretroviral drugs and other medical interventions may lessen the likelihood of transmitting HIV to a child during childbirth. (Current law states that birth by cesarean section may lessen the likelihood of transmitting HIV to a child during childbirth). Requires a physician or the authorized representative of a physician to: (1) provide a patient with a meaningful opportunity to consider an HIV test; and (2) inform a patient of their right to ask questions and to refuse an HIV test; prior to ordering an HIV test for a patient. Requires a physician or an authorized representative of the physician to inform a patient of the counseling services and treatment options available to the patient if an HIV test indicates that the patient is HIV positive. Requires a patient to be notified of their right to a: (1) hearing; and (2) counsel; in certain situations involving a court ordered

Effective: July 1, 2020.

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January 13, 2020, read first time and referred to Committee on Public Health.
Digest Continued

HIV test. Allows the department to establish a statewide suicide and overdose fatality review (SOFR) committee. Requires the department to establish a state suicide and overdose fatality review coordinator if a statewide SOFR committee is created. Specifies certain duties for the state suicide and overdose fatality review coordinator. Provides that the purpose of a statewide SOFR committee is to: (1) study and review the issues underlying suicide and overdose fatalities; (2) identify similarities, trends, and factual patterns in suicide and overdose fatalities in Indiana; (3) develop strategies to reduce the stigma associated with suicide and overdose fatalities; (4) use acquired information to: (A) improve community resources and systems of care so that suicide and overdose fatalities may be prevented or reduced across the state of Indiana; and (B) create strategies and make recommendations concerning the prevention of: (i) suicide; and (ii) overdose fatalities; (4) provide consultation, guidance, and training to county SOFR committees; and (5) advise and educate the legislature, the governor, and the public on the status of suicide and overdose fatalities in Indiana. Specifies membership and duty requirements for the statewide SOFR team. Specifies certain recordkeeping and reporting requirements for the statewide SOFR team. Provides that a county may establish a county suicide and overdose fatality review committee (county SOFR committee). Requires a county SOFR committee to review certain suicide and overdose fatalities. Allows a county SOFR committee to make recommendations concerning the prevention of suicide and overdose fatalities. Specifies membership, recordkeeping, and data entry requirements for county SOFR committees. Defines certain terms. Makes conforming amendments.
HOUSE BILL No. 1182

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

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

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

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

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

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

is presumed to have a disability or death incurred in the line of duty.

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

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

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

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

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

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

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

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

(1) have meningococcal meningitis; or

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

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

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

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

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

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

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

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

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

SECTION 5. IC 16-18-2-188.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 188.3. "Individual with a communicable disease", for purposes of IC 16-41, means a person who has:

(1) tuberculosis in a communicable state; or

(2) another serious communicable disease.

SECTION 6. IC 16-18-2-194.5, AS ADDED BY P.L.138-2006, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 194.5. "Isolation", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction, of an individual or a group of individuals from the general public if the individual or group is infected with a dangerous serious communicable disease (as described in IC 16-18-2-91 IC 16-18-2-327.5 and 410 IAC 1-2.3-47), in order to prevent or limit the transmission of the disease to an uninfected individual.

SECTION 7. IC 16-18-2-302.6, AS ADDED BY P.L.138-2006, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 302.6. "Quarantine", for purposes of IC 16-41-9, means the physical separation, including confinement or restriction of movement, of an individual or a group of individuals who have been exposed to a dangerous serious communicable disease (as described in IC 16-18-2-91 IC 16-18-2-327.5 and 410 IAC 1-2.3-47), during the disease's period of communicability, in order to prevent or limit the transmission of the disease to an uninfected individual.

SECTION 8. IC 16-18-2-327.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 327.5. "Serious communicable disease", for purposes of IC 16-41, means a communicable disease that is classified by the state department as posing a serious health risk under IC 16-41-2-1.

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

SECTION 10. IC 16-21-7-4, AS AMENDED BY P.L.138-2006, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. With the approval of the budget director and
upon the recommendation of the budget committee, each county that has incurred costs for an individual with a communicable disease under:

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

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

SECTION 11. IC 16-30-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. The state department shall consider the following factors in determining the allocation to a political subdivision of resources or funds that are appropriated from the general fund to the state department for the prevention of the spread transmission of acquired immune deficiency syndrome (AIDS): the human immunodeficiency virus (HIV):

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

SECTION 12. IC 16-41-2-1, AS AMENDED BY P.L.218-2019, SECT. 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, that establish reporting, monitoring, and preventive procedures for communicable diseases.

(b) The state department shall publish a list of:
(1) reportable communicable diseases;
(2) other diseases or conditions that are a danger to pose a serious health risk based upon the characteristics of the disease or condition; and
(3) the control measures for the diseases and conditions;
on the state department's Internet web site. The state department is not required to adopt rules under subsection (a) for the list described in this subsection.
(c) In updating the list described in subsection (b), the state department:
(1) shall consider recommendations from:
   (A) the United States Centers for Disease Control and Prevention; and
   (B) the Council of State and Territorial Epidemiologists; and
(2) may consult with local health departments.

SECTION 13. IC 16-41-3-1, AS AMENDED BY P.L.1-2006, SECTION 304, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2 concerning the compilation for statistical purposes of information collected under IC 16-41-2.

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

(c) The state department shall notify the:
   (1) department of homeland security;
   (2) Indiana State Police; and
   (3) county health department and local law enforcement agency having jurisdiction of each unnatural outbreak or reported case described in subsection (b);
as soon as possible after the state department receives a report under subsection (b). Notification under this subsection must be made not more than twenty-four (24) hours after receiving a report.

SECTION 14. IC 16-41-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) The state department shall tabulate all case reports of tuberculosis and other dangerous communicable diseases reported under this article or under rules adopted under this article. The state department shall determine the prevalence and distribution of disease in Indiana and devise methods for restricting and controlling disease.

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

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

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

SECTION 15. IC 16-41-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. The state department must provide information stressing the moral aspects of abstinence from sexual activity in any literature that the state department distributes to school children and young adults concerning available methods for the prevention of acquired immune deficiency syndrome (AIDS): the human immunodeficiency virus (HIV). Such literature must state that the best one (1) way to avoid AIDS prevent HIV transmission is for young people to refrain from sexual activity until the young people are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.

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

SECTION 17. IC 16-41-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The health officer may make an investigation of each carrier of a dangerous individual with a communicable disease to determine whether the environmental conditions surrounding the carrier individual with a communicable disease or the conduct of the carrier individual with a communicable disease requires intervention by the health officer or designated health official to prevent the spread transmission of disease to others.

SECTION 18. IC 16-41-6-1, AS AMENDED BY P.L.129-2018, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) A physician or the physician's authorized representative shall provide any communication or notification required under this section to each patient in a manner that is understandable to the patient.

(a) (b) As used in this section, "physician's authorized representative" means:

(1) an advanced practice registered nurse (as defined by IC 25-23-1-1(b)) who is operating in collaboration with a licensed
physician; or

(2) an individual acting under the supervision of a licensed
physician and within the individual's scope of employment.

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

(1) Informs the patient of the test.

(2) Provides the patient with:

(A) an explanation of the test that includes information
concerning the medical implications of the test and
statutory requirements concerning disclosure; and

(B) a meaningful opportunity to consider the test.

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

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

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

(1) discuss with the patient the availability of counseling
concerning the test results; and

(2) notify the patient of the test results and the availability of
HIV and other blood borne disease prevention counseling.

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

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

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

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

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

(3) If the test is done on blood collected or tested anonymously as
part of an epidemiologic survey under IC 16-41-2-3 or
IC 16-41-17-10(a)(5).
(4) The test is ordered under section 4 of this chapter.
(5) The test is required or authorized under IC 11-10-3-2.5.
(6) The individual upon whom the test will be performed is
described in IC 16-41-8-6 or IC 16-41-10-2.5.
(7) A court has ordered the individual to undergo testing for HIV
under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(17).
(8) Both of the following are met:
(A) The individual is not capable of providing consent and an
authorized representative of the individual is not immediately
available to provide consent or refusal of the test.
(B) A health care provider acting within the scope of the
health care provider's employment comes into contact with the
blood or body fluids of the individual in a manner that has
been epidemiologically demonstrated to transmit HIV.
(e) (f) The state department shall make HIV testing and treatment
information from the federal Centers for Disease Control and
Prevention available to health care providers.
(f) (g) The state department may adopt rules under IC 4-22-2
necessary to implement this section.

SECTION 19. IC 16-41-6-2 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) As used in this
section, "informed consent" means authorization for **a physical**
examination, made without undue inducement or any form of force,
constraint, deceit, duress, or coercion after the following:
(1) A fair explanation of the examination, including the purpose,
potential uses, limitations, and the fair meaning of the
examination results.
(2) A fair explanation of the procedures to be followed, including
the following:
(A) The voluntary nature of the examination.
(B) The right to withdraw consent to the examination process
at any time.
(C) The right to anonymity to the extent provided by law with
respect to participation in the examination and disclosure of examination results.

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

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

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

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

SECTION 20. IC 16-41-6-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 11. (a) The state department shall adopt rules under IC 4-22-2 that include procedures:

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

(A) include a requirement that the state department make a determination in the process described in this subdivision not later than seventy-two (72) hours after the state department receives all the requested medical information; and
(B) set forth the necessary medical information that must be provided to the state department and reviewed by the state department in the process described in this subdivision.

(b) The state department shall maintain rules under IC 4-22-2 that set forth standards to provide to women who are pregnant, before delivery, at delivery, and after delivery, information concerning HIV. The rules must include:
(1) an explanation of the nature of AIDS and HIV;
(2) information concerning discrimination and legal protections;
(3) information concerning the duty to notify persons at risk as described in IC 16-41-7-1;
(4) information about risk behaviors for HIV transmission;
(5) information about the risk of transmission through breast feeding;
(6) notification that if the woman chooses not to be tested for HIV before delivery, at delivery the child will be tested subject to section 4 of this chapter;
(7) procedures for obtaining informed, written consent for testing under this chapter;
(8) procedures for post-test counseling by a health care provider when the test results are communicated to the woman, whether the results are positive or negative;
(9) procedures for referral for physical and emotional services if the test results are positive;
(10) procedures for explaining the importance of immediate entry into medical care if the test results are positive; and
(11) procedures for explaining that giving birth by cesarean section may the use of antiretroviral drugs and other medical interventions lessen the likelihood of transmitting HIV to the child during childbirth, especially when done in combination with medications, if the test results are positive.

SECTION 21. IC 16-41-7-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) This section applies to the following dangerous serious communicable diseases:
(1) Acquired immune deficiency syndrome (AIDS);
(2) Human immunodeficiency virus (HIV).
(3) Hepatitis B.

(b) As used in this section, "high risk activity" means sexual or needle sharing contact that has been demonstrated epidemiologically demonstrated, as determined by the federal Centers for Disease Control and Prevention, to bear a significant risk of transmitting a dangerous serious communicable disease described in subsection (a).

(c) As used in this section, "person at risk" means:
(1) past and present sexual or needle sharing partners who may have engaged in high risk activity; or
(2) sexual or needle sharing partners before engaging in high risk activity;
with the carrier an individual with a communicable disease who has
of a dangerous serious communicable disease described in subsection (a).

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

(1) The carrier's individual with a communicable disease's disease status.

(2) The need to seek health care such as counseling and testing.

SECTION 22. IC 16-41-7-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) A carrier An individual with a communicable disease is a "serious and present danger risk to the health of others" under the following conditions:

(1) The carrier individual with a communicable disease engages repeatedly in a behavior that has been demonstrated epidemiologically (as defined by rules adopted by the state department under IC 4-22-2) to transmit a dangerous serious communicable disease or that indicates a careless disregard for the transmission of the disease to others.

(2) The carrier individual with a communicable disease's past behavior or statements indicate an imminent danger risk that the carrier individual with a communicable disease will engage in behavior that transmits a dangerous serious communicable disease to others.

(3) The carrier individual with a communicable disease has failed or refused to carry out the carrier's individual with a communicable disease's duty to warn inform under section 1 of this chapter.

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

(1) is a serious and present danger risk to the health of others as described in subsection (a);

(2) has engaged in noncompliant behavior; or

(3) is suspected of being a person at risk (as described in section 1 of this chapter);

may report that information to a health officer.

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

(d) A person who knowingly or recklessly makes a false report under subsection (b) is civilly liable for actual damages suffered by a person reported on and for punitive damages.
SECTION 23. IC 16-41-7-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) A licensed physician who diagnoses, treats, or counsels a patient with a dangerous serious communicable disease shall inform the patient of the patient's duty under section 1 of this chapter.

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

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

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

(B) has engaged in noncompliant behavior; or

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

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

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

(B) knows the identity of the person at risk;

(C) has a reasonable belief of a significant risk of harm to the identified person at risk;

(D) has reason to believe the identified person at risk has not been informed and will not be informed of the risk by the patient or another person; and

(E) has made reasonable efforts to inform the carrier individual with a communicable disease of the physician's intent to make or cause the state department of health to make a disclosure to the person at risk.

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

(1) Identify the dangerous serious communicable disease.

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

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

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

(1) notification under subsection (b); and

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

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

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

SECTION 24. IC 16-41-7-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) As used in this section, "person at risk" means an individual who in the best judgment of a licensed physician:

(1) has engaged in high risk activity (as defined in section 1 of this chapter); or

(2) is in imminent danger of engaging in high risk activity (as defined in section 1 of this chapter).

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

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

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

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

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

(1) has already been notified;

(2) will be notified; or

(3) will otherwise be made aware that the person is a person at risk.

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

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

SECTION 25. IC 16-41-8-1, AS AMENDED BY P.L.218-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) As used in this chapter, "potentially disease transmitting offense" means any of the following:

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

(2) An offense relating to a criminal sexual act (as defined in IC 35-31.5-2-216), if sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) occurred.

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

(b) Except as provided in this chapter, a person may not disclose or be compelled to disclose medical or epidemiological information involving a communicable disease or other serious disease that is a danger to health (as set forth in the list published under IC 16-41-2-1).

This information may not be released or made public upon subpoena or otherwise, except under the following circumstances:

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

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

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

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

(c) Except as provided in this chapter, a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiologic information classified as confidential under this section commits a Class A misdemeanor.
(d) In addition to subsection (c), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(e) Release shall be made of the medical records concerning an individual to:
   (1) the individual;
   (2) a person authorized in writing by the individual to receive the medical records; or
   (3) a coroner under IC 36-2-14-21.

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

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

SECTION 26. IC 16-41-8-5, AS AMENDED BY P.L.65-2016, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) This section does not apply to medical testing of an individual for whom an indictment or information is filed for a sex crime and for whom a request to have the individual tested under section 6 of this chapter is filed.

(b) The following definitions apply throughout this section:
   (1) "Bodily fluid" means blood, human waste, or any other bodily fluid.
   (2) "Dangerous disease" "Serious disease" means any of the following:
      (A) Chancroid.
      (B) Chlamydia.
      (C) Gonorrhea.
      (D) Hepatitis.
      (E) Human immunodeficiency virus (HIV).
      (F) Lymphogranuloma venereum.
      (G) Syphilis.
      (H) Tuberculosis.
   (3) "Offense involving the transmission of a bodily fluid" means any offense (including a delinquent act that would be a crime if committed by an adult) in which a bodily fluid is transmitted from the defendant to the victim in connection with the commission of the offense.

(c) This subsection applies only to a defendant who has been charged with a potentially disease transmitting offense. At the request of an alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the parent, guardian, or custodian of an alleged victim who is an
endangered adult (as defined in IC 12-10-3-2), the prosecuting attorney shall petition a court to order a defendant charged with the commission of a potentially disease transmitting offense to submit to a screening test to determine whether the defendant is infected with a dangerous serious disease. In the petition, the prosecuting attorney must set forth information demonstrating that the defendant has committed a potentially disease transmitting offense. The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this subsection. The alleged victim, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed a potentially disease transmitting offense, the court may order the defendant to submit to a screening test for one (1) or more dangerous serious diseases. If the defendant is charged with battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing a bodily fluid or waste on another person, the court may limit testing under this subsection to a test only for human immunodeficiency virus (HIV). However, the court may order additional testing for human immunodeficiency virus (HIV) as may be medically appropriate. The court shall take actions to ensure the confidentiality of evidence introduced at the hearing.

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

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

The court shall set the matter for hearing not later than forty-eight (48) hours after the prosecuting attorney files a petition under this
subsection. The alleged victim of the offense, the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, and the parent, guardian, or custodian of an alleged victim who is an endangered adult (as defined in IC 12-10-3-2) are entitled to receive notice of the hearing and are entitled to attend the hearing. The defendant and the defendant's counsel are entitled to receive notice of the hearing and are entitled to attend the hearing. If, following the hearing, the court finds probable cause to believe that the defendant has committed an offense and that a bodily fluid was transmitted from the defendant to the alleged victim in connection with the commission of the offense, the court may order the defendant to submit to a screening test for one (1) or more dangerous serious diseases. If the defendant is charged with battery (IC 35-42-2-1) or domestic battery (IC 35-42-2-1.3) involving placing bodily fluid or waste on another person, the court may limit testing under this subsection to a test only for human immunodeficiency virus (HIV). However, the court may order additional testing for human immunodeficiency virus (HIV) as may be medically appropriate. The court shall take actions to ensure the confidentiality of evidence introduced at the hearing.

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

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

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

(1) The defendant and the defendant's counsel.
(2) The prosecuting attorney.
(3) The department of correction or the penal facility, juvenile detention facility, or secure private facility where the defendant is housed.
(4) The alleged victim or the parent, guardian, or custodian of an alleged victim who is less than eighteen (18) years of age, or the
parent, guardian, or custodian of an alleged victim who is an 
endangered adult (as defined in IC 12-10-3-2), and the alleged 
victim's counsel.
The results of a screening test conducted under this section may not be 
 admitted against a defendant in a criminal proceeding or against a child 
in a juvenile delinquency proceeding.

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

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

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

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

(k) A person that knowingly or intentionally:

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

commits a Class B misdemeanor.

SECTION 27. IC 16-41-9-1.5, AS AMENDED BY P.L.109-2015, 
SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 
JULY 1, 2020]: Sec. 1.5. (a) If a public health authority has reason to 
believe that:

(1) an individual:
   (A) has been infected with; or
   (B) has been exposed to;
   a serious communicable disease or outbreak; and
(2) the individual is likely to cause the infection of an uninfected 
individual if the individual is not restricted in the individual's 
ability to come into contact with an uninfected individual;
the public health authority may petition a circuit or superior court for 
an order imposing isolation or quarantine on the individual. A petition 
for isolation or quarantine filed under this subsection must be verified 
and include a brief description of the facts supporting the public health
authority's belief that isolation or quarantine should be imposed on an individual, including a description of any efforts the public health authority made to obtain the individual's voluntary compliance with isolation or quarantine before filing the petition.

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

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

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

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

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

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

1. isolation or quarantine should be imposed on an individual; and
2. the individual described in subsection (a) may expose an uninfected individual to a dangerous serious communicable disease or outbreak before the individual described in subsection (a) can be provided with notice and an opportunity to be heard.
The verified petition must include a description of any efforts the public health authority made to obtain the individual's voluntary compliance with isolation or quarantine before filing the petition.

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

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

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

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

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

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

(1) in a nonadversarial, recorded hearing before the judge;

(2) orally by telephone or radio;

(3) in writing by facsimile transmission (fax); or

(4) through other electronic means approved by the court.

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

(h) If an emergency order of isolation or quarantine is issued under subsection (g)(2), the court shall record the conversation on audiotape and order the court reporter to type or transcribe the recording for entry in the record. The court shall certify the audiotape, the transcription, and the order retained by the judge for entry in the record.
(i) If an emergency order of isolation or quarantine is issued under subsection (g)(3), the court shall order the court reporter to retype or copy the facsimile transmission for entry in the record. The court shall certify the transcription or copy and order retained by the judge for entry in the record.

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

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

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

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

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

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

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

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

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

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

(B) cross-examine witnesses; and

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

(4) If:

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

(B) it is impracticable to provide individual notice;

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

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

(1) an individual has been infected or exposed to a dangerous 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.

- 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.

- 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.

- If an individual who is quarantined under this section is the sole parent or guardian of one 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.

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

- 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.

- 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 28. IC 16-41-9-1.7, AS ADDED BY P.L.138-2006, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1.7. (a) An immunization program established by a public health authority to combat a public health emergency involving a dangerous serious communicable disease must comply with the following:

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

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

SECTION 29. IC 16-41-9-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) The local health officer may exclude from school a student who has a dangerous serious communicable disease that:

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

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

(1) is transmissible through normal school contacts; and
(2) poses a substantial threat to the health and safety of the school community;
the local health officer shall issue a certificate of health to admit or
readmit the student to school.

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

SECTION 30. IC 16-41-9-5 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) If a designated
health official determines that a carrier individual with a
communicable disease has a dangerous serious communicable disease
and has reasonable grounds to believe that the carrier individual with
a communicable disease is mentally ill and either dangerous or
gravely disabled, the designated health official may request:

(1) immediate detention under IC 12-26-4; or
(2) emergency detention under IC 12-26-5;
for the purpose of having the carrier individual with a communicable
disease apprehended, detained, and examined. The designated health
official may provide to the superintendent of the psychiatric hospital or
center or the attending physician information about the carrier's
communicable disease status of the individual with a communicable
disease. Communications under this subsection do not constitute a
breach of confidentiality.

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

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

SECTION 31. IC 16-41-9-6 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. (a) The chief medical
officer of a hospital or other institutional facility may direct that a
carrier an individual with a communicable disease detained under
this article be placed apart from the others and restrained from leaving
the facility. A carrier An individual with a communicable disease
detained under this article shall observe all the rules of the facility or
is subject to further action before the committing court.

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

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

SECTION 32. IC 16-41-9-7 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) A carrier An
individual with a communicable disease who:
(1) poses a serious and present danger risk to the health of others;
(2) has been voluntarily admitted to a hospital or other facility for
the treatment of tuberculosis or another serious communicable disease; and
(3) who leaves the facility without authorized leave or against
medical advice or who fails to return from authorized leave;
shall be reported to a health officer by the facility not more than
twenty-four (24) hours after discovery of the carrier's individual with
a communicable disease's absence.

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

SECTION 33. IC 16-41-9-8, AS AMENDED BY P.L.1-2007,
SECTION 139, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) A local health officer may file
a report with the court that states that a carrier an individual with a
communicable disease who has been detained under this article may
be discharged without danger to the health or life of others.

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

SECTION 34. IC 16-41-9-9 IS AMENDED TO READ AS
FOLLOW [EFFECTIVE JULY 1, 2020]: Sec. 9. (a) Not more than
thirty (30) days after the proposed release from a state penal institution
of a prisoner who is known to have:
(1) tuberculosis in a communicable stage; or
(2) other dangerous another serious communicable disease;
the chief administrative officer of the penal institution shall report to
the state department the name, address, age, sex, and date of release of
the prisoner.

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

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

SECTION 35. IC 16-41-9-10 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. (a) The
administrator of a hospital or other facility for the treatment of
tuberculosis or other dangerous serious communicable disease may
transfer or authorize the transfer of a nonresident indigent carrier individual with a communicable disease to the carrier's state or
county of legal residence of the individual with a communicable
disease if the carrier individual with a communicable disease is able
to travel. If the carrier individual with a communicable disease is
unable to travel, the administrator may have the carrier individual with
a communicable disease hospitalized until the carrier individual with
a communicable disease is able to travel.

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

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

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

SECTION 36. IC 16-41-9-12 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 12. (a) The
superintendent or the chief executive officer of the facility to which a
carrier an individual with a communicable disease has been ordered
under this chapter may decline to admit a patient if the superintendent
or chief executive officer determines that there is not available
adequate space, treatment staff, or treatment facilities appropriate to
the needs of the patient.

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

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

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

SECTION 37. IC 16-41-9-13, AS AMENDED BY P.L.138-2006,
SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2020]: Sec. 13. (a) The court shall determine what part of the
cost of care or treatment ordered by the court, if any, the carrier
individual with a communicable disease can pay and whether there
are other available sources of public or private funding responsible for
payment of the carrier's individual's care or treatment. The carrier
individual with a communicable disease shall provide the court
documents and other information necessary to determine financial
ability. If the carrier individual with a communicable disease cannot
pay the full cost of care and other sources of public or private funding
responsible for payment of the carrier's individual's care or treatment
are not available, the county is responsible for the cost. If the carrier:
individual with a communicable disease:
  (1) provides inaccurate or misleading information; or
  (2) later becomes able to pay the full cost of care;
the carrier individual with a communicable disease becomes liable
to the county for costs paid by the county.

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

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

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

SECTION 38. IC 16-41-9-15, AS ADDED BY P.L.16-2009,
SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2020]: Sec. 15. In carrying out its duties under this chapter, a
public health authority shall attempt to seek the cooperation of cases,
carriers, individuals with a communicable disease, contacts, or suspect cases to implement the least restrictive but medically necessary procedures to protect the public health.

SECTION 39. IC 16-41-10-2, AS AMENDED BY P.L.131-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) This section applies to the following:

(1) An emergency medical services provider who is exposed to blood and body fluids while providing emergency medical services to a patient.

(2) A law enforcement officer who is exposed to blood and body fluids while performing the law enforcement officer's official duties.

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

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

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

(1) If applicable, the medical director of the emergency department of the medical facility:

(A) to which the patient was admitted following the exposure; or

(B) in which the patient was located at the time of the exposure.

(2) The emergency medical services provider's or law enforcement officer's employer.

(3) The state department.

SECTION 40. IC 16-41-10-2.5, AS AMENDED BY P.L.224-2019, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2.5. (a) A patient (including a patient who is unable to consent due to physical or mental incapacity) to whose blood
or body fluids an emergency medical services provider or a law enforcement officer is exposed as described in section 2 of this chapter is considered to have consented to:

(1) testing for the presence of a dangerous serious communicable disease of a type that has been epidemiologically demonstrated to be transmittable by an exposure of the kind experienced by the emergency medical services provider or law enforcement officer; and

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

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

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

(1) of the patient's residence; or

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

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

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

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

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

(A) cause a blood or body fluid specimen to be obtained from the patient and testing to be performed for a dangerous communicable disease of a type that has been epidemiologically demonstrated to be transmittable by an exposure of the kind experienced by the emergency medical services provider or law enforcement officer; and

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

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

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

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

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

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

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

SECTION 42. IC 16-41-10-3.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3.5. (a) A medical facility may not physically restrain a patient described in section 2.5 of this chapter in order to test the patient for the presence of a dangerous
serious communicable disease.

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

(1) a test is performed under section 2.5 or 3 of this chapter; or
(2) the results of a test are released under section 3 of this chapter.

(c) A provider or a facility that tests a patient for the presence of a dangerous serious communicable disease under section 2.5 or section 3 of this chapter is immune from liability for the performance of the test over the patient's objection or without the patient's consent. However, this subsection does not apply to an act or omission that constitutes gross negligence or willful or wanton misconduct.

SECTION 43. IC 16-41-10-4, AS AMENDED BY P.L.131-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4. (a) A medical director or physician notified under section 3 of this chapter shall, not more than forty-eight (48) hours after receiving the notification under section 3 of this chapter, contact the emergency medical services provider or law enforcement officer described in section 2 of this chapter to do the following:

(1) Explain, without disclosing information about the patient, the dangerous serious communicable disease to which the emergency medical services provider or law enforcement officer was exposed.

(2) Provide for any medically necessary treatment and counseling to the emergency medical services provider or law enforcement officer.

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

SECTION 44. IC 16-41-11-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. As used in this chapter, "universal precautions" means procedures specified by rule adopted by the state department under IC 4-22-2 that are used to prevent the transmission of dangerous serious communicable diseases including acquired immune deficiency syndrome (AIDS), through blood or other body fluids.

SECTION 45. IC 16-41-13-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 1. (a) The attending physician or health care provider shall prepare and attach to the body of a deceased individual a conspicuous notice with the statement: "Observe Body Fluid Precautions" whenever the physician or provider knows that at least one (1) of the following disease processes was present in the deceased at the time of death:
(1) Hepatitis (Types B non A, non B: and C).
(2) Human immunodeficiency virus (HIV) infection. (acquired immune deficiency syndrome and AIDS related complex).
(3) Tuberculosis.
(4) Herpes.
(5) Gonorrhea.
(6) Syphilis (primary and secondary).
(7) Burkett's lymphoma.
(8) Kaposi's sarcoma.
(9) Arthropod-borne viral diseases.
(10) Babesiosis.
(11) Creutzfeldt-Jakob disease.
(12) Leptospirosis.
(13) Malaria.
(14) Rat-bite fever.
(15) Relapsing fever.
(16) Y. Pestis.
(17) Hemorrhagic fevers.
(18) Rabies.
(19) Any other communicable disease (as defined in IC 16-41-2).
(b) The notice required in this chapter must accompany the body when the body is picked up for disposition.

SECTION 46. IC 16-41-14-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

Sec. 8. A practitioner shall dispose of a donation of semen after a confirmatory test indicates the presence of the human immunodeficiency virus (HIV). The disposal must be made according to the rules concerning the disposal of infectious waste.

SECTION 47. IC 16-41-16-4, AS AMENDED BY P.L.218-2019, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

Sec. 4. (a) Except as provided in subsections (c) and (d), as used in this chapter, "infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease (as set forth in the list published under IC 16-41-2-1).
(b) The term includes the following:
(1) Pathological wastes.
(2) Biological cultures and associated biologicals.
(3) Contaminated sharps.
(4) Infectious agent stock and associated biologicals.
(5) Blood and blood products in liquid or semiliquid form.
(6) Laboratory animal carcasses, body parts, and bedding.
(7) Wastes (as described under section 8 of this chapter).

(c) "Infectious waste", as the term applies to a:

(1) home health agency; or

(2) hospice service delivered in the home of a hospice patient;

includes only contaminated sharps.

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

SECTION 48. IC 16-51 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

ARTICLE 51. SUICIDE AND OVERDOSE FATALITY REVIEW COMMITTEES

Chapter 1. Definitions

Sec. 1. The following definitions apply throughout this article:

(1) "County SOFR committee" means a county suicide and overdose fatality review committee established under IC 16-51-3.

(2) "SOFR" means suicide and overdose fatality review.

(3) "State suicide and overdose fatality review coordinator" means the state suicide and overdose fatality review coordinator employed under IC 16-51-2-1(a).

(4) "Statewide SOFR committee" means the statewide suicide and overdose fatality review committee established under IC 16-51-2-1.

Chapter 2. Statewide Suicide and Overdose Fatality Review Committee

Sec. 1. (a) The department may establish a statewide suicide and overdose fatality review committee. If the department establishes a statewide suicide and overdose fatality review committee, the department shall employ a state suicide and overdose fatality review coordinator.

(b) The purpose of the statewide SOFR committee is to:

(1) study and review the issues underlying suicide and overdose fatalities;

(2) identify similarities, trends, and factual patterns in suicide and overdose fatalities in Indiana;

(3) use the information acquired under subdivisions (1) and (2) to:

(A) improve community resources and systems of care so that suicide and overdose fatalities may be prevented or reduced across Indiana;

(B) create strategies and make recommendations concerning the prevention of:
(i) suicide; and
(ii) overdose fatalities;
(4) develop strategies to reduce the stigma associated with suicide and overdose fatalities;
(5) provide consultation, guidance, and training to county SOFR committees; and
(6) educate and advise the general assembly, the governor, and the public on the status of suicide and overdose fatalities in Indiana.

c The purpose of the state suicide and overdose fatality review coordinator is to:
(1) Assist county SOFR committees with the performance of the committees' duties.
(2) Provide or specify, as applicable, the data recording software to be used by county SOFR committees during the performance of the committees' duties.
(3) Create and make available a standardized confidentiality form to be used by members and invitees of:
   (A) the statewide SOFR committee; and
   (B) all county SOFR committees.
(4) Maintain all confidentiality forms signed by all past and present members or invitees of the statewide SOFR committee.
(5) Perform any other duty or task delegated to the state suicide and overdose fatality review coordinator by the state health commissioner.

d If the state department does not establish a statewide SOFR committee, the state department shall create and make available a standardized confidentiality form to be used by members of all county SOFR committees.
 Sec. 2. (a) The statewide SOFR committee may review suicides and overdose fatalities across the state.
(b) An SOFR performed by the statewide SOFR committee shall comply with case selection criteria established by the state department.
(c) The case selection criteria described in subsection (b) shall:
   (1) avoid duplicating the efforts of any other fatality review committee; and
   (2) determine what the appropriate fatality review committee will be in the event of concurrent jurisdiction between two (2) or more fatality review committees.
(d) The state department may adopt rules under IC 4-22-2,
including emergency rules under IC 4-22-2-37.1, to implement this section.

Sec. 3. (a) The statewide SOFR committee shall consist of a multidisciplinary and culturally diverse membership consisting of the following individuals appointed by the state health commissioner:

(1) A coroner or deputy coroner.

(2) A representative from the state department who:
   (A) is a licensed physician; and
   (B) specializes in injury prevention.

(3) A representative from:
   (A) local health department established under IC 16-20-2;
   or
   (B) multiple county health department established under IC 16-20-3.

(4) A primary care physician.

(5) A:
   (A) law enforcement officer; or
   (B) representative from a law enforcement agency; with experience investigating suicide and overdose fatalities.

(6) A representative from an emergency medical services provider.

(7) A representative from a prosecuting attorney's office.

(8) A pathologist who is:
   (A) certified by the American Board of Pathology in forensic pathology; and
   (B) licensed to practice medicine in Indiana.

(9) A mental health provider.

(10) A representative from a local jail or detention center.

(11) A representative from a parole, probation, or community corrections program affiliated with the department of correction.

(12) An epidemiologist.

(13) A local system of care coordinator.

(b) The state health commissioner may, in addition to the members described in subsection (a), appoint one (1) or more members to the committee from the following categories:

(1) A representative from the Indiana Hospital Association.

(2) A representative from the department of natural resources.

(3) Any other person appointed by the state health commissioner.
(c) The chairperson of the statewide SOFR committee shall be:
(1) selected by the state health commissioner; and
(2) chosen from the list of individuals specified in subsection
(a) or (b).
(d) The statewide SOFR committee shall meet at the call of the
chairperson.

Sec. 4. All members of the statewide SOFR committee, and any
person invited to attend a statewide SOFR committee meeting,
must sign a confidentiality agreement prepared by the state suicide
and overdose fatality review coordinator before participating in a
statewide SOFR committee meeting.

Sec. 5. The statewide SOFR committee shall do the following:
(1) Compile and analyze data recorded by county SOFR
committees when reviewing suicides and overdose fatalities.
(2) Review mortality records and examine all other records
relevant to suicide and overdose fatalities in Indiana.
(3) Devise strategies designed to reduce the stigma associated
with suicide and overdose fatalities.
(4) Assist the efforts of county SOFR committees by:
   (A) overseeing the creation of forms and protocols
designed to standardize the review of suicide and overdose
fatalities in Indiana;
   (B) providing expertise and answering questions related to
a fatality being reviewed by a county SOFR committee;
   (C) establishing and sponsoring training programs for
members of county SOFR committees; and
   (D) providing, upon the request of a county SOFR
committee, expertise in creating localized prevention
strategies for suicide and overdose fatalities.
(5) Conduct or assist with, as applicable, a review of a child's
death upon request by a county SOFR committee or the
department of child services ombudsman.
(6) Create statewide strategies and make statewide
recommendations concerning the prevention of:
   (A) suicide and overdose fatalities; and
   (B) serious injuries related to suicide attempts and
overdoses.

Sec. 6. (a) Upon request by a county SOFR committee, the
statewide SOFR committee shall conduct or assist with, as
applicable, a review of any suicide or overdose fatality that
occurred in Indiana if one (1) or more of the following conditions
are met:
(1) The person's cause of death is listed as one (1) or more of the following:
   (A) Poisoning.
   (B) Intoxication.
   (C) Toxicity.
   (D) Inhalation.
   (E) Ingestion.
   (F) Overdose.
   (G) Exposure.
   (H) Chemical use.
   (I) Neonatal abstinence syndrome (NAS) effects.

(2) The person's manner of death is classified as one (1) of the following:
   (A) Accident.
   (B) Suicide.
   (C) Undetermined.

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

(b) When conducting a suicide or overdose fatality review under subsection (a), the statewide SOFR committee may review the following records if they pertain to a person or incident within the scope of the statewide SOFR committee's review:
   (1) Records held by the:
      (A) local or state health department;
      (B) INSPECT program (as described under IC 25-26-24); or
      (C) department of child services.
   (2) Medical records.
   (3) Law enforcement records.
   (4) Autopsy reports.
   (5) Coroner records.
   (6) Mental health reports.
   (7) Court or correctional facility records.

(d) Subject to IC 34-30-15, the following persons shall comply with a records request related to a fatality investigation being conducted by the statewide SOFR committee:
   (1) A hospital.
   (2) A law enforcement agency or officer, as applicable.
   (3) A mental health professional (as defined under IC 35-42-4-7(f)).
   (4) A physician.
(e) A person that complies, in good faith, with a records request issued under this section may not be:

(1) disciplined;

(2) criminally prosecuted; or

(3) held administratively or civilly liable;

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

(f) A person or entity subject to a records request by the statewide SOFR committee under this section may charge a reasonable fee for the service of duplicating any record requested by the statewide SOFR committee.

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

(h) Subject to subsection (i), records, information, documents, and reports acquired or produced by a statewide SOFR committee are not:

(1) subject to subpoena or discovery; or

(2) admissible as evidence;

in any administrative or judicial proceeding.

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

Sec. 7. If a fatality qualifies for statewide SOFR committee review, the statewide SOFR committee shall:

(1) identify the factors that:

(A) surrounded; and

(B) contributed to;

the fatality;

(2) determine whether similar fatalities may be prevented in the future;

(3) if applicable, identify other:

(A) agencies or entities; and

(B) resources;

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

(4) if applicable, identify solutions to:

(A) improve practice and policy; and

(B) enhance coordination;

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

Sec. 8. The chairperson of the statewide SOFR committee shall do the following:

(1) Work with the state suicide and overdose fatality review coordinator to prepare the agenda for each meeting of the statewide SOFR committee.

(2) Work with the state suicide and overdose fatality review coordinator to:

(A) prepare the report of the statewide SOFR committee described in section 11 of this chapter; and

(B) ensure compliance with sections 4 and 6 of this chapter.

(3) Upon the conclusion of a fatality review, destroy all records, information, and documents obtained by the statewide SOFR committee under section 6 of this chapter.

Sec. 9. (a) Except as provided in subsection (b), statewide SOFR committee meetings shall be open to the public.

(b) A meeting by the statewide SOFR committee that involves:

(1) confidential records; or

(2) identifying information concerning a fatality that is confidential under state or federal law;

shall not be open to the public for the portion of the meeting that involves the use or discussion of confidential information.

(c) An invitee who is invited to a statewide SOFR committee meeting by the statewide SOFR committee chairperson described in section 3 of this chapter must sign a confidentiality statement prepared by the state suicide and overdose fatality review coordinator before attending or participating in any statewide SOFR committee meeting.

(d) The state suicide and overdose fatality review coordinator is responsible for the safekeeping of all confidentiality agreements signed under subsection (c).

Sec. 10. (a) Members of the statewide SOFR committee and individuals who are invited to attend a statewide SOFR committee meeting by the chairperson:

(1) may discuss, amongst themselves, confidential matters that are before the statewide SOFR committee;

(2) are bound by all applicable federal and state laws concerning confidentiality for any matter before the statewide SOFR committee; and

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

(A) disciplined;

(B) criminally prosecuted; or
(C) held administratively or civilly liable;
for the sharing or discussion of any confidential matter before
the statewide SOFR committee during a statewide SOFR
committee meeting.

(b) The immunity described in subsection (a)(3) does not apply
to a statewide SOFR committee member or a statewide SOFR
committee invitee who discloses confidential information:
(1) with malice;
(2) in bad faith; or
(3) negligently.

Sec. 11. (a) The statewide SOFR committee shall prepare a
report that includes the following information:
(1) A summary of the data collected and reviewed by the
statewide SOFR committee during the previous calendar
year.
(2) Statewide trends and patterns concerning suicide and
overdose fatalities that have been identified by the statewide
SOFR committee.
(3) Recommended actions or resources that may assist in
preventing future suicides and overdose fatalities in Indiana.

(b) Subject to section 12 of this chapter, the statewide SOFR
committee shall:
(1) provide a physical copy of any report prepared under
subsection (a) to a member of the public upon request;
(2) make any report prepared under subsection (a) accessible
to the public on the department's Internet web site; and
(3) make available, to the legislative council and the general
assembly, a copy of the report described in subsection (a) in
an electronic format under IC 5-14-6.

Sec. 12. (a) Any report issued under section 11 of this chapter
may not contain or display any information that:
(1) is subject to applicable confidentiality laws under federal
or state law; or
(2) reveals the identity of any decedent subject to a statewide
SOFR committee review.

(b) Except as otherwise provided, data used to prepare a report
under section 11 of this chapter is confidential and may not be
disclosed or released.

Sec. 13. The conclusions, determinations, discussions, and
recommendations of the statewide SOFR committee, or one (1) of
its members, concerning a specific suicide or overdose fatality at a
statewide SOFR committee meeting:
(1) are privileged; and
(2) are not:
   (A) subject to discovery or subpoena; or
   (B) admissible as evidence in any administrative or judicial
   proceeding.

Chapter 3. County Suicide and Overdose Fatality Review
Committees
Sec. 1. A county SOFR committee may be established in each
county in Indiana.
Sec. 2. (a) A county SOFR committee shall consist of a
multidisciplinary and culturally diverse membership appointed by
the county health officer and consisting of the following
membership:
   (1) A representative from the county health department
   established under IC 16-20-2.
   (2) The prosecuting attorney of the county or a representative
designated by the prosecuting attorney of the county.
   (3) The county coroner or a representative designated by the
   county coroner.
   (4) A representative from:
      (A) a health and hospital corporation established under
      IC 16-22-8; or
      (B) a multiple county health department established under
      IC 16-20-3;
      that is located in or serves the county.
   (5) A representative from a law enforcement agency that
   serves the county.
   (6) A representative from a local mental health agency.
(b) In the addition to the membership described in subsection
(a), the county health officer may supplement the membership of
a county SOFR committee with one (1) or more of the following
individuals or representatives:
   (1) A primary care physician.
   (2) A representative from an emergency medical services
   provider.
   (3) The director of behavioral health services in the county.
   (4) A health care professional who specializes in the
   prevention, diagnosis, and treatment of substance use
   disorders.
   (5) A representative from a local jail or local detention center.
   (6) A representative from a parole, probation, or community
   corrections program affiliated with the department of
correction.

(7) A representative from juvenile services.

(8) A representative from a fire department or volunteer fire
department (as defined under IC 36-8-12-2).

(9) A pathologist with forensic experience who is licensed to
practice medicine in Indiana and who:

(A) is certified by the American Board of Pathology in
forensic pathology; or

(B) agrees to provide pathology services to the county
SOFR committee as needed.

(10) A representative from a local or regional community
coalition whose purpose includes addressing issues related to
mental health, suicide prevention, or substance use disorder.

(11) Representatives from a local peer recovery group or peer
support group.

(12) A representative from a hospital that services the county
served by the county SOFR committee.

(13) A representative from the department of natural
resources who lives or works in the area served by the county
SOFR committee.

(14) Any other person or representative asked to serve as a
county SOFR committee member by:

(A) the county health officer; or

(B) the county SOFR committee chairperson described in
section 3(b) of this chapter.

(15) The county system of care coordinator.

Sec. 3. (a) The first county SOFR committee meeting shall
convene at the call of the county health officer, the county health
administrator, or their designees, as applicable.

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

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

Sec. 4. (a) Before a member of the county SOFR committee may
participate in the review of a suicide or overdose fatality, the
member must:

(1) sign a confidentiality statement prepared by the state
department or the state suicide and overdose fatality review
coordinator, as applicable;
(2) review the purpose and goal of the county SOFR committee; and
(3) review, for accuracy and comprehensiveness, any data collection form developed by the state suicide and overdose fatality review coordinator, if applicable.

(b) Individuals who are invited by the committee chairperson described in section 3(b) of this chapter to attend a county SOFR committee meeting must sign a confidentiality statement prepared by the state suicide and overdose fatality review coordinator before attending or participating in a county SOFR committee meeting.

Sec. 5. (a) The county SOFR committee shall review the death of each person whose death occurred in the area served by the county SOFR committee if one (1) or more of the following conditions are met:

(1) The person's cause of death is listed as one (1) or more of the following:
   (A) Poisoning.
   (B) Intoxication.
   (C) Toxicity.
   (D) Inhalation.
   (E) Ingestion.
   (F) Overdose.
   (G) Exposure.
   (H) Chemical use.
   (I) Neonatal abstinence syndrome (NAS) effects.

(2) The person's manner of death is classified as one (1) of the following:
   (A) Accident.
   (B) Suicide.
   (C) Undetermined.

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

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

(1) Records held by the:
   (A) local or state health department;
   (B) INSPECT program (as described under IC 25-26-24); or
   (C) department of child services.
(2) Medical records.
(3) Law enforcement records.
(4) Autopsy reports.
(5) Coroner records.
(6) Mental health reports.
(7) Emergency medical services provider records.
(8) Fire department run reports.
(9) Disciplinary or health records generated by a local school system.
(10) Any other record concerning the assessment, care, fatality, diagnosis, near fatality, if applicable, or treatment of the person subject to a county SOFR committee review.

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

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

(1) subject to subpoena or discovery; or
(2) admissible as evidence;
in any administrative or judicial proceeding.

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

Sec. 6. A county SOFR committee shall review the death certificate of a decedent received from the county health officer in order to determine whether the fatality qualifies for a county SOFR committee review under section 5 of this chapter.

Sec. 7. (a) Subject to IC 34-30-15, the following persons or entities shall comply with a records request by a county SOFR committee:

(1) A coroner.
(2) An emergency medical services provider.
(3) A fire department.
(4) A health system.
(5) A hospital.
(6) A law enforcement officer.
(7) A local or state governmental agency.
(8) A mental health professional.
(9) A physician.
(10) A school.
(11) A social services provider.
(b) A person or entity that complies, in good faith, with a record request issued under subsection (a) may not be:
(1) disciplined;
(2) criminally prosecuted; or
(3) held administratively or civilly liable;
for any disclosure related to the person or entity’s compliance with subsection (a).
(c) A person or entity subject to a records request by a county SOFR committee under subsection (a) may charge a reasonable fee for the service of duplicating any records requested by the county SOFR committee.

Sec. 8. If a fatality qualifies for a county SOFR committee review, the county SOFR committee shall:
(1) identify the factors that contributed to the fatality of the decedent;
(2) determine whether similar fatalities may be prevented in the future;
(3) if applicable, identify other:
   (A) agencies or entities; and
   (B) resources;
that may be used to assist in the prevention of a similar fatality; and
(4) if applicable, identify solutions to:
   (A) improve practice and policy; and
   (B) enhance coordination;
   between the agencies, entities, and resources described in subdivision (3).

Sec. 9. (a) Except as provided in subsection (b), county SOFR committee meetings are open to the public.
(b) A county SOFR committee meeting that requires the use or discussion of confidential records or confidential identifying information must be closed to the public for the portion of the committee meeting that uses or discusses confidential information.
(c) An invitee who is invited to a county SOFR committee meeting by the county SOFR chairperson described in section 3(b) of this chapter must sign a confidentiality statement prepared by the state suicide and overdose fatality review coordinator before attending or participating in any county SOFR committee meeting that is closed to the public.
(d) The chairperson of a county SOFR committee is responsible
for the safekeeping of all confidentiality agreements signed under subsection (c).

Sec. 10. (a) Members of a county SOFR committee and individuals who attend a county SOFR committee meeting as invitees of the committee chairperson:

(1) may discuss, among themselves, confidential matters that are before the county SOFR committee;

(2) are bound by all applicable laws concerning the confidentiality of the matters reviewed by the county SOFR committee; and

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

(A) disciplined;

(B) criminally prosecuted; or

(C) held administratively or civilly liable;

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

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

(1) with malice;

(2) in bad faith; or

(3) negligently.

Sec. 11. The chairperson of a county SOFR committee or the chairperson's designee shall do the following for each county SOFR committee meeting:

(1) Prepare the agenda for the scheduled county SOFR committee meeting.

(2) Provide meeting notices to all members of the county SOFR committee.

(3) Ensure that all:

(A) members of the county SOFR committee; and

(B) county SOFR committee invitees;

sign confidentiality forms as required under sections 4 and 9(c) of this chapter. In the event that the department does not create a statewide SOFR committee, the county SOFR committee shall develop confidentiality forms for the purpose of complying with this subdivision.

(4) Maintain all confidentiality forms signed in accordance with sections 4 and 9(c) of this chapter.

(5) Enter and record all data reviewed by the county SOFR committee by using:
(A) data collection tools provided to the county SOFR committee by the state suicide and overdose fatality review coordinator; and
(B) any other appropriate data collection system.
(6) Attend pertinent training concerning the use of the data collection tools employed by the county SOFR committee.
(7) Serve as a liason for the county SOFR committee as necessary.
(8) Destroy all records, information, and documents obtained by the county SOFR committee under section 5 of this chapter upon the conclusion of the county SOFR committee's review of a specific suicide or overdose fatality.
Sec. 12. Records held or maintained by a county SOFR committee are subject to the confidentiality provisions of IC 31-33-18.
Sec. 13. (a) Subject to subsection (d), a county SOFR committee shall annually prepare and release a report that may include the following information:
(1) A summary of the:
   (A) data collected or used by the county SOFR committee; and
   (B) SOFR reviews conducted by the county SOFR committee.
(2) Actions recommended by the county SOFR committee.
(3) Proposed solutions to system inadequacies discovered by the county SOFR committee during the county SOFR committee's review process.
(b) A report released under this section may not contain any identifying information for any fatality reviewed by the county SOFR committee.
(c) Except as otherwise provided, data reviewed by a county SOFR committee for a specific suicide or overdose fatality is confidential and may not be released.
(d) A county SOFR committee shall not be required to prepare the report described in subsection (a) if two (2) or fewer suicides or overdose fatalities are reviewed by the county SOFR committee during a calendar year.
Sec. 14. The conclusions, determinations, discussions, and recommendations of a county SOFR committee or its individual members concerning a review of an overdose or suicide fatality at a county SOFR committee meeting:
(1) are privileged; and
(2) are not:
   
   (A) subject to discovery or being subpoenaed; or
   (B) admissible as evidence in any administrative or judicial proceeding.

SECTION 49. IC 20-26-15-8, AS AMENDED BY P.L.192-2018, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) The contract must contain the following provisions:

   (1) A list of the statutes and rules that are suspended from operation in a freeway school corporation or freeway school, as listed in section 5 of this chapter.
   (2) A description of the privileges of a freeway school corporation or freeway school, as listed in section 6 of this chapter.
   (3) A description of the educational benefits listed in section 7 of this chapter that a freeway school corporation or freeway school agrees to:
      (A) achieve by the end of five (5) complete school years after the contract is signed; and
      (B) maintain at the end of:
         (i) the sixth; and
         (ii) any subsequent;
      complete school year after the contract is signed.
   (4) Subject to section 15 of this chapter (before its expiration), a plan and a schedule for the freeway school corporation or freeway school to achieve the educational benefits listed in section 7 of this chapter by the end of five (5) complete school years after the contract is signed. The schedule must show some percentage of improvement by the end of the second, third, and fourth complete school years after the contract is signed.
   (5) A school by school strategy, including curriculum, in which character education is demonstrated to be a priority. The strategy required under this subdivision must include the following subjects as integral parts of each school’s character education:
      (A) Hygiene.
      (B) Alcohol and drugs.
      (C) Diseases transmitted sexually or through drug use. including AIDS:
      (D) Honesty.
      (E) Respect.
      (F) Abstinence and restraint.
   (6) A plan under which the freeway school corporation or freeway school will offer courses that will allow a student to become
eligible to receive an Indiana diploma with a Core 40 with
academic honors designation.
(7) A plan under which the freeway school corporation or freeway
school will maintain a safe and disciplined learning environment
for students and teachers.
(b) In the contract:
(1) the quantitative measures of benefits may be higher, but not
lower, than the minimum educational benefits listed in section 7
of this chapter; and
(2) educational benefits may be included in addition to the
minimum educational benefits listed in section 7 of this chapter.
SECTION 50. IC 20-30-5-12, AS AMENDED BY P.L.233-2015,
SECTION 227, IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2020]: Sec. 12. (a) Each school corporation
shall:
(1) include in the school corporation's curriculum instruction
concerning the disease acquired immune deficiency syndrome
(AIDS); human immunodeficiency virus (HIV); and
(2) integrate this effort to the extent possible with instruction on
other dangerous serious communicable diseases.
(b) Literature that is distributed to school children and young adults
under this section must include information required by IC 20-34-3-17.
(c) The department, in consultation with the state department of
health, shall develop AIDS HIV educational materials. The department
shall make the materials developed under this section available to
school corporations.
SECTION 51. IC 20-34-3-17, AS ADDED BY P.L.1-2005,
SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2020]: Sec. 17. (a) The state board shall provide information
stressing the moral aspects of abstinence from sexual activity in any
literature that it distributes to students and young adults concerning
available methods for the prevention of acquired immune deficiency
syndrome (AIDS); the human immunodeficiency virus (HIV). The
literature must state that the best one (1) way to avoid AIDS prevent
HIV transmission is for young people to refrain from sexual activity
until they are ready as adults to establish, in the context of marriage, a
mutually faithful monogamous relationship.
(b) The state board may not distribute AIDS HIV literature
described in subsection (a) to students without the consent of the
governing body of the school corporation the students attend.
SECTION 52. IC 31-11-4-4, AS AMENDED BY P.L.244-2019,
SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2020: Sec. 4. (a) An application for a marriage license must be written and verified. The application must contain the following information concerning each of the applicants:

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

   ACKNOWLEDGMENT

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

   ____________________________ ____________
   Signature of Applicant     Date

   ____________________________ ____________
   Signature of Applicant     Date

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

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

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

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

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

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

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

1. verifying the application under subsection (a) by oath or affirmation; or
2. signing the acknowledgment described in subsection (a)(9);
the clerk of the circuit court shall indicate that fact on the application for a marriage license.

SECTION 53. IC 31-11-4-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) The clerk of the circuit court shall distribute to marriage license applicants written information or videotaped information approved by the AIDS HIV advisory council of the state department of health concerning dangerous serious communicable diseases that are sexually transmitted.

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

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

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

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

(2) show the marriage license applicants videotaped information furnished under subsection (a) concerning dangerous communicable diseases that are sexually transmitted.

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

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

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

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

SECTION 54. IC 34-30-2-80 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 80. IC 16-41-2-6 (Concerning physicians, hospitals, and laboratories for reporting communicable or dangerous serious diseases).

SECTION 55. IC 34-30-2-81, AS AMENDED BY P.L.86-2018, SECTION 273, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 81. (a) IC 16-41-7-2 (Concerning the good faith reporting to a health officer of an individual thought to present a serious and present danger risk to the health of others, to have engaged in noncompliant behavior, or to be at risk of carrying a dangerous serious communicable disease).

(b) IC 16-41-7-3 (Concerning a physician who provides notification to certain individuals regarding a patient's dangerous serious communicable disease).
SECTION 56. IC 34-30-2-81.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 81.5. IC 16-41-10-3.5 (Concerning a provider who tests a patient for the presence of a dangerous serious communicable disease).

SECTION 57. IC 34-30-2-83.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 83.9. (a) IC 16-51-2-6 (Concerning certain persons and entities complying with a records request related to a statewide suicide or overdose fatality review).
   (b) IC 16-51-2-10 (Concerning the substance of a statewide suicide or overdose fatality review committee meeting).
   (c) IC 16-51-3-7 (Concerning certain persons and entities complying with a records request related to a county suicide or overdose fatality review).
   (d) IC 16-51-3-10 (Concerning the substance of a county suicide or overdose fatality review committee meeting).

SECTION 58. IC 34-30-2-82 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 82. IC 16-41-10-6 (Concerning a person reporting that an emergency medical services provider has been exposed to a dangerous serious communicable disease during the course of emergency duties).

SECTION 59. IC 34-46-2-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 9. IC 16-41-2-4 (Concerning reports of communicable or dangerous serious diseases).

SECTION 60. IC 34-46-2-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 10. IC 16-41-7-3 (Concerning warning by physician of dangerous serious communicable disease).