

Second Regular Session 115th General Assembly (2008)

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

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

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2007 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1172

AN ACT to amend the Indiana Code concerning health and professions and occupations.

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

SECTION 1. IC 10-14-3-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. As used in this chapter, "emergency management worker" includes any full-time or part-time paid, volunteer, or auxiliary employee of:

- (1) the state;
- (2) other:
 - (A) states;
 - (B) territories; or
 - (C) possessions;
- (3) the District of Columbia;
- (4) the federal government;
- (5) any neighboring country;
- (6) any political subdivision of an entity described in subdivisions (1) through (5); or
- (7) any agency or organization;

performing emergency management services at any place in Indiana subject to the order or control of, or under a request of, the state government or any political subdivision of the state. **The term includes a volunteer health practitioner registered under IC 10-14-3.5.**

SECTION 2. IC 10-14-3-12 IS AMENDED TO READ AS

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FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 12. (a) The governor shall declare a disaster emergency by executive order or proclamation if the governor determines that a disaster has occurred or that the occurrence or the threat of a disaster is imminent. The state of disaster emergency continues until the governor:

- (1) determines that the threat or danger has passed or the disaster has been dealt with to the extent that emergency conditions no longer exist; and
- (2) terminates the state of disaster emergency by executive order or proclamation.

A state of disaster emergency may not continue for longer than thirty (30) days unless the state of disaster emergency is renewed by the governor. The general assembly, by concurrent resolution, may terminate a state of disaster emergency at any time. If the general assembly terminates a state of disaster emergency under this subsection, the governor shall issue an executive order or proclamation ending the state of disaster emergency. All executive orders or proclamations issued under this subsection must indicate the nature of the disaster, the area or areas threatened, and the conditions which have brought the disaster about or that make possible termination of the state of disaster emergency. An executive order or proclamation under this subsection shall be disseminated promptly by means calculated to bring the order's or proclamation's contents to the attention of the general public. Unless the circumstances attendant upon the disaster prevent or impede, an executive order or proclamation shall be promptly filed with the secretary of state and with the clerk of the city or town affected or with the clerk of the circuit court.

(b) An executive order or proclamation of a state of disaster emergency:

- (1) activates the disaster response and recovery aspects of the state, local, and interjurisdictional disaster emergency plans applicable to the affected political subdivision or area; and
- (2) is authority for:
 - (A) deployment and use of any forces to which the plan or plans apply; and
 - (B) use or distribution of any supplies, equipment, materials, and facilities assembled, stockpiled, or arranged to be made available under this chapter or under any other law relating to disaster emergencies.

(c) During the continuance of any state of disaster emergency, the governor is commander-in-chief of the organized and unorganized militia and of all other forces available for emergency duty. To the

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greatest extent practicable, the governor shall delegate or assign command authority by prior arrangement embodied in appropriate executive orders or regulations. This section does not restrict the governor's authority to delegate or assign command authority by orders issued at the time of the disaster emergency.

(d) In addition to the governor's other powers, the governor may do the following while the state of emergency exists:

- (1) Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the orders, rules, or regulations of any state agency if strict compliance with any of these provisions would in any way prevent, hinder, or delay necessary action in coping with the emergency.
- (2) Use all available resources of the state government and of each political subdivision of the state reasonably necessary to cope with the disaster emergency.
- (3) Transfer the direction, personnel, or functions of state departments and agencies or units for performing or facilitating emergency services.
- (4) Subject to any applicable requirements for compensation under section 31 of this chapter, commandeer or use any private property if the governor finds this action necessary to cope with the disaster emergency.
- (5) Assist in the evacuation of all or part of the population from any stricken or threatened area in Indiana if the governor considers this action necessary for the preservation of life or other disaster mitigation, response, or recovery.
- (6) Prescribe routes, modes of transportation, and destinations in connection with evacuation.
- (7) Control ingress to and egress from a disaster area, the movement of persons within the area, and the occupancy of premises in the area.
- (8) Suspend or limit the sale, dispensing, or transportation of alcoholic beverages, firearms, explosives, and combustibles.
- (9) Make provision for the availability and use of temporary emergency housing.
- (10) Allow persons who:
 - (A) are registered as volunteer health practitioners by an approved registration system under IC 10-14-3.5; or
 - (B) hold a license to practice medicine, dentistry, pharmacy, nursing, engineering, **veterinary medicine, mortuary service**, and similar other professions as may be specified by the governor to practice their respective profession in Indiana

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during the period of the state of emergency if the state in which a person's license was issued has a mutual aid compact for emergency management with Indiana.

(11) Give specific authority to allocate drugs, foodstuffs, and other essential materials and services.

SECTION 3. IC 10-14-3.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]:

Chapter 3.5. Uniform Emergency Volunteer Health Practitioners Act

Sec. 1. As used in this chapter, "disaster relief organization" means an entity that provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners and:

- (1) is designated or recognized as a provider of the services under a disaster response and recovery plan adopted by an agency of the federal government or the state emergency management agency; or**
- (2) regularly plans and conducts the entity's activities in coordination with an agency of the federal government or the state emergency management agency.**

Sec. 2. As used in this chapter, "emergency" means an event or condition that is an emergency, a disaster, or a public health emergency under this article.

Sec. 3. As used in this chapter, "emergency declaration" means a declaration of emergency issued by a person authorized to do so under state or local laws of Indiana.

Sec. 4. As used in this chapter, "Emergency Management Assistance Compact" means the federal interstate compact under P.L.104-321, 110 Stat. 3877.

Sec. 5. As used in this chapter, "entity" means a person other than an individual.

Sec. 6. As used in this chapter, "health facility" means an entity licensed under the laws of Indiana or another state to provide health or veterinary services.

Sec. 7. As used in this chapter, "health practitioner" means an individual licensed under the laws of Indiana or another state to provide health or veterinary services.

Sec. 8. As used in this chapter, "health services" means the provision of treatment, care, advice, guidance, or other services or supplies related to the health or death of individuals or human populations to the extent necessary to respond to an emergency,

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including:

(1) with respect to the physical or mental condition or functional status of an individual or the structure or function of the body:

(A) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care; and

(B) counseling, assessment, procedures, or other services;

(2) the sale or dispensing of a drug, a device, equipment, or another item to an individual in accordance with a prescription; and

(3) funeral, cremation, cemetery, or other mortuary services.

Sec. 9. As used in this chapter, "host entity" means an entity operating in Indiana that uses volunteer health practitioners to respond to an emergency.

Sec. 10. (a) As used in this chapter, "license" means authorization by a state to engage in health or veterinary services that are unlawful without the authorization.

(b) The term includes authorization under Indiana law to an individual to provide health or veterinary services based upon a national certification issued by a public or private entity.

Sec. 11. As used in this chapter, "person" means an individual, a corporation, a business trust, a trust, a partnership, a limited liability company, an association, a joint venture, a public corporation, a government or governmental subdivision, an agency, an instrumentality, or another legal or commercial entity.

Sec. 12. As used in this chapter, "scope of practice" means the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner's services are rendered, including conditions imposed by the licensing authority.

Sec. 13. As used in this chapter, "state" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or a territory or an insular possession subject to the jurisdiction of the United States.

Sec. 14. As used in this chapter, "veterinary services" means the provision of treatment, care, advice, guidance, or other services or supplies related to the health or death of an animal or to animal populations to the extent necessary to respond to an emergency, including:

(1) diagnosis, treatment, or prevention of an animal disease, injury, or other physical or mental condition by the

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prescription, administration, or dispensing of vaccine, medicine, surgery, or therapy;

(2) use of a procedure for reproductive management; and

(3) monitoring and treatment of animal populations for diseases that have spread or demonstrate the potential to spread to humans.

Sec. 15. (a) As used in this chapter, "volunteer health practitioner" means a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services.

(b) The term does not include a practitioner who receives compensation under a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in Indiana, unless the practitioner is not a resident of Indiana and is employed by a disaster relief organization providing services in Indiana while an emergency declaration is in effect.

Sec. 16. This chapter applies to volunteer health practitioners who:

(1) are registered with a registration system that complies with section 18 of this chapter; and

(2) provide health or veterinary services in Indiana for a host entity while an emergency declaration is in effect.

Sec. 17. (a) While an emergency declaration is in effect, the state emergency management agency may limit, restrict, or otherwise regulate:

(1) the duration of practice by volunteer health practitioners;

(2) the geographical areas in which volunteer health practitioners may practice;

(3) the types of volunteer health practitioners who may practice; and

(4) any other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.

(b) An order issued under subsection (a) may take effect immediately, without prior notice or comment, and is not a rule within the meaning of IC 4-22-2.

(c) A host entity that uses volunteer health practitioners to provide health or veterinary services in Indiana shall:

(1) consult and coordinate the host entity's activities with the state emergency management agency to the extent practicable to provide for the efficient and effective use of volunteer

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health practitioners; and

(2) comply with any laws other than this chapter relating to the management of emergency health or veterinary services, including this article.

Sec. 18. (a) To qualify as a volunteer health practitioner registration system, a system must:

(1) accept applications for the registration of volunteer health practitioners before or during an emergency;

(2) include information about the licensure and good standing of health practitioners that is accessible by authorized persons;

(3) be capable of confirming the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this chapter; and

(4) meet one (1) of the following conditions:

(A) Be an emergency system for advance registration of volunteer health practitioners established by a state and funded through the Health Resources Services Administration under section 319I of the federal Public Health Services Act, 42 U.S.C. 247d-7b.

(B) Be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed under section 2801 of the federal Public Health Services Act, 42 U.S.C. 300hh.

(C) Be operated by a:

(i) disaster relief organization;

(ii) licensing board;

(iii) national or regional association of licensing boards or health practitioners;

(iv) health facility that provides comprehensive inpatient and outpatient health care services, including a tertiary care and teaching hospital; or

(v) governmental entity.

(D) Be designated by the state emergency management agency as a registration system for purposes of this chapter.

(b) While an emergency declaration is in effect, the state emergency management agency, a person authorized to act on behalf of the state emergency management agency, or a host entity may confirm whether volunteer health practitioners used in Indiana are registered with a registration system that complies

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with subsection (a). Confirmation is limited to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing.

(c) Upon request of a person in Indiana authorized under subsection (b), or a similarly authorized person in another state, a registration system located in Indiana shall notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.

(d) A host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

Sec. 19. (a) While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with section 18 of this chapter and licensed and in good standing in the state upon which the practitioner's registration is based, may practice in Indiana to the extent authorized by this chapter as if the practitioner were licensed in Indiana.

(b) A volunteer health practitioner qualified under subsection (a) is not entitled to the protections of this chapter if the practitioner is licensed in more than one (1) state and any license of the practitioner is suspended, revoked, or subject to an agency order limiting or restricting practice privileges or has been voluntarily terminated under threat of sanction.

Sec. 20. (a) As used in this section:

- (1) "credentialing" means obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility; and
- (2) "privileging" means the authorizing by an appropriate authority, such as a governing body, of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill.

(b) This chapter does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect.

Sec. 21. (a) Subject to subsections (b) and (c), a volunteer health practitioner shall adhere to the scope of practice for a similarly

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licensed practitioner established by the licensing provisions, practice acts, or other laws of Indiana.

(b) Except as provided in subsection (c), this chapter does not authorize a volunteer health practitioner to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in Indiana would be permitted to provide the services.

(c) The state emergency management agency may modify or restrict the health or veterinary services that volunteer health practitioners may provide under this chapter. An order under this subsection may take effect immediately, without prior notice or comment, and is not a rule within the meaning of IC 4-22-2.

(d) A host entity may restrict the health or veterinary services that a volunteer health practitioner may provide under this chapter.

(e) A volunteer health practitioner does not engage in unauthorized practice unless the practitioner has reason to know of a limitation, modification, or restriction under this section or that a similarly licensed practitioner in Indiana would not be permitted to provide the services. A volunteer health practitioner has reason to know of a limitation, modification, or restriction or that a similarly licensed practitioner in Indiana would not be permitted to provide a service if:

- (1) the practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in Indiana would not be permitted to provide the service; or
- (2) from all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in Indiana would not be permitted to provide the service.

(f) In addition to the authority granted by laws of Indiana other than this chapter to regulate the conduct of health practitioners, a licensing board or other disciplinary authority in Indiana:

- (1) may impose administrative sanctions upon a health practitioner licensed in Indiana for conduct outside of Indiana in response to an out-of-state emergency;
- (2) may impose administrative sanctions upon a practitioner not licensed in Indiana for conduct in Indiana in response to an in-state emergency; and
- (3) shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate

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licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.

(g) In determining whether to impose administrative sanctions under subsection (f), a licensing board or other disciplinary authority shall consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill.

Sec. 22. (a) This chapter does not limit the rights, privileges, or immunities provided to volunteer health practitioners by laws other than this chapter. Except as provided in subsection (b), this chapter does not affect requirements for the use of health practitioners under the Emergency Management Assistance Compact.

(b) The state emergency management agency, under the Emergency Management Assistance Compact or the Interstate Emergency Management and Disaster Compact, may incorporate into the emergency forces of Indiana volunteer health practitioners who are not officers or employees of Indiana, a political subdivision of Indiana, or a municipality or other local government within Indiana.

Sec. 23. The state emergency management agency may adopt rules under IC 4-22-2 to implement this chapter. In doing so, the state emergency management agency shall consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact or the Interstate Emergency Management and Disaster Compact and shall also consult with and consider rules adopted by similarly empowered agencies in other states to promote uniformity of application of this chapter and make the emergency response systems in the various states reasonably compatible.

Sec. 24. In applying and construing this uniform act, consideration must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

SECTION 4. IC 12-7-2-118.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 118.3. "Initiative", for purposes of IC 12-31-2, has the meaning set forth in IC 12-31-2-1.**

SECTION 5. IC 12-7-2-132.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

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[EFFECTIVE JULY 1, 2008]: **Sec. 132.5. "Nonprofit corporation", for purposes of IC 12-31, has the meaning set forth in IC 12-31-1-1.**

SECTION 6. IC 12-7-2-142.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 142.7. "Postnatal donation", for purposes of IC 12-31, has the meaning set forth in IC 12-31-1-2.**

SECTION 7. IC 12-31 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]:

ARTICLE 31. UMBILICAL CORD BLOOD

Chapter 1. Public Umbilical Cord Blood Bank

Sec. 1. As used in this article, "nonprofit corporation" refers to the Indiana nonprofit corporation formed by the office of the secretary under section 3 of this chapter to establish and operate a public umbilical cord blood bank.

Sec. 2. As used in this article, "postnatal donation" means any of the following donations by a patient to the public umbilical cord blood bank:

- (1) Postnatal fluid, including umbilical cord blood.**
- (2) Postnatal tissue, including the placenta and tissue extracted from an umbilical cord.**

Sec. 3. (a) The office of the secretary shall form a nonprofit corporation to establish and provide for the operation of a public umbilical cord blood bank to promote public health and to exercise other essential governmental functions.

(b) The office of the secretary shall adopt rules under IC 4-22-2 concerning the protection of individual identifiable health information regarding the operation of the public umbilical cord blood bank.

Sec. 4. (a) The board of directors of the nonprofit corporation consists of the following:

- (1) The state health commissioner or the commissioner's designee.**
- (2) The secretary or the secretary's designee.**
- (3) The secretary of commerce appointed under IC 5-28-3-4 or the secretary's designee.**
- (4) The director of the state department of health's office of minority health.**
- (5) The following individuals appointed by the governor:**
 - (A) One (1) president or chief executive officer of an Indiana based hospital.**
 - (B) One (1) research scientist with expertise in umbilical**

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cord blood research.

(C) One (1) ethicist with expertise in bioethics.

(D) One (1) physician licensed under IC 25-22.5 who specializes in birthing and delivery.

(E) One (1) representative of a donor umbilical cord blood bank facility.

(F) One (1) member of the interagency state council on black and minority health established under IC 16-46-6.

(b) The board of directors shall appoint an advisory board. At least fifty-one percent (51%) of the advisory board members must be research scientists with expertise in stem cell research.

(c) The advisory board, using criteria established by the board of directors, is responsible for reviewing applications from research scientists, research institutions, and other persons interested in receiving a postnatal donation that is ineligible for transplant use from the public umbilical cord blood bank.

(d) The board of directors may contract with a person to perform the management and administrative operations of the public umbilical cord blood bank. The person shall follow the federal Food and Drug Administration's current good tissue practices.

(e) Subject to approval by the budget agency, the board of directors may, without the approval of the attorney general, employ legal counsel, technical experts, and other officers, agents, and employees that the board of directors considers necessary to carry out the efficient operation of a public umbilical cord blood bank.

(f) The board of directors shall determine the terms and conditions of the participating agreement that is executed with each participating hospital.

Sec. 5. The nonprofit corporation shall do the following:

(1) Establish procedures and guidelines for collecting, maintaining, and receiving postnatal donations.

(2) Educate health care professionals about the procedures and requirements for collecting and maintaining postnatal donations following the birth of a newborn infant.

(3) Establish procedures concerning patient informed consent and privacy that are approved by an independent institutional review board selected by the board of directors.

Sec. 6. (a) The nonprofit corporation shall accept postnatal donations at no charge or cost to the donor.

(b) The nonprofit corporation may allow the following to use the

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postnatal donations:

- (1) Transplant centers.
- (2) Research centers approved by the nonprofit corporation that will use the postnatal donation to promote medical advances, life science research, or biotechnology research.
- (3) Any other entity approved by the nonprofit corporation if the entity will use the postnatal donation to promote medical advances, life science research, or biotechnology research.

(c) Any postnatal donations maintained by the public umbilical cord blood bank must be allocated as follows:

- (1) Postnatal donations that are of transplantable quality according to the National Marrow Donor Program, the federal Food and Drug Administration's approved protocol, or other relevant national practice and quality standards must be allocated for medical transplants.
- (2) Postnatal donations that do not meet the transplant quality standards referred to in subdivision (1) and that are suitable for research must be made available for scientific research or medical treatments that comply with relevant national practice and quality standards.

(d) The nonprofit corporation shall acquire and maintain adequate liability insurance coverage.

Sec. 7. The nonprofit corporation may maintain postnatal donations at no charge or cost to the donor.

Sec. 8. The nonprofit corporation may award a grant to a person for work with postnatal donations.

Sec. 9. The nonprofit corporation shall report annually to the health finance commission established by IC 2-5-23-3 concerning the following:

- (1) The implementation of the umbilical cord blood bank.
- (2) The number of postnatal donations used for transplants and the number of postnatal donations used for research.

Chapter 2. Umbilical Cord Blood Donation Initiative

Sec. 1. As used in this chapter, "initiative" refers to the umbilical cord blood donation initiative established under section 2 of this chapter.

Sec. 2. The nonprofit corporation shall establish an umbilical cord blood donation initiative to promote public awareness concerning the following:

- (1) A pregnant woman's option to make a postnatal donation upon the birth of a newborn infant.
- (2) The medical benefits of postnatal tissue and postnatal

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fluids.

(3) The importance of donating umbilical cord blood to the public umbilical cord blood bank.

Sec. 3. The nonprofit corporation may accept a grant from the federal government or money from the state government or private contributions to establish and implement the initiative.

Sec. 4. (a) The initiative must include the dissemination of written material that includes the following:

(1) Information concerning the option that is available to pregnant women to make a postnatal donation upon the birth of a newborn infant.

(2) An explanation of the benefits of public umbilical cord blood banking.

(3) The benefits of umbilical cord blood in accordance with the National Marrow Donor Program or another federal Food and Drug Administration approved protocol and the use of umbilical cord blood for medical treatment, including the following:

(A) A list of the diseases or conditions that have been treated through the use of umbilical cord blood.

(B) A list of the diseases or conditions for which scientific research indicates that treatment through the use of umbilical cord blood is promising.

(4) Information on the public umbilical cord blood bank.

(5) Information concerning the process by which postnatal tissue and postnatal fluid are collected and the steps that a pregnant woman must take before her child is born to arrange to have the postnatal tissue and postnatal fluid collected and donated.

(b) The nonprofit corporation shall:

(1) update the material described in subsection (a); and

(2) distribute the material to the following persons that treat pregnant women:

(A) Physicians licensed under IC 25-22.5.

(B) Participating hospitals.

(C) Ambulatory surgical centers.

(D) Health clinics.

(E) Maternity homes registered under IC 16-26-1.

(F) Nurse midwives licensed under IC 25-23-1-13.1.

Sec. 5. The nonprofit corporation shall develop a process for physicians, nurse midwives, birthing centers, and participating hospitals to inform eligible candidates of the opportunity to make

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postnatal donations to the public umbilical cord blood bank following delivery of a newborn infant.

Sec. 6. The nonprofit corporation that establishes the initiative described in this chapter must meet all the requirements and responsibilities set forth in IC 23-17.

Sec. 7. (a) Any intellectual property developed by the nonprofit corporation establishing the initiative under this chapter is the property of the nonprofit corporation. A donor must consent to release to the public umbilical cord blood bank any property right related to the postnatal donation, including any claim of intellectual property rights derived from the postnatal donation.

(b) The entire right, title, and interest in and to any intellectual property derived from a postnatal donation transfers with the postnatal tissue and postnatal fluid after the postnatal donation is allocated by the public umbilical cord blood bank for research purposes.

SECTION 8. IC 16-18-2-36.5, AS ADDED BY P.L.96-2005, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 36.5. (a) "Birthing center", for purposes of IC 16-21-2 **and IC 16-21-7.5**, means a freestanding entity that has the sole purpose of delivering a normal or uncomplicated pregnancy.

(b) The term does not include a hospital that is licensed as a hospital under IC 16-21-2.

SECTION 9. IC 16-20-1-14, AS AMENDED BY P.L.121-2007, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 14. (a) Local health officers may appoint and employ public health nurses, environmental health specialists, computer programmers, clerks, other personnel, and an administrator of public health, subject to the confirmation of the local board of health, as is necessary and reasonable to carry out and perform the duties of the local health department.

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

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

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

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supervision of the local health officer.

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

(e) After a dentist licensed under IC 25-14 who is employed by a local health department examines a child enrolled in any grade up to and including grade 12 and prescribes a treatment plan in writing for the child, a licensed dental hygienist employed by the local health department may, without supervision by the dentist, provide the child with the following treatment in accordance with the treatment plan:

- (1) Prophylaxis;
- (2) Fluoride application;
- (3) Sealants;

However, the treatment must be completed not more than ninety (90) days after the dentist prescribes the treatment plan. This subsection expires June 30, 2009.

SECTION 10. IC 16-21-7.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]:

Chapter 7.5. Hospital and Birthing Center Requirement Regarding Umbilical Cord Blood Donation

Sec. 1. As used in this chapter, "postnatal donation" has the meaning set forth in IC 12-31-1-2.

Sec. 2. Before a hospital or birthing center participates in collecting donations for the public umbilical cord blood bank established under IC 12-31-1-3(a), the hospital or birthing center shall enter into a written agreement with the public umbilical cord blood bank establishing the:

- (1) conditions of the hospital's or birthing center's participation; and
- (2) obligations of the hospital or birthing center;

in the umbilical cord blood donation initiative established under IC 12-31-2-2.

Sec. 3. (a) Except as provided in section 4 of this chapter, a participating hospital or birthing center licensed under this article must offer a patient who delivers a newborn infant at the participating hospital or birthing center the option of making a postnatal donation following delivery of the newborn infant.

(b) A patient may not be charged for the collection or storage of a donation or for a donation to the public umbilical cord blood bank established under IC 12-31-1-3(a).

Sec. 4. (a) A participating hospital or birthing center is not

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required to collect a postnatal donation if either of the following applies:

(1) In the professional judgment of a physician licensed under IC 25-22.5 or a nurse midwife licensed under IC 25-23-1-13.1, the collection would threaten the health of the mother or the infant.

(2) The postnatal donation is contrary to the moral principles or beliefs of the religious denomination with which the participating hospital or birthing center is affiliated.

(b) An employee of a participating hospital or birthing center is not required to collect a postnatal donation if the postnatal donation is contrary to the religious principles or beliefs of the employee.

Sec. 5. A participating hospital or birthing center shall cooperate with the nonprofit corporation (as defined in IC 12-31-1-1) in accomplishing the public health goal of maximizing postnatal donations.

Sec. 6. A hospital or birthing center is not required to enter into an agreement with the public umbilical cord blood bank and may enter into contracts concerning postnatal tissue and postnatal fluids with any person.

SECTION 11. IC 16-22-8-34, AS AMENDED BY P.L.121-2007, SECTION 2, AS AMENDED BY P.L.194-2007, SECTION 4, AND AS AMENDED BY P.L.215-2007, SECTION 2, IS CORRECTED AND AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 34. (a) The board or corporation may do all acts necessary or reasonably incident to carrying out the purposes of this chapter, including the following:

(1) As a municipal corporation, sue and be sued in any court with jurisdiction.

(2) To serve as the exclusive local board of health and local department of health within the county with the powers and duties conferred by law upon local boards of health and local departments of health.

(3) To adopt and enforce ordinances consistent with Indiana law and administrative rules for the following purposes:

(A) To protect property owned or managed by the corporation.

(B) To determine, prevent, and abate public health nuisances.

(C) To establish *isolation and quarantine regulations impose restrictions on persons having infectious or contagious diseases and contacts of the persons, and regulate the disinfection of premises.* in accordance with IC 16-41-9.

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(D) To license, regulate, and establish minimum sanitary standards for the operation of a business handling, producing, processing, preparing, manufacturing, packing, storing, selling, distributing, or transporting articles used for food, drink, confectionery, or condiment in the interest of the public health.

(E) To control:

(i) rodents, mosquitos, and other animals, including insects, capable of transmitting microorganisms and disease to humans and other animals; and

(ii) the animals' breeding places.

(F) To require persons to connect to available sewer systems and to regulate the disposal of domestic or sanitary sewage by private methods. However, the board and corporation have no jurisdiction over publicly owned or financed sewer systems or sanitation and disposal plants.

(G) To control rabies.

(H) For the sanitary regulation of water supplies for domestic use.

(I) To protect, promote, or improve public health. For public health activities and to enforce public health laws, the state health data center described in IC 16-19-10 shall provide health data, medical information, and epidemiological information to the corporation.

(J) To detect, report, prevent, and control disease affecting public health.

(K) To investigate and diagnose health problems and health hazards.

(L) To regulate the sanitary and structural conditions of residential and nonresidential buildings and unsafe premises.

(M) To regulate the remediation of lead hazards.

~~(M)~~ (N) To license and regulate the design, construction, and operation of public pools, spas, and beaches.

~~(N)~~ (O) To regulate the storage, containment, handling, use, and disposal of hazardous materials.

~~(O)~~ (P) To license and regulate tattoo *parlors* and body piercing facilities.

(Q) To regulate the storage and disposal of waste tires.

(4) To manage the corporation's hospitals, medical facilities, and mental health facilities.

(5) To ~~furnish provide school based health and nursing~~ **furnish health and nursing** services ~~to elementary and secondary~~

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~~*schools within the county*~~: to elementary and secondary schools within the county.

(6) To furnish medical care to ~~*the indigent within insured and uninsured residents of the county. unless medical care is furnished to the indigent by the division of family resources.*~~

(7) To furnish dental services to the insured and uninsured residents of the county. ~~*including the services as provided in subsection (c) until the expiration of subsection (c).*~~

~~(7)~~ (8) To ~~*determine the establish*~~ public health policies and programs. ~~*to be carried out and administered by the corporation.*~~

~~(8)~~ (9) To adopt an annual budget ordinance and levy taxes.

~~(9)~~ (10) To incur indebtedness in the name of the corporation.

~~(10)~~ (11) To organize ~~*the personnel and functions of the corporation into divisions. and subdivisions to carry out the corporation's powers and duties and to consolidate, divide, or abolish the divisions and subdivisions.*~~

~~(11)~~ (12) To acquire and dispose of property.

~~(12)~~ (13) To receive charitable contributions and gifts as provided in 26 U.S.C. 170.

~~(13)~~ (14) To make charitable contributions and gifts.

~~(14)~~ (15) To establish a charitable foundation as provided in 26 U.S.C. 501.

~~(15)~~ (16) To receive and distribute federal, state, local, or private grants.

~~(16)~~ (17) To receive and distribute grants from charitable foundations.

~~(17)~~ (18) To establish ~~*nonprofit*~~ corporations ~~*and enter into partnerships and joint ventures to carry out the purposes of the corporation. This subdivision does not authorize the merger of the corporation with a hospital licensed under IC 16-21.*~~

~~(18)~~ (19) To erect, improve, remodel, or repair corporation buildings. ~~*or structures or improvements to existing buildings or structures.*~~

~~(19)~~ (20) To determine ~~*matters of policy regarding internal organization and*~~ operating procedures.

~~(20)~~ (21) To do the following:

(A) Adopt a schedule of reasonable charges for nonresidents of the county for medical and mental health services.

(B) Collect the charges from the patient, ~~*the patient's insurance company, or from the governmental unit where the patient resided at the time of the service.*~~ a government program.

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(C) Require security for the payment of the charges.

~~(21)~~ (22) To adopt a schedule of and to collect reasonable charges for *patients able to pay in full or in part. medical and mental health services.*

~~(22)~~ (23) To enforce Indiana laws, administrative rules, ordinances, and the code of the health and hospital corporation of the county.

~~(23)~~ (24) To purchase supplies, materials, and equipment. *for the corporation.*

~~(24)~~ (25) To employ personnel and establish personnel policies. *to carry out the duties, functions, and powers of the corporation.*

~~(25)~~ (26) To employ attorneys admitted to practice law in Indiana.

~~(26)~~ (27) To acquire, erect, equip, and operate the corporation's hospitals, medical facilities, and mental health facilities.

~~(27)~~ (28) To dispose of surplus property in accordance with a policy by the board.

~~(28)~~ (29) To determine the duties of officers and division directors.

~~(29)~~ (30) To fix the compensation of the officers and division directors.

~~(30)~~ (31) To carry out the purposes and object of the corporation.

~~(31)~~ (32) To obtain loans for hospital expenses in amounts and upon terms agreeable to the board. The board may secure the loans by pledging accounts receivable or other security in hospital funds.

~~(32)~~ (33) To establish fees for licenses, services, and records. The corporation may accept payment by credit card for fees. *IC 5-14-3-8(d) does not apply to fees established under this subdivision for certificates of birth, death, or stillbirth registration.*

~~(33)~~ (34) *To use levied taxes or other funds to make intergovernmental transfers to the state to fund governmental health care programs, including Medicaid and Medicaid supplemental programs.*

(b) The board shall exercise the board's powers and duties in a manner consistent with Indiana law, administrative rules, and the code of the health and hospital corporation of the county.

(c) After a dentist licensed under IC 25-14 who is employed by a local health department or the health and hospital corporation examines a child enrolled in any grade up to and including grade 12 and prescribes a treatment plan in writing for the child, a licensed dental hygienist employed by the local health department or the health

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and hospital corporation may, without supervision by the dentist, provide the child with the following treatment in accordance with the treatment plan:

- (1) Prophylaxis.*
- (2) Fluoride application.*
- (3) Sealants.*

However, the treatment must be completed not more than ninety (90) days after the dentist prescribes the treatment plan. This subsection expires June 30, 2009.

SECTION 12. IC 16-27-2-5, AS AMENDED BY P.L.197-2007, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. (a) Except as provided in subsection (b), a person who operates a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 may not employ a person to provide services in a patient's or client's temporary or permanent residence if a ~~determination of~~ that person's **limited criminal history check** or national criminal history background check indicates that the person has been convicted of any of the following:

- (1) Rape (IC 35-42-4-1).
- (2) Criminal deviate conduct (IC 35-42-4-2).
- (3) Exploitation of an endangered adult (IC 35-46-1-12).
- (4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
- (5) Theft (IC 35-43-4), if the conviction for theft occurred less than ten (10) years before the person's employment application date.
- (6) A felony that is substantially equivalent to a felony listed in subdivisions (1) through (2) for which the conviction was entered in another state.**

(b) A home health agency or personal services agency may not employ a person to provide services in a patient's or client's temporary or permanent residence for more than twenty-one (21) calendar days without receipt of a ~~determination of~~ that person's **limited criminal history** or national criminal history background check required by section 4 of this chapter, unless either the state police department or the Federal Bureau of Investigation under IC 10-13-3-39 is responsible for failing to provide the ~~determination of~~ the person's **limited criminal history** or national criminal history background check to the home health agency or personal services agency within the time required under this subsection.

SECTION 13. IC 16-28-11-5.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

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[EFFECTIVE JULY 1, 2008]: **Sec. 5.5. (a) This section does not apply to the implementation of a do not resuscitate order.**

(b) This article does not require an employee of a health facility to provide cardiopulmonary resuscitation (CPR) or other intervention on a patient if a registered nurse licensed under IC 25-23 or a physician licensed under IC 25-22.5 who is employed by the health facility has determined that the following criteria have been met:

- (1) The patient has experienced an unwitnessed cessation of circulatory and respiratory functions.**
- (2) The patient is unresponsive.**
- (3) The patient's pupils are fixed and dilated.**
- (4) The patient's body temperature indicates hypothermia.**
- (5) The patient has generalized cyanosis.**
- (6) The patient has livor mortis.**

SECTION 14. IC 24-4-15-5, AS ADDED BY P.L.129-2007, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 5. An owner or operator of a health club shall do the following:

- (1) Ensure that a defibrillator is:
 - (A) located on the health club premises and is easily accessible to the health club staff, members, and guests; **or**
 - (B) if:**
 - (i) the health club is located on the premises of a business of which the health club is a part; and**
 - (ii) the business has an emergency response team; located on the premises of the business and easily accessible to the emergency response team.**
- (2) Employ at least one (1) individual who:
 - (A) has satisfactorily completed a course approved by the American Red Cross or the American Heart Association consistent with the most current national guidelines for; and
 - (B) is currently certified in; cardiopulmonary resuscitation and defibrillator use.
- (3) Reasonably ensure that at least one (1) individual described **under in** subdivision (2) is on the health club premises when staff is present at the health club during the health club's business hours.
- (4) A health club that is not staffed must have the following on the premises:
 - (A) A telephone for 911 telephone call access.

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(B) A sign in plain view containing an advisory warning that indicates that members of the unstaffed health ~~spa~~ **club** should be aware that working out alone may pose risks to ~~the a~~ health ~~spa~~ **club** member's health and safety.

(C) A sign in plain view providing instruction in the use of the ~~automated external~~ defibrillator and in cardiopulmonary resuscitation.

(5) Ensure compliance with the requirements set forth in IC 16-31-6.5.

(6) Post a sign at each entrance to the health club that indicates the location of each defibrillator.

SECTION 15. IC 24-4-15-7, AS ADDED BY P.L.129-2007, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 7. ~~(a)~~ The:

(1) state department and the division of fire and building safety may inspect a health club at any time:

~~(1)~~ (A) according to rules adopted by the state department; or

~~(2)~~ (B) in response to a filed complaint alleging noncompliance with this chapter; **and**

(2) fire department that serves the area in which a health club is located shall inspect the health club for compliance with this chapter if the health club is inspected as part of an inspection program under IC 36-8-17-8.

~~(b) A fire department may inspect a health club for compliance with this chapter as part of an inspection program under IC 36-8-17-8.~~

SECTION 16. IC 25-1-7-1, AS AMENDED BY P.L.185-2007, SECTION 4, AS AMENDED BY P.L.193-2007, SECTION 4, AND AS AMENDED BY P.L.200-2007, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. As used in this chapter:

"Board" means the appropriate agency listed in the definition of regulated occupation in this section.

"Director" refers to the director of the division of consumer protection.

"Division" refers to the division of consumer protection, office of the attorney general.

"Licensee" means a person who is:

(1) licensed, certified, or registered by a board listed in this section; and

(2) the subject of a complaint filed with the division.

"Person" means an individual, a partnership, a limited liability company, or a corporation.

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"Regulated occupation" means an occupation in which a person is licensed, certified, or registered by one (1) of the following:

- (1) Indiana board of accountancy (IC 25-2.1-2-1).
- (2) Board of registration for architects **and** landscape architects **and registered interior designers** (IC 25-4-1-2).
- (3) Indiana auctioneer commission (IC 25-6.1-2-1).
- (4) State board of barber examiners (IC 25-7-5-1).
- (5) State boxing commission (IC 25-9-1).
- (6) Board of chiropractic examiners (IC 25-10-1).
- (7) State board of cosmetology examiners (IC 25-8-3-1).
- (8) State board of dentistry (IC 25-14-1).
- (9) State board of funeral and cemetery service (IC 25-15-9).
- (10) State board of registration for professional engineers (IC 25-31-1-3).
- (11) Indiana state board of health facility administrators (IC 25-19-1).
- (12) Medical licensing board of Indiana (IC 25-22.5-2).
- (13) Indiana state board of nursing (IC 25-23-1).
- (14) Indiana optometry board (IC 25-24).
- (15) Indiana board of pharmacy (IC 25-26).
- (16) Indiana plumbing commission (IC 25-28.5-1-3).
- (17) Board of podiatric medicine (IC 25-29-2-1).
- (18) Board of environmental health specialists (IC 25-32-1).
- (19) State psychology board (IC 25-33).
- (20) Speech-language pathology and audiology board (IC 25-35.6-2).
- (21) Indiana real estate commission (IC 25-34.1-2).
- (22) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (23) Department of natural resources for purposes of licensing water well drillers under IC 25-39-3.
- (24) Respiratory care committee (IC 25-34.5).
- (25) Private ~~detectives~~ *investigator and security guard* licensing board (~~IC 25-30-1-5.1~~) (IC 25-30-1-5.2).
- (26) Occupational therapy committee (IC 25-23.5).
- (27) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (28) Real estate appraiser licensure and certification board (IC 25-34.1-8).
- (29) State board of registration for land surveyors (IC 25-21.5-2-1).
- (30) Physician assistant committee (IC 25-27.5).
- (31) Indiana athletic trainers board (IC 25-5.1-2-1).

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- (32) Indiana dietitians certification board (IC 25-14.5-2-1).
- (33) Indiana hypnotist committee (IC 25-20.5-1-7).
- (34) Indiana physical therapy committee (IC 25-27).
- (35) Manufactured home installer licensing board (IC 25-23.7).
- (36) Home inspectors licensing board (IC 25-20.2-3-1).
- (37) *State department of health, for out-of-state mobile health care entities.*
- ~~(37)~~ **(38)** *State board of massage therapy (IC 25-21.8-2-1).*
- ~~(37)~~ ~~(38)~~ **(39)** Any other occupational or professional agency created after June 30, 1981.

SECTION 17. IC 25-2.5-2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) An applicant may, upon the payment of a fee established by the board, be granted a license if the applicant:

- (1) submits satisfactory evidence to the board that the applicant has been licensed to practice acupuncture in another state or authorized in another country ~~under qualifications substantially equivalent to those specified in this chapter for a license to practice acupuncture;~~
- (2) meets the requirements of section 1(1) through 1(4) of this chapter; and**
- (3) shows to the satisfaction of the board that the applicant has:**
 - (A) successfully completed a clean needle technique course substantially equivalent to a clean needle technique course approved by a national acupuncture association approved by the board;**
 - (B) successfully completed a three (3) year postsecondary training program or acupuncture college program that meets the standards substantially equivalent to the standards for a three (3) year postsecondary training program or acupuncture college program approved by a national acupuncture association approved by the board; and**
 - (C) passed an examination substantially equivalent to the examination required by a national acupuncture association approved by the board.**

(b) An applicant may, upon the payment of a fee established by the board, be granted a professional's license to practice acupuncture if the applicant submits satisfactory evidence to the board that the applicant is a:

- (1) chiropractor licensed under IC 25-10;

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(2) dentist licensed under IC 25-14; or
(3) podiatrist licensed under IC 25-29;
with at least two hundred (200) hours of acupuncture training.

(c) The board shall:

(1) compile, at least once every two (2) years, a list of courses and institutions that provide training approved for the purpose of qualifying an individual for a professional's license under subsection (b); and

(2) adopt rules that set forth procedures for the case by case approval of training under subsection (b).

(d) If an individual's license described in subsection (b)(1), (b)(2), or (b)(3) is subject to any restrictions as the result of disciplinary action taken against the individual by the board that regulates the individual's profession, the same restrictions shall be applied to the individual's professional's license to practice acupuncture.

(e) An individual's professional's license issued under subsection (b) shall be suspended if the individual's license described under subsection (b)(1), (b)(2), or (b)(3) is suspended.

(f) An individual's professional's license issued under subsection (b) shall be revoked if the individual's license described under subsection (b)(1), (b)(2), or (b)(3) is revoked.

(g) The practice of acupuncture by an individual issued a professional's license under subsection (b) is limited to the scope of practice of the individual's license described in subsection (b)(1), (b)(2), or (b)(3).

SECTION 18. IC 25-2.5-3-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) Subject to section 1 of this chapter, it is unlawful to practice acupuncture without a license issued under this article.

(b) Subject to subsection (c); it is unlawful for a licensed acupuncturist, other than a chiropractor licensed under IC 25-10; podiatrist licensed under IC 25-29; or dentist licensed under IC 25-14; to practice acupuncture on a patient unless the acupuncturist obtains:

(1) a written letter of referral; and

(2) either:

(A) a written diagnosis of the patient; or

(B) written documentation relating to the condition for which the patient receives acupuncture;

from an individual licensed under IC 25-22.5 within the twelve (12) months immediately preceding the date of acupuncture treatment.

(c) An acupuncturist licensed under this article may practice auricular acupuncture on a patient for the purpose of treating

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alcoholism, substance abuse, or chemical dependency without a written letter of referral or written diagnosis from a physician licensed under IC 25-22.5.

~~(d)~~ **(b)** If a licensed acupuncturist practices acupuncture on a patient after having obtained a written letter of referral or written diagnosis of the patient from a physician licensed under IC 25-22.5, ~~as described in subsection (b)~~; the physician is immune from civil liability relating to the patient's or acupuncturist's use of that diagnosis or referral except for acts or omissions of the physician that amount to gross negligence or willful or wanton misconduct.

SECTION 19. IC 25-13-1-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2. As used in this article:

(a) "Dental hygienist" means one who is especially educated and trained in the science and art of maintaining the dental health of the individual or community through prophylactic or preventive measures applied to the teeth and adjacent structures.

(b) "License" means the license to practice dental hygiene issued by the state board of dentistry to dental hygienist candidates who satisfactorily pass the board's examinations.

(c) "Board" means the state board of dentistry established by IC 25-14-1.

(d) "Proprietor dentist" means a licensed dentist who is the owner and operator of the dental office in which he practices the profession of dentistry and who employs at least one (1) dentist or dental hygienist to supplement his operation and conduct of his dental office.

(e) "Employer dentist" means a proprietor dentist who employs at least one (1) dental hygienist to supplement his dental service to his clientele.

(f) "Referral" means a recommendation that a patient seek further dental care from a licensed dentist, but not a specific dentist.

(g) "Screening" means to identify and assess the health of the hard or soft tissues of the human oral cavity.

(h) "Public health setting" means a location, including a mobile health care vehicle, where the public is invited for health care, information, and services by a program sponsored or endorsed by a governmental entity or charitable organization.

(i) "Direct supervision" means that a licensed dentist is physically present in the facility when patient care is provided by the dental hygienist.

(j) "Prescriptive supervision" means that a licensed dentist is not required to be physically present in the facility when patient

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care is provided by the dental hygienist if a licensed dentist has examined the patient and has prescribed the patient care within the previous forty-five (45) days.

SECTION 20. IC 25-13-1-10, AS AMENDED BY P.L.121-2007, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 10. (a) A licensed dental hygienist may be employed to practice dental hygiene in Indiana in the following:

(1) ~~The A dental office or clinical setting, except as described in subdivisions (3) through (5), where the dental hygienist is practicing under the direct supervision~~ of a legally practicing proprietor dentist.

(2) A dental school or dental hygiene school to teach and demonstrate the practice of dental hygiene **if direct supervision by a licensed dentist is provided for training on providing local anesthetics by injection.**

(3) The dental clinic of any public, parochial, or private school or other institution supported by public or private funds in which the licensee is employed by the state department of health or any county or city board of health or board of education or school trustee or parochial authority or the governing body of any private school ~~However, institutional practice, other than dental hygiene instruction and dental prophylaxis for children up to and including grade 12 pupils at all times must be where the dental hygienist is practicing~~ under the **direct or prescriptive** supervision of a licensed dentist.

(4) The dental clinic of a bona fide hospital, sanitarium, or ~~eleemosynary~~ **charitable** institution duly established and being operated under the laws of Indiana in which the licensee is employed by the directors or governing board of such hospital, sanitarium, or institution. However, such practice must be under the **direct or prescriptive** supervision at all times of a licensed dentist who is a staff member of the hospital or sanitarium or a member of the governing board of the institution.

(5) ~~The A:~~

(A) **fixed charitable dental care clinic; of an industrial or a commercial establishment in which the licensee's services are**

(B) **public health setting; or**

(C) **correctional institution;**

that has been approved by the board and where the dental hygienist is under the direct or prescriptive supervision of a licensed dentist.

(b) A licensed dental hygienist may provide without supervision the

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following:

- (1) Dental hygiene instruction and in-service training without restriction on location.
- (2) Dental prophylaxis for children up to and including grade 12 if the dental hygienist is employed by any of the following:
 - (A) The state department of health.
 - (B) The department of education.
 - (C) The elementary or secondary school where the services are provided.
- (3) (2) Screening and referrals for any person in a public health setting.
- (4) Services as provided in IC 16-20-1-14 and IC 16-22-8-34.

SECTION 21. IC 25-13-1-10.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 10.6. (a) A licensed dental hygienist may administer local dental anesthetics under the direct supervision of a licensed dentist if the dental hygienist has:**

- (1) completed board approved educational requirements, including cardiopulmonary resuscitation and emergency care training; and
 - (2) received a board issued dental hygiene anesthetic permit.
- (b) Local dental anesthetics do not include nitrous oxide or similar anesthetics.**

SECTION 22. IC 25-13-1-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 11. A person is deemed to be practicing dental hygiene within the meaning of this chapter who:

- (1) uses the titles "Licensed Dental Hygienist", "Dental Hygienist", or the letters "L.D.H." or "D.H." in connection with his or her name;
- (2) holds himself or herself out to the public in any manner that he or she can or will render services as a dental hygienist;
- (3) removes calcific deposits or accretions from the surfaces of human teeth or cleans or polishes such teeth;
- (4) applies and uses within the patient's mouth such antiseptic sprays, washes, or medicaments for the control or prevention of dental caries as his or her employer dentist may direct;
- (5) treats gum disease; or
- (6) uses impressions and x-ray photographs for treatment purposes; or
- (7) administers local dental anesthetics, except for the administration of local dental anesthetics by:
 - (A) a dentist as provided in IC 25-14-1-23(a)(6); or

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(B) a physician licensed under IC 25-22.5.

SECTION 23. IC 25-14-1-1.5, AS AMENDED BY P.L.1-2006, SECTION 430, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1.5. As used in this article:

"Agency" refers to the Indiana professional licensing agency established by IC 25-1-5-3.

"Board" refers to the state board of dentistry established under this chapter.

"Deep sedation" means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command, produced by a pharmacologic method.

"Dental assistant" means a qualified dental staff member, other than a licensed dental hygienist, who assists a licensed dentist with patient care while working under the dentist's direct supervision.

"Direct supervision" means that a licensed dentist is physically present in the facility when patient care is provided by the dental assistant.

"General anesthesia" means a controlled state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.

"Light parenteral conscious sedation" means a minimally depressed level of consciousness under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by an intravenous pharmacologic method.

SECTION 24. IC 25-14-1-23, AS AMENDED BY P.L.121-2007, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 23. (a) A person is practicing dentistry within the meaning of this chapter if the person does any of the following:

- (1) Uses the word "dentist" or "dental surgeon", the letters "D.D.S." or "D.M.D.", or other letters or titles in connection with dentistry.
- (2) Directs and controls the treatment of patients within a place where dental services are performed.
- (3) Advertises or permits to be advertised by sign, card, circular, handbill, newspaper, radio, or otherwise that ~~he~~ **the person** can or will attempt to perform dental operations of any kind.
- (4) Offers to diagnose or professes to diagnose or treats or professes to treat any of the lesions or diseases of the human oral

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cavity, teeth, gums, or maxillary or mandibular structures.

(5) Extracts human teeth or corrects malpositions of the teeth or jaws.

(6) Except as provided in IC 25-13-1-10.5 **and IC 25-13-1-10.6**, administers dental anesthetics.

(7) Uses x-ray pictures for dental diagnostic purposes.

(8) Makes impressions or casts of any oral tissues or structures for the purpose of diagnosis or treatment thereof or for the construction, repair, reproduction, or duplication of any prosthetic device to alleviate or cure any oral lesion or replace any lost oral structures, tissue, or teeth.

(9) Advertises to the public by any method, except trade and professional publications, to furnish, supply, construct, reproduce, repair, or adjust any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth.

(10) Is the employer of a dentist who is hired to provide dental services.

(11) Directs or controls the use of dental equipment or dental material while the equipment or material is being used to provide dental services. However, a person may lease or provide advice or assistance concerning dental equipment or dental material if the person does not restrict or interfere with the custody, control, or use of the equipment or material by the dentist. This subdivision does not prevent a dental hygienist who is licensed under IC 25-13 from owning dental equipment or dental materials within the dental hygienist's scope of practice.

(12) Directs, controls, or interferes with a dentist's clinical judgment.

(13) Exercises direction or control over a dentist through a written contract concerning the following areas of dental practice:

(A) The selection of a patient's course of treatment.

(B) Referrals of patients, except for requiring referrals to be within a specified provider network, subject to the exceptions under IC 27-13-36-5.

(C) Content of patient records.

(D) Policies and decisions relating to refunds, if the refund payment would be reportable under federal law to the National Practitioner Data Bank, and warranties.

(E) The clinical content of advertising.

(F) Final decisions relating to the employment of dental office personnel.

However, this subdivision does not prohibit a person from

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providing advice or assistance concerning the areas of dental practice referred to in this subdivision or an insurer (as defined in IC 27-1-26-1) from carrying out the applicable provisions of IC 27 under which the insurer is licensed.

However, a person does not have to be a dentist to be a manufacturer of dental prostheses.

(b) In addition to subsection (a), a person is practicing dentistry who directly or indirectly by any means or method furnishes, supplies, constructs, reproduces, repairs, or adjusts any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth and delivers the resulting product to any person other than the duly licensed dentist upon whose written work authorization the work was performed. A written work authorization shall include the following:

- (1) The name and address of the dental laboratory to which it is directed.
- (2) The case identification.
- (3) A specification of the materials to be used.
- (4) A description of the work to be done and, if necessary, diagrams thereof.
- (5) The date of issuance of the authorization.
- (6) The signature and address of the licensed dentist or other dental practitioner by whom the work authorization is issued.

A separate work authorization shall be issued for each patient of the issuing licensed dentist or other dental practitioner for whom dental technological work is to be performed.

(c) This section shall not apply to those procedures which a legally licensed and practicing dentist may delegate to ~~competent office personnel~~ **a dental assistant** as to which procedures the dentist exercises **direct** supervision and responsibility. ~~Delegated~~

(d) Procedures delegated by a dentist may not include either: the following:

- (1) Those procedures which require professional judgment and skill such as diagnosis, treatment planning, ~~and~~ the cutting of hard or soft tissues, or any intraoral impression which would lead to the fabrication of an ~~appliance, which, when worn by the patient, would come in direct contact with hard or soft tissues and which could result in tissue irritation or injury; or a final prosthetic appliance.~~
- (2) ~~those~~ **Except for procedures described in subsections (g) and (h), procedures delegated to a dental assistant may not include** procedures allocated under IC 25-13-1 to a licensed

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dental ~~hygienists~~ **hygienist.**

(e) This chapter shall not prevent dental students from performing dental operations under the supervision of competent instructors within the dental school or a university recognized by the board or in any public clinic under the supervision of the authorized superintendent of such clinic authorized under the authority and general direction of the board of health or school board of any city or town in Indiana.

~~(d)~~ (f) Licensed pharmacists of this state may fill prescriptions of licensed dentists of this state for any drug necessary in the practice of dentistry.

(g) **Notwithstanding IC 25-13-1-11(4), a dental assistant who has completed a board approved curriculum may apply medicaments for the control or prevention of dental caries under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:**

- (1) Ethics and jurisprudence.
- (2) Reasons for fluorides.
- (3) Systemic fluoride.
- (4) Topical fluoride.
- (5) Fluoride application.
- (6) Laboratory work on topical fluoride applications and patient competency.

(h) **Notwithstanding IC 25-13-1-11(3), a dental assistant who has completed a board approved curriculum may polish the coronal surface of teeth under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:**

- (1) Ethics and jurisprudence.
- (2) Plaque and materia alba.
- (3) Intrinsic and extrinsic stain.
- (4) Abrasive agents.
- (5) Use of a slow speed hand piece, prophy cup, and occlusal polishing brush.
- (6) Theory of selective polishing.
- (7) Laboratory work concerning slow speed hand piece, hand dexterity, and patient competency.

SECTION 25. IC 25-20.5-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. This chapter does not apply to the following **if the person has received training in the performance of hypnotism:**

- (1) A licensed dentist practicing dentistry under IC 25-14.
- (2) A licensed physician practicing medicine under IC 25-22.5.
- (3) A licensed osteopath practicing medicine under IC 25-22.5.



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(4) A licensed psychologist practicing psychology under IC 25-33.

(5) A ~~certified~~ **licensed** social worker or clinical social worker practicing social work or clinical social work under IC 25-23.6.

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

(7) A ~~certified~~ **licensed** marriage and family therapist practicing marriage and family therapy under IC 25-23.6.

(8) A licensed mental health counselor practicing mental health counseling under IC 25-23.6.

~~(8)~~ **(9)** An individual who teaches Lamaze prenatal and delivery relaxation techniques to pregnant women.

~~(9)~~ **(10)** A law enforcement officer who:

(A) is trained in hypnotism; and

(B) uses hypnosis only for law enforcement purposes.

~~(10)~~ **(11)** A licensed chiropractor practicing the science of chiropractic under IC 25-10.

~~(11)~~ **(12)** An individual who performs hypnotism exclusively for entertainment or amusement purposes at a theater, night club, or other place that offers entertainment to the public for consideration or promotional purposes.

SECTION 26. IC 25-23-1-1.1, AS AMENDED BY P.L.1-2007, SECTION 170, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1.1. (a) As used in this chapter, "registered nurse" means a person who holds a valid license issued:

(1) under this chapter; or

(2) by a party state (as defined in IC 25-23.3-2-11); and

who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.

(b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:

(1) assessing health conditions;

(2) deriving a nursing diagnosis;

(3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;

(4) advocating the provision of health care services through collaboration with or referral to other health professionals;

(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;

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- (6) teaching, administering, supervising, delegating, and evaluating nursing practice;
- (7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or
- (8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.

(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:

- (1) deriving a nursing diagnosis;
- (2) identifying the need for additional data collection by nursing personnel; and
- (3) identifying the need for additional data collection by other health professionals.

(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion activities which include meeting or assisting with self-care needs, counseling, and teaching.

(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.

SECTION 27. IC 25-23-1-1.2, AS AMENDED BY P.L.1-2007, SECTION 171, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter **or by a party state (as defined in IC 25-23.3-2-11)** and who functions at the direction of:

- (1) a registered nurse;
- (2) a physician with an unlimited license to practice medicine or osteopathic medicine;
- (3) a licensed dentist;
- (4) a licensed chiropractor;
- (5) a licensed optometrist; or
- (6) a licensed podiatrist;

in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.

SECTION 28. IC 25-23-1-7, AS AMENDED BY P.L.1-2007, SECTION 172, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 7. (a) The board shall do the following:

- (1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
- (2) Prescribe standards and approve curricula for nursing

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education programs preparing persons for licensure under this chapter.

(3) Provide for surveys of such programs at such times as it considers necessary.

(4) Accredite such programs as meet the requirements of this chapter and of the board.

(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.

(6) Examine, license, and renew the license of qualified applicants.

(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.

(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.

(9) Adopt rules under IC 4-22-2 that do the following:

(A) Prescribe standards for the competent practice of registered, practical, and advanced practice nursing.

(B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.

(C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.

(10) Keep a record of all its proceedings.

(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.

(12) Adopt rules and administer the interstate nurse licensure compact under IC 25-23.3.

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.

(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:

(A) Recommendation of rules necessary to carry out the duties of the board.

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(B) Recommendations concerning educational programs and requirements.

(C) Recommendations regarding examinations and licensure of applicants.

(3) Appoint nurses to serve on each of the ad hoc subcommittees.

(4) Withdraw from the interstate nurse licensure compact under IC 25-23.2 (repealed).

(5) If requested by the nonprofit corporation formed under IC 12-31-1-3, provide assistance to the public umbilical cord blood bank and umbilical cord blood donation initiative.

(c) Nurses appointed under subsection (b) must:

(1) be committed to advancing and safeguarding the nursing profession as a whole; and

(2) represent nurses who practice in the field directly affected by a subcommittee's actions.

SECTION 29. IC 25-23-1-11, AS AMENDED BY P.L.1-2007, SECTION 173, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:

(1) not have:

(A) been convicted of a crime that has a direct bearing on the person's ability to practice competently; or

(B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;

(2) have completed:

(A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or

(B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and

(3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.

The board may not require a person to have a baccalaureate degree in

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nursing as a prerequisite for licensure.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.

(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:

- (1) has completed the English version of the:
 - (A) Canadian Nurse Association Testing Service Examination (CNAT); or
 - (B) **Canadian Registered Nurse Examination (CRNE);**
- (2) achieved the passing score required on the examination at the time the examination was taken;
- (3) is currently licensed in a Canadian province or in another state; and
- (4) meets the other requirements under this section.

(e) Each applicant for examination and registration to practice as a registered nurse shall pay a fee set by the board, ~~The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state: a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses.~~ Payment of the fee or fees shall be made by the applicant prior to the date of examination. **The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:**

- (1) **Twenty-five percent (25%) of the license application fee per license applied for under this section.**
- (2) **The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.**

(f) Any person who holds a license to practice as a registered nurse in:

- (1) Indiana; or
- (2) **a party state (as defined in IC 25-23.3-2-11);**

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may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

SECTION 30. IC 25-23-1-12, AS AMENDED BY P.L.1-2007, SECTION 174, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:

(1) not have been convicted of:

(A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or

(B) a crime that has a direct bearing on the person's ability to practice competently;

(2) have completed:

(A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing that only accepts students who have a high school diploma or its equivalent, as determined by the board; or

(B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and

(3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as determined by the board.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.

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(d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board, ~~The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state: a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses.~~ Payment of the fees shall be made by the applicant before the date of examination. **The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:**

(1) Twenty-five percent (25%) of the license application fee per license applied for under this section.

(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

(e) Any person who holds a license to practice as a licensed practical nurse in:

(1) Indiana; or

(2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

SECTION 31. IC 25-23-1-16.1, AS AMENDED BY P.L.1-2006, SECTION 451, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(c) The procedures and fee for renewal shall be set by the board.

(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section

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34 of this chapter:

- (1) ~~Sixteen percent (16%)~~ **Twenty-five percent (25%)** of the license renewal fee per license renewed under this section.
- (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

SECTION 32. IC 25-23-1-27, AS AMENDED BY P.L.1-2007, SECTION 175, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 27. A person who:

- (1) sells or fraudulently obtains or furnishes any nursing diploma, license or record;
- (2) practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
- (3) practices nursing as a registered nurse or licensed practical nurse unless licensed to do so under this chapter **or IC 25-23.3;**
- (4) uses in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless licensed to practice under this chapter **or IC 25-23.3;**
- (5) practices nursing during the time the person's license issued under this chapter **or IC 25-23.3** is suspended or revoked;
- (6) conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or
- (7) otherwise violates this chapter;

commits a Class B misdemeanor.

SECTION 33. IC 25-23-1-34, AS AMENDED BY P.L.1-2007, SECTION 176, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the Indiana professional licensing agency.

(b) Expenses of administering the account shall be paid from money in the account. The account consists of the following:

- (1) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under ~~section~~ **sections 11(e), 12(d), and 16.1(d)** of this chapter.
- (2) Funds collected under section 31(c)(2) of this chapter.
- (3) ~~Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under IC 25-23.2-3-5 (repeated).~~

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~~(4)~~ (3) Fines collected from registered nurses or licensed practical nurses under IC 25-1-9-9(a)(6).

(c) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested.

(d) Money in the account is appropriated to the board for the purpose stated in subsection (a).

SECTION 34. IC 25-23.3 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]:

ARTICLE 23.3. INTERSTATE NURSE LICENSURE COMPACT

Chapter 1. Purpose

Sec. 1. It is the purpose of this compact to allow qualified nurses who are licensed in a compact state to practice nursing in another compact state and to reduce redundant licensing requirements of nurses who practice in multiple states.

Chapter 2. Definitions

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

Sec. 2. "Adverse action" means a home or remote state action.

Sec. 3. "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.

Sec. 4. "Board" has the meaning set forth in IC 25-23-1-1.

Sec. 5. "Coordinated licensure information system" means an integrated process:

- (1) for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws; and**
- (2) administered by a nonprofit organization composed of and controlled by state nurse licensing boards.**

Sec. 6. "Home state" means the party state that is a nurse's primary state of residence.

Sec. 7. "Home state action" means any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board, including an action against an individual's license, such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

Sec. 8. "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

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Sec. 9. "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in that party state. All party states have the authority, in accordance with state due process law, to take actions against a nurse's privilege, such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

Sec. 10. "Nurse" means a registered nurse or licensed practical/vocational nurse as defined by the state practice laws of each party state.

Sec. 11. "Party state" means any state that has adopted this compact.

Sec. 12. "Remote state" means a party state, other than the home state:

- (1) where a patient is located at the time nursing care is provided; or**
- (2) in the case of the practice of nursing not involving a patient, in a party state where the recipient of nursing practice is located.**

Sec. 13. "Remote state action" means:

- (1) any administrative, civil, equitable, or criminal action permitted by a remote state's laws that are imposed on a nurse by the remote state's licensing board or other authority, including actions against an individual's multistate licensure privilege to practice in the remote state; and**
- (2) cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards of remote states.**

Sec. 14. "State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

Sec. 15. "State practice laws" means the individual party state's laws and rules that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

Chapter 3. General Provisions and Jurisdiction

Sec. 1. A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as

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a registered nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal and all other applicable state laws.

Sec. 2. A party state may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in the state and may take any other actions under applicable state laws necessary to protect the health and safety of the state's citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which a patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws in that party state.

Sec. 4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Sec. 5. Individuals not residing in a party state continue to be able to apply for nurse licensure as provided under the laws of each party state. However, the license granted to these individuals is not recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

Chapter 4. Applications for Licensure in a Party State

Sec. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other party state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken

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against the license.

Sec. 2. A nurse in a party state may hold licensure in only one (1) party state at a time, issued by the home state.

Sec. 3. A nurse who intends to change primary state of residence may apply for licensure in the new home state before the change. However, a new license may not be issued by a party state until a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

Sec. 4. (a) If a nurse:

- (1) changes primary state of residence by moving between two
- (2) party states; and
- (2) obtains a license from the new home state;

the license from the former home state is no longer valid.

(b) If a nurse:

- (1) changes primary state of residence by moving from a nonparty state to a party state; and
- (2) obtains a license from the new home state;

the individual state license issued by the nonparty state is not affected and remains in force if provided by the laws of the nonparty state.

(c) If a nurse changes primary state of residence by moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without multistate licensure privilege to practice in other party states.

Chapter 5. Adverse Actions

Sec. 1. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any disciplinary actions taken by the licensing entity or complaints filed by the attorney general, including the factual and legal basis for such actions, if known. The licensing board of a remote state shall promptly report any disciplinary actions taken by the licensing entity or complaints filed by the remote state's attorney general. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

Sec. 2. The licensing board of a party state has authority to complete any pending investigation for a nurse who changes primary state of residence during the course of the investigation. The licensing board also has authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system.

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The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

Sec. 3. A remote state may take adverse action affecting the multistate licensure privilege to practice within the remote state. However, only the home state has authority to impose adverse action against the license issued by the home state.

Sec. 4. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

Sec. 5. The home state may take adverse action based on the factual findings of a remote state, so long as each state follows its own procedures for imposing such adverse action.

Sec. 6. This compact does not override a party state's decision that participation in an alternative program may be used instead of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from the other party state.

Chapter 6. Additional Authority Invested in Party State Nurse Licensing Boards

Sec. 1. Notwithstanding any other powers, a party state nurse licensing board may do the following:

- (1) If otherwise permitted by state law, recover from a nurse the costs of investigations and disposition of cases resulting from any adverse action taken against the nurse.
- (2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and the production of evidence from another party state shall be enforced in the latter state by a court with jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and evidence are located.
- (3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in the state.

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(4) Adopt uniform rules as provided for in IC 25-23.3-8-3.

Chapter 7. Coordinated Licensure Information System

Sec. 1. All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system must include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

Sec. 2. All party states' licensing boards shall promptly report actions against multistate licensure privileges, disciplinary actions taken by the licensing entity or complaints filed by the remote state's attorney general, denials of applications, and the reasons for such denials to the coordinated licensure information system.

Sec. 3. All party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

Sec. 4. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

Sec. 5. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

Sec. 6. The compact administrators, acting jointly and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

Chapter 8. Compact Administration and Interchange of Information

Sec. 1. The head of the nurse licensing board of each party state, or that person's designee, shall be the administrator of this compact for that person's state. For purposes of this article, the executive director of the Indiana professional licensing agency or the executive director's designee shall be the administrator of this compact.

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Sec. 2. The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information, to facilitate the administration of this compact.

Sec. 3. Compact administrators may develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by a board under IC 25-23.3-6-1.

Chapter 9. Immunity

Sec. 1. Neither a party state nor an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with this compact is liable on account of any act or omission in good faith while engaged in the performance of duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

Chapter 10. Entry Into Force, Withdrawal, and Amendment

Sec. 1. This compact becomes effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact.

Sec. 2. No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring before the withdrawal.

Sec. 3. This compact shall not be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with this compact.

Sec. 4. This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

Chapter 11. Construction and Severability

Sec. 1. This compact shall be liberally construed to effectuate its purposes. The provisions of this compact are severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or if the applicability of this compact to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability of this compact to any government, agency, person, or circumstance are not affected thereby. If this compact is held contrary to the constitution of any party state, this compact remains in full force and effect as to the

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remaining party states and in full force and effect as to the party state affected as to a severable matter.

Sec. 2. If party states find a need for settling disputes arising under this compact:

- (1) the party states may submit the issues in dispute to an arbitration panel comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in each remote state involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and**
- (2) the decision of a majority of the arbitrators is final and binding.**

Sec. 3. (a) Notwithstanding any other law, this article does not take effect until July 1, 2009.

(b) This article expires July 1, 2012.

SECTION 35. IC 25-23.5-3-1.5, AS ADDED BY P.L.197-2007, SECTION 66, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1.5. (a) Except as provided in subsection (b), an occupational therapist may not provide occupational therapy services to a person until the person has been referred to the occupational therapist by **one (1) of the following:**

- (1) A physician licensed under IC 25-22.5.**
- (2) A podiatrist licensed under IC 25-29.**
- (3) An advanced practice nurse licensed under IC 25-23.**
- (4) A psychologist licensed under IC 25-33. or**
- (5) A chiropractor licensed under IC 25-10.**
- (6) An optometrist licensed under IC 25-24.**

(b) An occupational therapist may provide the following services without a referral from a physician licensed under IC 25-22.5, a podiatrist licensed under IC 25-29, an advanced practice nurse licensed under IC 25-23, a psychologist licensed under IC 25-33, or a chiropractor licensed under IC 25-10, **or an optometrist licensed under IC 25-24:**

- (1) Ergonomic or home assessment.
- (2) Injury or illness prevention education and wellness services.
- (3) Occupational therapy activities provided in an educational setting.
- (4) Occupational therapy activities that the board determines, after reviewing the recommendations of the committee, are appropriate to be conducted in a community based environment.

SECTION 36. IC 25-23.6-3-1 IS AMENDED TO READ AS

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FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. **(a)** An individual may not:

- (1) profess to be a licensed marriage and family therapist;
- (2) use the title:
 - (A) "licensed marriage and family therapist";
 - (B) "marriage and family therapist"; or
 - (C) "family therapist";
- (3) use any other words, letters, abbreviations, or insignia indicating or implying that the individual is a licensed marriage and family therapist; or
- (4) practice marriage and family therapy for compensation; unless the individual is licensed under ~~this article~~, IC 25-22.5, **IC 25-23.6-8-1**, or IC 25-33.

(b) An individual may not:

- (1) profess to be a licensed marriage and family therapist associate;**
- (2) use the title:**
 - (A) "licensed marriage and family therapist associate";**
 - (B) "marriage and family therapist associate"; or**
 - (C) "family therapist associate";**
- (3) use any other words, letters, abbreviations, or insignia indicating or implying that the individual is a licensed marriage and family therapist associate; or**
- (4) practice marriage and family therapy for compensation; unless the individual is licensed under IC 25-22.5, IC 25-23.6-8-1.5, or IC 25-33.**

(c) Subsections (a)(4) and (b)(4) do not apply to a person who is described in section 2(a) of this chapter.

SECTION 37. IC 25-23.6-3-2, AS AMENDED BY P.L.2-2007, SECTION 330, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2. (a) This article may not be construed to limit the marriage and family therapy services performed by a person who does not use a title specified in this article and who is one (1) of the following:

- (1) A licensed or certified health care professional acting within the scope of the person's license or certificate.
- (2) A student, an intern, or a trainee pursuing a course of study in medicine or psychology or a course of study to gain licensure under this article in an accredited eligible postsecondary educational institution or training institution ~~or is a graduate accumulating experience required for licensure if:~~
 - (A) the activities are performed under qualified supervision

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and constitute a part of the person's supervised course of study or other level of supervision; and

(B) the student ~~or graduate~~ uses a title that contains the term "intern" or "trainee".

(3) Not a resident of Indiana if the person performed services in Indiana for not more than five (5) days in any one (1) month and not more than fifteen (15) days in any one (1) calendar year and the person is authorized to perform such services under the laws of the state or country in which the person resides.

(4) A rabbi, priest, Christian Science practitioner, minister, or other member of the clergy.

(5) An employee of or a volunteer for a nonprofit corporation or an organization performing charitable, religious, or educational functions, providing pastoral counseling or other assistance.

(6) A person who provides school counseling or a person who is certified by a state or national organization that is recognized by the Indiana division of mental health and addiction and who provides counseling in the areas of alcohol or drug abuse addictions.

(b) Nothing in this section prohibits a person referred to in subsection (a) from qualifying for licensure under this article.

SECTION 38. IC 25-23.6-3-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 4. **(a)** An individual who is licensed as a marriage and family therapist **under IC 25-23.6-8-1** shall:

(1) display the license or a clear copy of the license at each location where the marriage and family therapist regularly practices; and

(2) include the words "licensed marriage and family therapist" or the letters "LMFT" on all promotional materials, including business cards, brochures, stationery, advertisements, and signs that name the individual.

(b) An individual who is licensed as a marriage and family therapist associate under IC 25-23.6-8-1.5 shall:

(1) display the license or a clear copy of the license at each location where the marriage and family therapist associate regularly practices; and

(2) include the words "licensed marriage and family therapist associate" or the letters "LMFTA" on all promotional materials, including business cards, brochures, stationery, advertisements, and signs that name the individual.

SECTION 39. IC 25-23.6-8-1, AS AMENDED BY P.L.2-2007,

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SECTION 337, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. An individual who applies for a license as a marriage and family therapist must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board from an eligible postsecondary educational institution that meets the requirements under section 2.1(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 2.1(a)(2) or (2.1)(a)(3) of this chapter; and

(B) completed the educational requirements under section 2.5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual has met the clinical experience requirements under section 2.7 of this chapter.

(3) Furnish satisfactory evidence to the board that the individual:

(A) holds a marriage and family therapist associate license, in good standing, issued under section 5 of this chapter; or

(B) is licensed or certified to practice as a marriage and family therapist in another state and is otherwise qualified under this chapter.

~~(2)~~ (4) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

~~(3)~~ (5) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a marriage and family therapist without endangering the public.

~~(4)~~ Pass an examination provided by the board:

~~(5)~~ (6) Pay the fee established by the board.

SECTION 40. IC 25-23.6-8-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 1.5. An individual who applies for a license as a marriage and family therapist associate must meet the following requirements:**

(1) Furnish satisfactory evidence to the board that the individual has:

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(A) received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board from an institution of higher education that meets the requirements under section 2.1(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 2.1(a)(2) or 2.1(a)(3) of this chapter; and

(B) completed the educational requirements under section 2.5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a marriage and family therapist associate without endangering the public.

(4) Pay the fee established by the board.

(5) Pass an examination provided by the board.

SECTION 41. IC 25-23.6-8-2.1, AS AMENDED BY P.L.2-2007, SECTION 338, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2.1. (a) An applicant for a license as a marriage and family therapist under section 1 of this chapter or an applicant for a license as a marriage and family therapist associate under section 1.5 of this chapter must have received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board, from an eligible postsecondary educational institution that meets the following requirements:

(1) If the institution was located in the United States or a territory of the United States, at the time of the applicant's graduation the institution was accredited by a regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation.

(2) If the institution was located in Canada, at the time of the applicant's graduation the institution was a member in good standing with the Association of Universities and Colleges of Canada.

(3) If the institution was located in a foreign country other than Canada, at the time of the applicant's graduation the institution:

(A) was recognized by the government of the country where

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the school was located as a program to train in the practice of marriage and family therapy or psychotherapy; and

(B) maintained a standard of training substantially equivalent to the standards of institutions accredited by a regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation.

(b) An applicant **for a license as a marriage and family therapist** under section 1 of this chapter **or an applicant for a license as a marriage and family therapist associate under section 1.5 of this chapter** who has a master's or doctoral degree from a program that did not emphasize marriage and family therapy may complete the course work requirement from an institution that is:

- (1) accredited by the Commission on Accreditation for Marriage and Family Therapy Education; and
- (2) recognized by the United States Department of Education.

SECTION 42. IC 25-23.6-8-2.5, AS AMENDED BY P.L.2-2007, SECTION 339, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2.5. (a) An applicant **for a license as a marriage and family therapist** under section 1 of this chapter **or an applicant for a license as a marriage and family therapist associate under section 1.5 of this chapter** must complete the following educational requirements:

- (1) Except as provided in subsection (b), complete twenty-seven (27) semester hours or forty-one (41) quarter hours of graduate course work that must include graduate level course credits with material in at least the following content areas:

- (A) Theoretical foundations of marriage and family therapy.
- (B) Major models of marriage and family therapy.
- (C) Individual development.
- (D) Family development and family relationships.
- (E) Clinical problems.
- (F) Collaboration with other disciplines.
- (G) Sexuality.
- (H) Gender and sexual orientation.
- (I) Issues of ethnicity, race, socioeconomic status, and culture.
- (J) Therapy techniques.
- (K) Behavioral research that focuses on the interpretation and application of research data as it applies to clinical practice.

The content areas may be combined into any one (1) graduate level course, if the applicant can prove that the course work was devoted to each content area.

- (2) Not less than one (1) graduate level course of two (2) semester

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hours or three (3) quarter hours in the following areas:

(A) Legal, ethical, and professional standards issues in the practice of marriage and family therapy or an equivalent course approved by the board.

(B) Appraisal and assessment for individual or interpersonal disorder or dysfunction.

(3) At least one (1) supervised clinical practicum, internship, or field experience in a marriage and family counseling setting that meets the following requirements:

(A) The applicant provided five hundred (500) face to face client contact hours of marriage and family therapy services under the supervision of a licensed marriage and family therapist who has at least five (5) years of experience or a qualified supervisor approved by the board.

(B) The applicant received one hundred (100) hours of supervision from a licensed marriage and family therapist who has at least five (5) years experience as a qualified supervisor.

The requirements under ~~subdivisions~~ **clauses** (A) and (B) may be met by a supervised practice experience that took place away from an institution of higher education but that is certified by an official of the eligible postsecondary educational institution as being equivalent to a graduate level practicum or internship program at an institution accredited by an accrediting agency approved by the United States Department of Education Commission on Recognition of Postsecondary Education, the Association of Universities and Colleges of Canada, or the Commission on Accreditation for Marriage and Family Therapy Education.

(b) The following graduate work may not be used to satisfy the content area requirements under subsection (a):

(1) Thesis or dissertation work.

(2) Practicums, internships, or fieldwork.

SECTION 43. IC 25-23.6-8-2.7, AS AMENDED BY P.L.197-2007, SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2.7. (a) An applicant **for a license as a marriage and family therapist** under section 1 of this chapter must have at least two (2) years of clinical experience, during which at least fifty percent (50%) of the applicant's clients were receiving marriage and family therapy services. The applicant's clinical experience must include one thousand (1,000) hours of post degree clinical experience and two hundred (200) hours of post degree clinical supervision, of which one hundred (100) hours must be individual supervision, under the

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supervision of a licensed marriage and family therapist who has at least five (5) years of experience or an equivalent supervisor, as determined by the board.

(b) ~~Within the two (2) years~~ **Before an individual obtains any post degree clinical experience, the individual must be licensed as a marriage and family therapist associate under this chapter. When obtaining the clinical experience** required under subsection (a), the applicant must provide direct individual, group, and family therapy and counseling to the following categories of cases:

- (1) Unmarried couples.
- (2) Married couples.
- (3) Separating or divorcing couples.
- (4) Family groups, including children.

(c) A doctoral internship may be applied toward the supervised work experience requirement.

(d) Except as provided in subsection (e), the experience requirement may be met by work performed at or away from the premises of the supervising marriage and family therapist.

(e) The work requirement may not be performed away from the supervising marriage and family therapist's premises if:

- (1) the work is the independent private practice of marriage and family therapy; and
- (2) the work is not performed at a place that has the supervision of a licensed marriage and family therapist or an equivalent supervisor, as determined by the board.

SECTION 44. IC 25-23.6-8-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. An individual who satisfies the requirements of ~~sections 1 and 2~~ **section 1.5(1) through 1.5(4)** of this chapter may take the examination provided by the board.

SECTION 45. IC 25-23.6-8-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 5. The board shall issue a **marriage and family therapist license or marriage and family therapist associate** license, **as appropriate**, to an individual who:

- (1) achieves a passing score, as determined by the board, on the examination provided under this chapter; and
- (2) is otherwise qualified under this article.

SECTION 46. IC 25-23.6-8-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 8. (a) A **marriage and family therapist** license issued by the board is valid for the remainder of the renewal period in effect on the date the license was issued.

(b) An individual may renew a **marriage and family therapist** license by:

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- (1) paying a renewal fee on or before the expiration date of the license; and
- (2) completing not less than fifteen (15) hours of continuing education each licensure year.

(c) If an individual fails to pay a renewal on or before the expiration date of a license, the license becomes invalid.

SECTION 47. IC 25-23.6-8-8.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 8.5. (a) A marriage and family therapist associate license issued by the board is valid for the remainder of the renewal period in effect on the date the license was issued.**

(b) An individual may renew a marriage and family therapist associate license two (2) times by:

- (1) paying a renewal fee on or before the expiration date of the license; and**
- (2) completing at least fifteen (15) hours of continuing education each licensure year.**

(c) The board may renew a marriage and family therapist associate license for additional periods based on circumstances determined by the board.

(d) If an individual fails to pay a renewal fee on or before the expiration date of a license, the license becomes invalid.

SECTION 48. IC 25-23.6-8-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 9. (a) The board may reinstate an invalid **marriage and family therapist license issued under section 5 of this chapter** up to three (3) years after the expiration date of the license if the individual holding the invalid license meets the requirements under IC 25-1-8-6.

(b) If more than three (3) years have elapsed since the date a **marriage and family therapist** license expired, the individual holding the license may renew the license by satisfying the requirements for renewal established by the board and meeting the requirements under IC 25-1-8-6.

(c) **The board may reinstate an invalid marriage and family therapist associate license issued under section 5 of this chapter up to one (1) year after the expiration date of the license if the individual holding the invalid license meets the requirements under IC 25-1-8-6. An associate license that has been expired for more than one (1) year may not be reinstated under IC 25-1-8-6.**

SECTION 49. IC 25-23.6-8-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 11. (a) An individual

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who is licensed **as a marriage and family therapist** under this ~~article~~ **chapter** shall notify the board in writing when the individual retires from practice.

(b) Upon receipt of the notice, the board shall:

- (1) record the fact the individual is retired; and
- (2) release the individual from further payment of renewal fees and continuing education requirements.

SECTION 50. IC 25-23.6-8-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 13. **(a)** An individual who applies for a **marriage and family therapist** license under **section 1** of this ~~article~~ **chapter** may be exempted by the board from the examination requirement under this chapter if the individual:

(1) complies with subsection (b); and

~~(1)~~ **(2)** is licensed or certified to practice as a marriage and family therapist in another state or ~~(2)~~ has engaged in the practice of marriage and family therapy for at least three (3) of the previous five (5) years.

(b) An individual may be exempted under subsection (a) if the individual:

~~(3)~~ **(1)** has passed a licensing examination substantially equivalent to the licensing examination required under this article;

~~(4)~~ **(2)** has passed an examination pertaining to the marriage and family therapy laws and rules of this state; and

~~(5)~~ **(3)** has not committed any act or is not under investigation for any act that constitutes a violation of this article;

and is otherwise qualified under ~~sections~~ **section 1** and ~~2~~ of this chapter and pays an additional fee.

SECTION 51. IC 34-30-2-99.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 99.5. IC 25-23.3-9-1 (Concerning acts and omissions under the interstate nurse licensure compact).**

SECTION 52. IC 25-23-1-28 IS REPEALED [EFFECTIVE JULY 1, 2008].

SECTION 53. [EFFECTIVE JULY 1, 2008] **(a) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.**

(b) During the 2008 interim, the commission shall:

(1) study domestic violence programs administered by the state; and

(2) recommend the most appropriate state agency to administer domestic violence programs.

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(c) This SECTION expires December 31, 2008.

SECTION 54. [EFFECTIVE JULY 1, 2008] (a) Notwithstanding IC 25-23.3, as added by this act, IC 25-23.3 may not be implemented until July 1, 2009.

(b) The Indiana state board of nursing shall, not later than June 30, 2009, adopt rules under IC 4-22-2 to administer IC 25-23.3, as added by this act.

(c) This SECTION expires July 1, 2009.

SECTION 55. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) Before July 1, 2008, the office shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan to provide coverage for adults and children for medically necessary umbilical cord transplants and other related procedures under the state Medicaid program (IC 12-15) if the Medicaid recipient's provider receives prior approval for the procedure from the office.

(c) The office may not implement the plan amendment until the office files an affidavit with the governor attesting that the plan amendment applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the plan amendment is approved.

(d) If the office receives a plan amendment under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (c), the office shall implement the plan amendment not more than sixty (60) days after the governor receives the affidavit.

(e) The office may adopt rules under IC 4-22-2 necessary to implement this SECTION.

(f) This SECTION expires December 31, 2013.

SECTION 56. [EFFECTIVE JULY 1, 2008] (a) The office of the secretary of family and social services shall adopt the rules required by IC 12-31-1-3(b), as added by this act, in the manner provided in IC 4-22-2-37.1. The office shall immediately begin the adoption of the rules and shall adopt the final rules before March 1, 2009.

(b) This SECTION expires July 1, 2009.

SECTION 57. [EFFECTIVE JULY 1, 2008] (a) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.

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(b) Not later than October 1, 2008, the state police department shall report to the commission and legislative council in an electronic format under IC 5-14-6 concerning any changes the federal government has made in criminal background check procedures.

(c) This SECTION expires December 31, 2008.

SECTION 58. [EFFECTIVE JULY 1, 2008] (a) This SECTION applies beginning July 1, 2008, and ending June 30, 2009.

(b) Notwithstanding any other law and except as provided in subsection (c), a person who operates a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 shall apply, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence, for a copy of the employee's limited criminal history under IC 10-13-3.

(c) If a home health agency or personal services agency determines that an employee lived outside Indiana at any time during the two (2) years immediately before the date the individual was hired by the agency, the home health agency or personal services agency shall apply, not more than three (3) business days after the date that the employee begins to provide services in a patient's temporary or permanent residence, for the employee's national criminal history background check from the Indiana central repository for criminal history information under IC 10-13-3-39.

(d) This SECTION expires June 30, 2009.

SECTION 59. [EFFECTIVE UPON PASSAGE] (a) The social worker, marriage and family therapist, and mental health counselor board established by IC 25-23.6-2-1 shall adopt emergency rules under IC 4-22-2-37.1 to implement the provisions of the marriage and family therapist associate license provisions added to IC 25-23.6 by this act.

(b) This SECTION expires July 1, 2009.

SECTION 60. An emergency is declared for this act.

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Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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