
SENATE BILL No. 366

DIGEST OF INTRODUCED BILL

Citations Affected: IC 4-4-33-1; IC 6-1.1-10; IC 6-3.1-31.2-6; IC 11-10-3-4; IC 11-11-6-2; IC 16-18-2; IC 16-19; IC 16-21; IC 16-25-3-2.5; IC 16-27; IC 16-28; IC 16-29; IC 16-35-2-3; IC 16-37; IC 25-19-1-5; IC 31-26-4-14.

Synopsis: State department of health matters. Transfers responsibilities from administering specified federal food and nutrition program funds from the office of the lieutenant governor to the state department of health (state department). Limits the small employer qualified wellness program tax credit to the greater of \$50 per employee or \$2,000 per taxpayer in a taxable year after December 31, 2011. Requires the state department to annually inspect certain department of corrections facilities only if the facility is not accredited by a national accrediting organization. Creates the health care facility advisory council within the state department. Requires, beginning January 1, 2013, hospitals to record external cause-of-injury code for each individual who receives care in the emergency department of the hospital. Requires certain certified nurse aides to be certified by the state department and requires the state department to: (1) establish a program; (2) prescribe education and training programs; (3) determine specified standards; and (4) establish annual certification fees; for certified nurse aides who work in health facilities. Requires the state department to maintain a registry for certified nurse aides and registered home health aides. Removes the requirements that a candidate must meet to be appointed director of the program for children with special health care needs. Authorizes a physician last in attendance of a deceased to initiate the document process for the death record. Specifies that certain licensed professionals are subject to
(Continued next page)

Effective: Upon passage; December 31, 2010 (retroactive); July 1, 2011.

Miller

January 11, 2011, read first time and referred to Committee on Health and Provider Services.



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discipline under the person's license instead of committing a Class B misdemeanor for violating the statutes concerning vital statistics and specifies that the state department may not start sanctioning providers for certain violations until January 1, 2012. Repeals: (1) provisions establishing the hospital council, the home health care services and hospice services council, and the Indiana health facilities council; and (2) the requirement that the state department design, promote, and sell heirloom birth certificates.

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Introduced

First Regular Session 117th General Assembly (2011)

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 2010 Regular Session of the General Assembly.

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SENATE BILL No. 366

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

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

1 SECTION 1. IC 4-4-33-1, AS ADDED BY P.L.181-2006,
 2 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2011]: Sec. 1. The lieutenant governor shall administer the
 4 following:

- 5 (1) The Housing Assistance Act of 1937 (42 U.S.C. 1437).
- 6 (2) Community services programs, including the Community
 7 Services Block Grant under 42 U.S.C. 9901 et seq.
- 8 (3) Home energy assistance programs, including the Low Income
 9 Home Energy Assistance Block Grant under 42 U.S.C. 8621 et
 10 seq.
- 11 (4) Weatherization programs, including weatherization programs
 12 and money received under 42 U.S.C. 6851 et seq.
- 13 (5) Food and nutrition programs, including food and nutrition
 14 programs and money received under ~~7 U.S.C. 612, 7 U.S.C. 7501~~
 15 ~~et seq.~~, and ~~42 U.S.C. 9922 et seq.~~



- 1 ~~(5)~~ (5) Migrant and farm worker programs and money under 20
- 2 U.S.C. 6391 et seq., 29 U.S.C. 49 et seq., and 42 U.S.C. 1397 et
- 3 seq.
- 4 ~~(6)~~ (6) Emergency shelter grant programs and money under 42
- 5 U.S.C. 11371 et seq.
- 6 ~~(7)~~ (7) Shelter plus care programs and money under 42 U.S.C.
- 7 11403 et seq.

8 SECTION 2. IC 6-1.1-10-16, AS AMENDED BY P.L.196-2007,
 9 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2011]: Sec. 16. (a) All or part of a building is exempt from
 11 property taxation if it is owned, occupied, and used by a person for
 12 educational, literary, scientific, religious, or charitable purposes.

13 (b) A building is exempt from property taxation if it is owned,
 14 occupied, and used by a town, city, township, or county for educational,
 15 literary, scientific, fraternal, or charitable purposes.

16 (c) A tract of land, including the campus and athletic grounds of an
 17 educational institution, is exempt from property taxation if:

- 18 (1) a building that is exempt under subsection (a) or (b) is situated
- 19 on it;
- 20 (2) a parking lot or structure that serves a building referred to in
- 21 subdivision (1) is situated on it; or
- 22 (3) the tract:
 - 23 (A) is owned by a nonprofit entity established for the purpose
 - 24 of retaining and preserving land and water for their natural
 - 25 characteristics;
 - 26 (B) does not exceed five hundred (500) acres; and
 - 27 (C) is not used by the nonprofit entity to make a profit.

28 (d) A tract of land is exempt from property taxation if:

- 29 (1) it is purchased for the purpose of erecting a building that is to
- 30 be owned, occupied, and used in such a manner that the building
- 31 will be exempt under subsection (a) or (b); and
- 32 (2) not more than four (4) years after the property is purchased,
- 33 and for each year after the four (4) year period, the owner
- 34 demonstrates substantial progress and active pursuit towards the
- 35 erection of the intended building and use of the tract for the
- 36 exempt purpose. To establish substantial progress and active
- 37 pursuit under this subdivision, the owner must prove the existence
- 38 of factors such as the following:
 - 39 (A) Organization of and activity by a building committee or
 - 40 other oversight group.
 - 41 (B) Completion and filing of building plans with the
 - 42 appropriate local government authority.

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- 1 (C) Cash reserves dedicated to the project of a sufficient
- 2 amount to lead a reasonable individual to believe the actual
- 3 construction can and will begin within four (4) years.
- 4 (D) The breaking of ground and the beginning of actual
- 5 construction.
- 6 (E) Any other factor that would lead a reasonable individual to
- 7 believe that construction of the building is an active plan and
- 8 that the building is capable of being completed within eight (8)
- 9 years considering the circumstances of the owner.

10 If the owner of the property sells, leases, or otherwise transfers a tract
 11 of land that is exempt under this subsection, the owner is liable for the
 12 property taxes that were not imposed upon the tract of land during the
 13 period beginning January 1 of the fourth year following the purchase
 14 of the property and ending on December 31 of the year of the sale,
 15 lease, or transfer. The county auditor of the county in which the tract
 16 of land is located may establish an installment plan for the repayment
 17 of taxes due under this subsection. The plan established by the county
 18 auditor may allow the repayment of the taxes over a period of years
 19 equal to the number of years for which property taxes must be repaid
 20 under this subsection.

21 (e) Personal property is exempt from property taxation if it is owned
 22 and used in such a manner that it would be exempt under subsection (a)
 23 or (b) if it were a building.

24 (f) A hospital's property that is exempt from property taxation under
 25 subsection (a), (b), or (e) shall remain exempt from property taxation
 26 even if the property is used in part to furnish goods or services to
 27 another hospital whose property qualifies for exemption under this
 28 section.

29 (g) Property owned by a shared hospital services organization that
 30 is exempt from federal income taxation under Section 501(c)(3) or
 31 501(e) of the Internal Revenue Code is exempt from property taxation
 32 if it is owned, occupied, and used exclusively to furnish goods or
 33 services to a hospital whose property is exempt from property taxation
 34 under subsection (a), (b), or (e).

35 (h) This section does not exempt from property tax an office or a
 36 practice of a physician or group of physicians that is owned by a
 37 hospital licensed under ~~IC 16-21-1~~ IC 16-21-2 or other property that
 38 is not substantially related to or supportive of the inpatient facility of
 39 the hospital unless the office, practice, or other property:

- 40 (1) provides or supports the provision of charity care (as defined
- 41 in IC 16-18-2-52.5), including providing funds or other financial
- 42 support for health care services for individuals who are indigent

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1 (as defined in IC 16-18-2-52.5(b) and IC 16-18-2-52.5(c)); or
2 (2) provides or supports the provision of community benefits (as
3 defined in IC 16-21-9-1), including research, education, or
4 government sponsored indigent health care (as defined in
5 IC 16-21-9-2).

6 However, participation in the Medicaid or Medicare program alone
7 does not entitle an office, practice, or other property described in this
8 subsection to an exemption under this section.

9 (i) A tract of land or a tract of land plus all or part of a structure on
10 the land is exempt from property taxation if:

11 (1) the tract is acquired for the purpose of erecting, renovating, or
12 improving a single family residential structure that is to be given
13 away or sold:

- 14 (A) in a charitable manner;
- 15 (B) by a nonprofit organization; and
- 16 (C) to low income individuals who will:
 - 17 (i) use the land as a family residence; and
 - 18 (ii) not have an exemption for the land under this section;

19 (2) the tract does not exceed three (3) acres;

20 (3) the tract of land or the tract of land plus all or part of a
21 structure on the land is not used for profit while exempt under this
22 section; and

23 (4) not more than four (4) years after the property is acquired for
24 the purpose described in subdivision (1), and for each year after
25 the four (4) year period, the owner demonstrates substantial
26 progress and active pursuit towards the erection, renovation, or
27 improvement of the intended structure. To establish substantial
28 progress and active pursuit under this subdivision, the owner must
29 prove the existence of factors such as the following:

30 (A) Organization of and activity by a building committee or
31 other oversight group.

32 (B) Completion and filing of building plans with the
33 appropriate local government authority.

34 (C) Cash reserves dedicated to the project of a sufficient
35 amount to lead a reasonable individual to believe the actual
36 construction can and will begin within five (5) years of the
37 initial exemption received under this subsection.

38 (D) The breaking of ground and the beginning of actual
39 construction.

40 (E) Any other factor that would lead a reasonable individual to
41 believe that construction of the structure is an active plan and
42 that the structure is capable of being:

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1 (i) completed; and
 2 (ii) transferred to a low income individual who does not
 3 receive an exemption under this section;
 4 within eight (8) years considering the circumstances of the
 5 owner.

6 (j) An exemption under subsection (i) terminates when the property
 7 is conveyed by the nonprofit organization to another owner. When the
 8 property is conveyed to another owner, the nonprofit organization
 9 receiving the exemption must file a certified statement with the auditor
 10 of the county, notifying the auditor of the change not later than sixty
 11 (60) days after the date of the conveyance. The county auditor shall
 12 immediately forward a copy of the certified statement to the county
 13 assessor. A nonprofit organization that fails to file the statement
 14 required by this subsection is liable for the amount of property taxes
 15 due on the property conveyed if it were not for the exemption allowed
 16 under this chapter.

17 (k) If property is granted an exemption in any year under subsection
 18 (i) and the owner:

- 19 (1) ceases to be eligible for the exemption under subsection (i)(4);
- 20 (2) fails to transfer the tangible property within eight (8) years
 21 after the assessment date for which the exemption is initially
 22 granted; or
- 23 (3) transfers the tangible property to a person who:
 24 (A) is not a low income individual; or
 25 (B) does not use the transferred property as a residence for at
 26 least one (1) year after the property is transferred;

27 the person receiving the exemption shall notify the county recorder and
 28 the county auditor of the county in which the property is located not
 29 later than sixty (60) days after the event described in subdivision (1),
 30 (2), or (3) occurs. The county auditor shall immediately inform the
 31 county assessor of a notification received under this subsection.

32 (l) If subsection (k)(1), (k)(2), or (k)(3) applies, the owner shall pay,
 33 not later than the date that the next installment of property taxes is due,
 34 an amount equal to the sum of the following:

- 35 (1) The total property taxes that, if it were not for the exemption
 36 under subsection (i), would have been levied on the property in
 37 each year in which an exemption was allowed.
- 38 (2) Interest on the property taxes at the rate of ten percent (10%)
 39 per year.

40 (m) The liability imposed by subsection (l) is a lien upon the
 41 property receiving the exemption under subsection (i). An amount
 42 collected under subsection (l) shall be collected as an excess levy. If

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1 the amount is not paid, it shall be collected in the same manner that
2 delinquent taxes on real property are collected.

3 (n) Property referred to in this section shall be assessed to the extent
4 required under IC 6-1.1-11-9.

5 SECTION 3. IC 6-1.1-10-18.5 IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 18.5. (a) This section
7 does not exempt from property tax an office or a practice of a physician
8 or group of physicians that is owned by a hospital licensed under
9 ~~IC 16-21-1~~ IC 16-21-2 or other property that is not substantially related
10 to or supportive of the inpatient facility of the hospital unless the office,
11 practice, or other property:

12 (1) provides or supports the provision of charity care (as defined
13 in IC 16-18-2-52.5), including funds or other financial support for
14 health care services for individuals who are indigent (as defined
15 in IC 16-18-2-52.5(b) and IC 16-18-2-52.5(c)); or

16 (2) provides or supports the provision of community benefits (as
17 defined in IC 16-21-9-1), including research, education, or
18 government sponsored indigent health care (as defined in
19 IC 16-21-9-2).

20 However, participation in the Medicaid or Medicare program, alone,
21 does not entitle an office, a practice, or other property described in this
22 subsection to an exemption under this section.

23 (b) Tangible property is exempt from property taxation if it is:

- 24 (1) owned by an Indiana nonprofit corporation; and
- 25 (2) used by that corporation in the operation of a hospital licensed
26 under IC 16-21, a health facility licensed under IC 16-28, or in the
27 operation of a residential facility for the aged and licensed under
28 IC 16-28, or in the operation of a Christian Science home or
29 sanatorium.

30 (c) Property referred to in this section shall be assessed to the extent
31 required under IC 6-1.1-11-9.

32 SECTION 4. IC 6-3.1-31.2-6, AS ADDED BY P.L.218-2007,
33 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34 JULY 1, 2011]: Sec. 6. (a) **Subject to subsection (b)**, a taxpayer is
35 entitled to a credit against the taxpayer's state tax liability for a taxable
36 year in an amount equal to fifty percent (50%) of the costs incurred by
37 the taxpayer during the taxable year for providing a qualified wellness
38 program for the taxpayer's employees during the taxable year.

39 (b) **For a taxable year beginning after December 31, 2011, a**
40 **taxpayer's credit under subsection (a) may not exceed the greater**
41 **of the following:**

- 42 (1) **Fifty dollars (\$50) per employee.**

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1 **(2) Two thousand dollars (\$2,000) per taxpayer per return.**
2 SECTION 5. IC 11-10-3-4 IS AMENDED TO READ AS
3 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. (a) The department
4 shall establish directives governing:
5 (1) medical care to be provided to committed individuals,
6 including treatment for mental retardation, alcoholism, and drug
7 addiction;
8 (2) administration of medical facilities and health centers
9 operated by the department;
10 (3) medical equipment, supplies, and devices to be available for
11 medical care;
12 (4) provision of special diets to committed individuals;
13 (5) acquisition, storage, handling, distribution, and dispensing of
14 all medication and drugs;
15 (6) training programs and first aid emergency care for committed
16 individuals and department personnel;
17 (7) medical records of committed individuals; and
18 (8) professional staffing requirements for medical care.
19 (b) The state department of health shall make an annual inspection
20 of every health facility, health center, or hospital:
21 (1) operated by the department; **and**
22 (2) **not accredited by a nationally recognized accrediting**
23 **organization;**
24 and report to the commissioner whether that facility, center, or hospital
25 meets the requirements established by the state department of health.
26 Any noncompliance with those requirements must be stated in writing
27 to the commissioner, with a copy to the governor.
28 (c) For purposes of IC 4-22-2, the term "directive" as used in this
29 section relates solely to internal policy and procedure not having the
30 force of law.
31 SECTION 6. IC 11-11-6-2 IS AMENDED TO READ AS
32 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. (a) The facilities of
33 the department must comply with federal and state health, sanitation,
34 safety, and fire laws applicable to dwellings, food establishments,
35 eating facilities, and public buildings.
36 (b) Each department facility shall be inspected at least annually by:
37 (1) the state department of health **if the facility is not accredited**
38 **by a nationally recognized accrediting organization;** and
39 (2) the state fire marshal;
40 who shall, within fifteen (15) days of the inspection, file a written
41 report with the commissioner listing all unsafe, unsanitary, or
42 unhealthy conditions within a facility that constitute a menace to the

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1 health, safety, and welfare of committed persons or department
 2 employees. In determining whether conditions are unsafe, unsanitary,
 3 or unhealthy, the state department of health and the state fire marshal
 4 shall consider the degree of overcrowding, the light, air, and space
 5 available to offenders within a facility, the size and arrangement of
 6 rooms and cells, the sanitary facilities, and the extent to which
 7 conditions in a facility endanger life or property.

8 (c) The commissioner shall correct all unsafe, unsanitary, or
 9 unhealthy conditions reported by the state department of health or the
 10 state fire marshal with reasonable promptness. Failure by the
 11 department to initiate and continue action to correct unsafe, unsanitary,
 12 or unhealthy conditions within thirty (30) days of receiving a report of
 13 those conditions from the state department of health or the state fire
 14 marshal constitutes noncompliance with this subsection. Upon such
 15 noncompliance, the commissioner shall submit to the reporting agency
 16 and the governor a written statement explaining:

- 17 (1) why the reported condition or conditions have not been
 18 remedied;
- 19 (2) what the estimated cost of remedying the reported condition
 20 or conditions would be in terms of construction, renovation,
 21 manpower, space, and equipment;
- 22 (3) whether the reported condition or conditions can be corrected
 23 by using facilities of other governmental entities;
- 24 (4) whether additional state financing is required and, if so, the
 25 estimated amount needed; and
- 26 (5) the probable consequences of not remedying each reported
 27 unsafe, unsanitary, or unhealthy condition.

28 (d) Notwithstanding other provisions of this section, the state
 29 department of health and state fire marshal retain authority to correct
 30 unhealthy, unsanitary, or unsafe conditions within a facility as provided
 31 by law.

32 SECTION 7. IC 16-18-2-84 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 84. "Council" refers to
 34 the following:

- 35 (1) For purposes of IC 16-21, **IC 16-25, IC 16-27, IC 16-28, and**
 36 **IC 16-29**, the ~~hospital health care facility advisory~~ council.
- 37 (2) For purposes of ~~IC 16-25 and IC 16-27~~, the ~~home health care~~
 38 ~~services and hospice services~~ council.
- 39 (3) For purposes of ~~IC 16-28 and IC 16-29~~, the ~~Indiana health~~
 40 ~~facilities~~ council.
- 41 (4) **(2)** For purposes of IC 16-46-6, the interagency state council
 42 on black and minority health.

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SECTION 8. IC 16-18-2-150, AS AMENDED BY P.L.152-2005, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 150. (a) "Governing body", for purposes of IC 16-22-7, has the meaning set forth in IC 16-22-7-2.

~~(b) "Governing body", for purposes of IC 16-27-0.5, has the meaning set forth in IC 16-27-0.5-0.5.~~

~~(c)~~ (b) "Governing body", for purposes of IC 16-41-22, has the meaning set forth in IC 16-41-22-3.

SECTION 9. IC 16-19-3-24.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 24.5. The state department shall administer food and nutrition programs and money received under 7 U.S.C. 612, 7 U.S.C. 7501 et seq., and 42 U.S.C. 9922 et seq.**

SECTION 10. IC 16-19-15 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]:

Chapter 15. Health Care Facility Advisory Council

Sec. 1. The health care facility advisory council is created.

Sec. 2. (a) The council consists of fifteen (15) members as follows:

- (1) The commissioner or the commissioner's designee.**
- (2) The secretary of family and social services, or the secretary's designee.**
- (3) The following members appointed by the governor:**
 - (A) One (1) physician licensed under IC 25-22.5 who primarily practices in acute care.**
 - (B) One (1) physician licensed under IC 25-22.5 who primarily practices in long term care.**
 - (C) One (1) registered nurse licensed under IC 25-23 who is employed in an acute care facility.**
 - (D) One (1) registered nurse licensed under IC 25-23 who is employed in a long term care facility or by a home health agency.**
 - (E) One (1) individual who is employed as a hospital administrator.**
 - (F) One (1) individual who is employed as an administrator of a freestanding ambulatory outpatient surgical center.**
 - (G) One (1) individual who is employed as a long term care facility administrator.**
 - (H) One (1) individual who is employed by a home health or hospice agency as:**
 - (i) an administrator; or**

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- (ii) a director of nursing.
- (I) One (1) individual who has knowledge or an interest in long term care and who is not currently employed by a long term care facility.
- (J) One (1) individual who has knowledge or an interest in home health or hospice care and who is not currently employed by a home health or hospice agency.
- (K) One (1) individual who has knowledge or an interest in acute care and who is not currently employed by an acute care facility.
- (L) Two (2) individuals employed by any one (1) of the following:
 - (i) A school of public health.
 - (ii) A school of nursing.
 - (iii) A school of medicine.
 - (iv) A school of allied health.
 - (v) A health care research organization.
 - (vi) A quality improvement organization.

The governor shall appoint one (1) member under this subsection as chairperson and one (1) member as vice chairperson of the council.

(b) The commissioner or the commissioner's designee shall serve as secretary of the council.

(c) Except for an individual appointed under subsection (a)(3)(C), (a)(3)(D), (a)(3)(E), (a)(3)(F), (a)(3)(G), and (a)(3)(H), a member of the council may not:

- (1) have a pecuniary interest in the operation of;
- (2) have an ownership interest in;
- (3) serve as a voting member of the governing body of; or
- (4) provide professional services through employment or under contract to;

an institution, facility, or agency licensed by the state department.

(d) The governor shall make the initial appointments under subsection (a)(3) to the council with the terms of office beginning July 1, 2011, and serving terms as follows:

- (1) Seven (7) members shall be appointed for a term of four (4) years.
- (2) Six (6) members shall be appointed for a term of two (2) years.

After the initial term of office for the council, a member shall be appointed for a term of four (4) years.

(e) Any vacancy on the council shall be filled by the governor for

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the remainder of the unexpired term in the same manner as the original appointment.

Sec. 3. (a) A member of the council who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b).

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

Sec. 4. (a) The chairperson shall call the first meeting of the council not more than sixty (60) days after the appointment of all the members to the council. The council shall meet at least three (3) times each year on dates fixed by the council.

(b) The chairperson may call a special meeting of the council at the commissioner's request or upon the written request of at least four (4) members of the council.

(c) Eight (8) members of the council constitute a quorum for the transaction of business. The affirmative votes of a majority of the members are required for the council to take action on any measure.

Sec. 5. (a) The council shall serve as an advisory body to the state department regarding facilities and entities licensed under the following:

- (1) IC 16-21.
- (2) IC 16-25.
- (3) IC 16-27.
- (4) IC 16-28.

(b) The council may do the following:

- (1) Propose rules to the executive board.
- (2) Recommend issuance of interpretative guidelines when necessary to assist a facility or entity in meeting the requirements of a rule adopted under:
 - (A) IC16-21-1;
 - (B) IC 16-27-0.5; or
 - (C) IC 16-28-1.

An interpretative guideline is not a rule and may not be used to contravene a rule.

(c) The council shall do the following:

- (1) Propose rules as set forth in the following:
 - (A) IC 16-21-1-7.

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- 1 (B) IC 16-21-2-14.
- 2 (C) IC 16-27-0.5-9.
- 3 (D) IC 16-28-1-7.
- 4 (E) IC 16-28-1-11.
- 5 (F) IC 16-28-6-2.
- 6 (2) Advise the state department as set forth in the following:
- 7 (A) IC 16-27-0.5.
- 8 (B) IC 16-28-1-7(4).
- 9 (3) Make recommendations to the fire prevention and
- 10 building safety commission as set forth in IC 16-28-1-7(2).
- 11 (4) Classify health facilities in health care categories as
- 12 required in IC 16-28-1-7.

13 **Sec. 6. Beginning July 1, 2011, the liabilities, property, records,**
 14 **and other assets that belonged to the following councils are**
 15 **transferred to the health care facility advisory council:**

- 16 (1) The hospital council (established by IC 16-21-1-1, before
- 17 its repeal).
- 18 (2) The home health care services and hospice services council
- 19 (established by IC 16-27-0.5-1, before its repeal).
- 20 (3) The health facilities council (established by IC 16-28-1-1,
- 21 before its repeal).

22 SECTION 11. IC 16-21-1-7, AS AMENDED BY P.L.96-2005,
 23 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2011]: Sec. 7. (a) Except as provided in subsection (b), the
 25 council shall propose and the executive board may adopt rules under
 26 IC 4-22-2 necessary to protect the health, safety, rights, and welfare of
 27 patients, including the following:

- 28 (1) Rules pertaining to the operation and management of
- 29 hospitals, ambulatory outpatient surgical centers, abortion clinics,
- 30 and birthing centers.
- 31 (2) Rules establishing standards for equipment, facilities, and
- 32 staffing required for efficient and quality care of patients.

33 (b) The state department may request the council to propose a new
 34 rule or an amendment to an existing rule. ~~necessary to protect the~~
 35 ~~health, safety, rights, and welfare of patients.~~ If the council does not
 36 propose a rule, ~~within ninety (90) days of the department's request, the~~
 37 ~~department may propose its own rule.~~ **after prior notice by the state**
 38 **department of the state department's proposed rule, the state**
 39 **department may propose the rule to the executive board.**

40 (c) The state department shall consider the rules proposed by the
 41 council and may adopt, modify, remand, or reject specific rules or parts
 42 of rules proposed by the council.

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1 SECTION 12. IC 16-21-1-9 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) ~~Except as~~
3 ~~provided in IC 16-29-1-11, The executive board state health~~
4 ~~commissioner~~ may, upon recommendation by the state health
5 ~~commissioner and~~ for good cause **shown**, waive a rule:

- 6 (1) adopted under this chapter; or
- 7 (2) that may be waived under IC 16-28 for a specified time for a
8 hospital based health facility or a hospital licensed under this
9 article.

10 ~~(b) Disapproval of waiver requests requires executive board action.~~

11 ~~(c)~~ (b) A waiver may not adversely affect the health, safety, and
12 welfare of the residents or patients.

13 SECTION 13. IC 16-21-2-3 IS AMENDED TO READ AS
14 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The ~~council~~ **state**
15 **department** may determine if an institution or agency is covered by
16 this chapter. A decision of the ~~council~~ **state department** under this
17 section is subject to review under IC 4-21.5.

18 SECTION 14. IC 16-21-2-12 IS AMENDED TO READ AS
19 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. An application
20 must be accompanied by a licensing fee at the rate adopted by the
21 ~~council~~ **state department** under IC 4-22-2.

22 SECTION 15. IC 16-21-2-14, AS AMENDED BY P.L.96-2005,
23 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2011]: Sec. 14. A license to operate a hospital, an ambulatory
25 outpatient surgical center, an abortion clinic, or a birthing center:

- 26 (1) expires one (1) year after the date of issuance;
- 27 (2) is not assignable or transferable;
- 28 (3) is issued only for the premises named in the application;
- 29 (4) must be posted in a conspicuous place in the facility; and
- 30 (5) may be renewed each year upon the payment of a renewal fee
31 at the rate adopted by the ~~council~~ **state department** under
32 IC 4-22-2.

33 SECTION 16. IC 16-21-3-2 IS AMENDED TO READ AS
34 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. The state health
35 commissioner may take action under section 1 of this chapter on any of
36 the following grounds:

- 37 (1) Violation of any of the provisions of this chapter or of the
38 rules adopted under this chapter.
- 39 (2) Permitting, aiding, or abetting the commission of any illegal
40 act in an institution.
- 41 (3) Knowingly collecting or attempting to collect from a
42 subscriber (as defined in IC 27-13-1-32) or an enrollee (as defined

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1 in IC 27-13-1-12) of a health maintenance organization (as
2 defined in IC 27-13-1-19) any amounts that are owed by the
3 health maintenance organization.

4 (4) Conduct or practice found by the ~~council~~ **state department** to
5 be detrimental to the welfare of the patients of an institution.

6 SECTION 17. IC 16-21-6-6 IS AMENDED TO READ AS
7 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. In addition to the
8 report filed under section 3 of this chapter, each hospital shall, not
9 more than one hundred twenty (120) days after the end of each
10 calendar quarter, file with the state department, or the state
11 department's designated contractor, inpatient and outpatient discharge
12 information at the patient level, in a format prescribed by the state
13 health commissioner, including the following:

- 14 (1) The patient's:
 - 15 (A) length of stay;
 - 16 (B) diagnoses and surgical procedures performed during the
 - 17 patient's stay;
 - 18 (C) date of:
 - 19 (i) admission;
 - 20 (ii) discharge; and
 - 21 (iii) birth;
 - 22 (D) type of admission;
 - 23 (E) admission source;
 - 24 (F) gender;
 - 25 (G) race;
 - 26 (H) discharge disposition; and
 - 27 (I) payor, including:
 - 28 (i) Medicare;
 - 29 (ii) Medicaid;
 - 30 (iii) a local government program;
 - 31 (iv) commercial insurance;
 - 32 (v) self-pay; and
 - 33 (vi) charity care.
- 34 (2) The total charge for the patient's stay.
- 35 (3) The ZIP code of the patient's residence.
- 36 **(4) Beginning January 1, 2013, all diagnosed external causes**
- 37 **of injury codes.**

38 SECTION 18. IC 16-25-3-2.5 IS AMENDED TO READ AS
39 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2.5. The state
40 department shall administer this chapter with the advice of the ~~home~~
41 ~~health care services and hospice services~~ **health care facility advisory**
42 council established by ~~IC 16-27-0.5-1~~ **IC 16-19-15-1**.

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1 SECTION 19. IC 16-27-0.5-9 IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) The state
 3 department may request the council to propose a new rule or an
 4 amendment to a rule necessary to protect the health, safety, rights, and
 5 welfare of the home health care patients and hospice patients. If the
 6 council does not propose a rule ~~within ninety (90) days after the state~~
 7 ~~department's request~~, **after prior notice by the state department of**
 8 **the state department's proposed rule**, the state department may
 9 propose the rule **to the executive board.**

10 (b) The executive board shall consider rules proposed by the council
 11 under this section. ~~and section 7 of this chapter.~~ The executive board
 12 may adopt, modify, remand, or reject specific rules or parts of rules
 13 proposed by the council.

14 (c) To become effective, all rules proposed by the council under this
 15 chapter must be adopted by the executive board in accordance with
 16 IC 4-22-2.

17 SECTION 20. IC 16-28-1-7, AS AMENDED BY P.L.145-2006,
 18 SECTION 135, IS AMENDED TO READ AS FOLLOWS
 19 [EFFECTIVE JULY 1, 2011]: Sec. 7. The council shall do the
 20 following:

21 (1) Propose the adoption of rules by the department under
 22 IC 4-22-2 governing the following:

23 (A) Health and sanitation standards necessary to protect the
 24 health, safety, security, rights, and welfare of patients.

25 (B) Qualifications of applicants for licenses issued under this
 26 article to assure the proper care of patients.

27 (C) Operation, maintenance, management, equipment, and
 28 construction of facilities required to be licensed under this
 29 article if jurisdiction is not vested in any other state agency.

30 (D) Manner, form, and content of the license, including rules
 31 governing disclosure of ownership interests.

32 (E) Levels of medical staffing and medical services in
 33 cooperation with the office of Medicaid policy and planning,
 34 division of family resources, and other agencies authorized to
 35 pay for the services.

36 (2) Recommend to the fire prevention and building safety
 37 commission fire safety rules necessary to protect the health,
 38 safety, security, rights, and welfare of patients.

39 (3) Classify health facilities in health care categories.

40 ~~(4) Encourage the development of social and habilitative~~
 41 ~~programs in health facilities, as recommended by the community~~
 42 ~~residential facilities council.~~

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1 ~~(5)~~ **(4)** Act as an advisory body for the division, commissioner,
2 and state department.
3 ~~(6) Adopt rules under IC 4-22-2.~~
4 SECTION 21. IC 16-28-1-10 IS AMENDED TO READ AS
5 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 10. (a) ~~Except as~~
6 ~~specifically provided; the executive board~~ **The state health**
7 **commissioner** may, ~~upon recommendation by the commissioner and~~
8 for good cause shown, waive for a specified time any rule that may be
9 waived under the following for a health facility:
10 (1) This article.
11 (2) IC 16-29.
12 (3) IC 16-30.
13 ~~(b) Disapproval of a waiver request requires executive board action.~~
14 ~~However,~~ The granting of a waiver may not adversely affect the health,
15 safety, and welfare of the patients or residents.
16 SECTION 22. IC 16-28-1-11 IS AMENDED TO READ AS
17 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 11. (a) Unless an
18 individual is certified under this section:
19 (1) the individual may not practice as a qualified medication aide
20 **or a certified nurse aide;** and
21 (2) a facility may not employ the individual as a qualified
22 medication aide **or a certified nurse aide.**
23 (b) The ~~council~~ **state department** shall do the following:
24 (1) Establish a program for the certification of qualified
25 medication aides **and certified nurse aides** who work in facilities
26 licensed under this article.
27 (2) Prescribe education and training programs for qualified
28 medication aides **and certified nurse aides**, including course and
29 inservice requirements. The training program must include a
30 competency test that the individual must pass before being
31 granted an initial certification.
32 (3) Determine the standards concerning the functions that may be
33 performed by a qualified medication aide **and a certified nurse**
34 **aide.**
35 (4) Establish annual certification fees for qualified medication
36 aides.
37 (5) Adopt rules under IC 4-22-2 necessary to implement and
38 enforce this section.
39 (c) The **state** department shall maintain a registry of each individual
40 who is:
41 **(1)** certified as a:
42 **(A)** qualified medication aide; **or**

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1 (B) certified nurse aide; or
2 (2) registered as a home health aide under rules adopted
3 under IC 16-27-1-7.

4 (d) The department may conduct hearings for violations of this
5 section under IC 4-21.5.

6 SECTION 23. IC 16-28-1-12 IS AMENDED TO READ AS
7 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. (a) The department
8 may request the council to propose a new rule or an amendment to a
9 rule necessary to protect the health, safety, rights, and welfare of
10 patients. If the council does not propose a rule ~~not more than ninety~~
11 ~~(90) days after the department's request; after prior notice by the~~
12 ~~state department of the state department's proposed rule,~~ the
13 department may propose ~~its own rule: the rule to the executive board.~~

14 (b) ~~The executive board shall consider rules proposed by the council~~
15 ~~under this section and section 1 of this chapter.~~ The executive board
16 may adopt, modify, remand, or reject specific rules or parts of rules
17 proposed by the council.

18 (c) To become effective, all rules adopted under this chapter must
19 be adopted by the executive board in accordance with IC 4-22-2. The
20 rules adopted under this chapter are the only rules governing the
21 licensing and operation of health facilities.

22 SECTION 24. IC 16-28-4-3 IS AMENDED TO READ AS
23 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The ~~council state~~
24 ~~department~~ shall refer an allegation of breach received about licensed
25 personnel at a health facility to the appropriate licensing board for
26 review and possible disciplinary action.

27 SECTION 25. IC 16-28-6-2 IS AMENDED TO READ AS
28 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. The ~~council state~~
29 ~~department~~ shall adopt rules governing the emergency relocation of
30 patients that provide for the following:

- 31 (1) Notice to the patient, the patient's next of kin, guardian, and
32 physician of the emergency transfer and the reasons for the
33 relocation.
- 34 (2) Protections designed to ensure the welfare and desires of the
35 patient.

36 SECTION 26. IC 16-28-8-1 IS AMENDED TO READ AS
37 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. The director may,
38 after consultation with the commissioner, ~~and the chairman of the~~
39 ~~council;~~ request the attorney general to petition the circuit or superior
40 court of the county in which a health facility is located to place the
41 facility in receivership to protect the patients in the facility.

42 SECTION 27. IC 16-29-2-8 IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 8. (a) The state
2 department shall adopt rules under IC 4-22-2 to implement this chapter
3 and to establish a reasonable fee for filing and review of an application
4 under this chapter. Notwithstanding ~~IC 16-21-1-8~~, IC 16-21-1-9 or
5 IC 16-21-1-10, a rule adopted under this chapter may not be waived.

6 (b) Fees imposed in connection with the certificate of need review
7 under this article are payable to the state department for use in
8 administration of the certificate of need program created by this
9 chapter.

10 SECTION 28. IC 16-29-3-3 IS AMENDED TO READ AS
11 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. A decision of the
12 ~~council~~ **state department** under this chapter is subject to review under
13 IC 4-21.5. IC 16-28-10 applies to review hearings and appeals.

14 SECTION 29. IC 16-29-4-3 IS AMENDED TO READ AS
15 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The ~~indiana health~~
16 ~~facilities~~ **health care facility advisory** council may recommend,
17 before the conversion of existing health facility beds to ICF/MR beds
18 or the construction of a new ICF/MR facility, that the state department
19 issue a preliminary approval of the proposed project, but only if the
20 council determines that there is an insufficient number of available
21 beds to care for all the persons who are determined under IC 12-11-2.1
22 to be appropriate for placement in an ICF/MR facility.

23 SECTION 30. IC 16-29-4-4 IS AMENDED TO READ AS
24 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. A proposed project
25 that receives preliminary approval under this chapter may not add more
26 beds than the number determined by the ~~indiana health facilities~~ **health**
27 **care facility advisory** council to be necessary to provide an available
28 bed for each person determined under IC 12-11-2.1 to be appropriate
29 for placement in an ICF/MR facility. Upon completion of the proposed
30 project and compliance with the other requirements for licensure under
31 IC 16-28, the state department shall issue a license to the facility.

32 SECTION 31. IC 16-35-2-3 IS AMENDED TO READ AS
33 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The state health
34 commissioner shall appoint ~~as a~~ director of the program for children
35 with special health care needs.

- 36 (1) a physician; or
37 (2) a person with a graduate degree;
38 who has expertise in the health care system as the system relates to the
39 needs of a child with special health care needs and the child's family.

40 SECTION 32. IC 16-37-1-3.1, AS ADDED BY P.L.61-2009,
41 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 DECEMBER 31, 2010 (RETROACTIVE)]: Sec. 3.1. (a) Beginning

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1 January 1, 2011, the state department shall establish the Indiana birth
 2 registration system (IBRS) for recording in an electronic format live
 3 births in Indiana.

4 (b) Beginning January 1, 2011, the state department shall establish
 5 the Indiana death registration system (IDRS) for recording in an
 6 electronic format deaths in Indiana.

- 7 (c) Submission of records on births and deaths shall be entered by:
 8 (1) funeral directors;
 9 (2) physicians;
 10 (3) coroners;
 11 (4) medical examiners;
 12 (5) persons in attendance at birth; and
 13 (6) local health departments;

14 using the electronic system created by the state department under this
 15 section.

16 (d) A person in attendance at a live birth shall report a birth to the
 17 local health officer in accordance with IC 16-37-2-2.

18 (e) Death records shall be submitted as follows, using the Indiana
 19 death registration system:

- 20 (1) The:
 21 (A) **physician last in attendance upon the deceased; or**
 22 (B) **person in charge of interment;**

23 shall initiate the document process. ~~and~~ **If the person in charge**
 24 **of interment initiates the process, the person in charge of**
 25 **interment shall** electronically submit the certificate required
 26 under IC 16-37-3-5 to the physician last in attendance upon the
 27 deceased not later than five (5) days after the death.

28 (2) The physician last in attendance upon the deceased shall
 29 electronically certify to the local health department the cause of
 30 death on the certificate of death not later than five (5) days after:

- 31 (A) **initiating the document process; or**
 32 (B) **receiving under IC 16-37-3-5 the electronic notification**
 33 **from the person in charge of interment.**

34 (3) The local health officer shall submit the reports required under
 35 IC 16-37-1-5 to the state department not later than five (5) days
 36 after electronically receiving under IC 16-37-3-5 the completed
 37 certificate of death from the physician last in attendance.

38 SECTION 33. IC 16-37-1-13 IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 13. (a) Except as
 40 **provided in subsection (c), (d), or** otherwise provided, a person who
 41 recklessly violates or fails to comply with this chapter commits a Class
 42 B misdemeanor.

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1 (b) Each day a violation continues constitutes a separate offense.
 2 (c) **A person who:**
 3 (1) **is licensed under IC 25 in a profession listed in section**
 4 **3.1(c) of this chapter; and**
 5 (2) **recklessly violates or fails to comply with this chapter;**
 6 **is subject only to sanctions under IC 25-1-9-4(3).**
 7 (d) **The state department may not begin sanctioning a person for**
 8 **failing to submit a document in electronic format as required in**
 9 **section 3.1 of this chapter until January 1, 2012.**
 10 SECTION 34. IC 16-37-3-3, AS AMENDED BY P.L.61-2009,
 11 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2011]: Sec. 3. (a) **The physician last in attendance upon the**
 13 **deceased or the person in charge of interment shall file a certificate of**
 14 **death or of stillbirth with the local health officer of the jurisdiction in**
 15 **which the death or stillbirth occurred.**
 16 (b) Notwithstanding subsection (a), beginning January 1, 2011, **the**
 17 **physician last in attendance upon the deceased or the person in**
 18 **charge of interment shall use the Indiana death registration system**
 19 **established under IC 16-37-1-3.1 to file a certificate of death with the**
 20 **local health officer of the jurisdiction in which the death occurred. The**
 21 **local health officer shall retain a copy of the certificate of death.**
 22 SECTION 35. IC 16-37-3-4 IS AMENDED TO READ AS
 23 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. **The physician last**
 24 **in attendance upon the deceased or the person in charge of interment**
 25 **shall secure the personal data required by the state department by rules**
 26 **adopted under IC 4-22-2 for preparation of the certificate of death or**
 27 **of stillbirth from the persons best qualified to give the information.**
 28 SECTION 36. IC 16-37-3-5, AS AMENDED BY P.L.61-2009,
 29 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 30 JULY 1, 2011]: Sec. 5. (a) **If the person in charge of interment initiates**
 31 **the process, the person in charge of interment shall present a**
 32 **certificate of death to the physician last in attendance upon the**
 33 **deceased, who shall certify the cause of death upon the certificate of**
 34 **death or of stillbirth.**
 35 (b) Notwithstanding subsection (a), beginning January 1, 2011,
 36 using the Indiana death registration system established under
 37 IC 16-37-1-3.1, **if the person in charge of interment initiates the**
 38 **process, the person in charge of interment shall electronically**
 39 **provide a certificate of death to the physician last in attendance upon**
 40 **the deceased. The physician last in attendance upon the deceased shall**
 41 **electronically certify to the local health department the cause of death**
 42 **on the certificate of death, using the Indiana death registration system.**

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1 SECTION 37. IC 25-19-1-5, AS AMENDED BY P.L.54-2007,
 2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2011]: Sec. 5. (a) The ~~Indiana health facilities council, state~~
 4 **department of health**, pursuant to authority provided by IC 16-28, has,
 5 by rule duly promulgated, classified health facilities into
 6 comprehensive health facilities and residential health facilities. The fee
 7 for a health facility administrator's license in either classification shall
 8 be set by the board under section 8 of this chapter.

9 (b) ~~Such~~ The fee and application shall be submitted to the board,
 10 and the board shall transmit all ~~such the~~ funds ~~so~~ received to the
 11 treasurer of state to be deposited by ~~him~~ **the treasurer** in the general
 12 fund of the state. All expenses incurred in the administration of this
 13 chapter shall be paid from the general fund upon appropriation being
 14 made ~~therefor~~ in the manner provided by law for making ~~such~~
 15 appropriations.

16 (c) The administrator of a comprehensive care facility must have a
 17 comprehensive care facility administrator license issued by the board
 18 in accordance with rules adopted under section 8 of this chapter.

19 (d) The administrator of a residential care facility must have one (1)
 20 of the following licenses issued by the board under rules adopted under
 21 section 8 of this chapter:

22 (1) A comprehensive care facility administrator license.

23 (2) A residential care facility administrator license.

24 SECTION 38. IC 31-26-4-14, AS ADDED BY P.L.145-2006,
 25 SECTION 272, IS AMENDED TO READ AS FOLLOWS
 26 [EFFECTIVE JULY 1, 2011]: Sec. 14. (a) The infant mortality account
 27 is established within the fund for the purpose of providing money for
 28 education and programs approved by the board under section 5(b) of
 29 this chapter to reduce infant mortality in Indiana. The account shall be
 30 administered by the treasurer of state.

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

33 ~~(1) Fees from certificates of birth issued under IC 16-37-1-11.7.~~

34 ~~(2) (1)~~ Appropriations to the account.

35 ~~(3) (2)~~ Money donated to the account.

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

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

42 SECTION 39. THE FOLLOWING ARE REPEALED [EFFECTIVE

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1 JULY 1, 2011]: IC 16-21-1-1; IC 16-21-1-2; IC 16-21-1-3;
2 IC 16-21-1-4; IC 16-21-1-5; IC 16-21-1-6; IC 16-21-1-8;
3 IC 16-27-0.5-0.5; IC 16-27-0.5-1; IC 16-27-0.5-2; IC 16-27-0.5-3;
4 IC 16-27-0.5-4; IC 16-27-0.5-5; IC 16-27-0.5-6; IC 16-27-0.5-7;
5 IC 16-27-0.5-8; IC 16-28-1-1; IC 16-28-1-2; IC 16-28-1-3;
6 IC 16-28-1-4; IC 16-28-1-5; IC 16-28-1-6; IC 16-28-1-8;
7 IC 16-37-1-11.7.

8 SECTION 40. **An emergency is declared for this act.**

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