

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 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE ENROLLED ACT No. 461

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-18-2-33.5, AS AMENDED BY P.L.77-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 33.5. (a) "Basic life support", for purposes of IC 16-31, means the following:

- (1) Assessment of emergency patients.
 - (2) Administration of oxygen.
 - (3) Use of mechanical breathing devices.
 - (4) Application of anti-shock trousers.
 - (5) Performance of cardiopulmonary resuscitation.
 - (6) Application of dressings and bandage materials.
 - (7) Application of splinting and immobilization devices.
 - (8) Use of lifting and moving devices to ensure safe transport.
 - (9) Administration of epinephrine through an auto-injector.
 - (10) Blood glucose monitoring that is not more invasive than a capillary sampling using a lancet.**
 - ~~(10)~~ **(11)** Other procedures authorized by the Indiana emergency medical services commission, including procedures contained in the revised national emergency medical technician basic training curriculum guide.
- (b) Except as provided by:
- (1) subsection (a)(9) and the training and certification standards



established under IC 16-31-2-9(3); and
 (2) the training standards established under IC 16-31-2-9(4);
 the term does not include invasive medical care techniques or advanced
 life support.

SECTION 2. IC 16-18-2-121 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 121. (a) "Executive director", for purposes of IC 16-22, **except as provided in subsection (b)**, means the chief administrative officer, president, or other individual appointed under IC 16-22-3-8.

(b) "Executive director", for purposes of IC 16-22-8 and IC 16-41-7.5, means the executive director of the health and hospital corporation appointed under IC 16-22-8-27.

SECTION 3. IC 16-18-2-211 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 211. (a) "Local health department", **except as provided in subsection (b)**, means a department organized by a county or city executive with a board, a health officer, and an operational staff to provide health services to a county, city, or multiple county unit.

(b) "Local health department", for purposes of IC 16-41-7.5, has the meaning set forth in IC 16-41-7.5-1.

SECTION 4. IC 16-18-2-294.5, AS AMENDED BY P.L.95-2005, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 294.5. (a) "Program", for purposes of IC 16-40-4, has the meaning set forth in IC 16-40-4-3.

(b) "Program", for purposes of IC 16-41-7.5, has the meaning set forth in IC 16-41-7.5-2.

~~(b)~~ (c) "Program", for purposes of IC 16-47-1, has the meaning set forth in IC 16-47-1-3.

SECTION 5. IC 16-18-2-301.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 301.7. **"Qualified entity", for purposes of IC 16-41-7.5, has the meaning set forth in IC 16-41-7.5-3.**

SECTION 6. IC 16-19-3-30.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 30.5. **The state department may enter into partnerships and joint ventures to encourage best practices in the following:**

- (1) The identification and testing of populations at risk of disease related to illegal drug use.**
- (2) The health care treatment of incarcerated individuals for conditions related to illegal drug use.**



SECTION 7. IC 16-19-4-10 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE UPON PASSAGE]: **Sec. 10. For purposes of IC 16-41-7.5, the commissioner is authorized to declare a public health emergency.**

SECTION 8. IC 16-21-6-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. (a) The reports filed under section 3 of this chapter:

- (1) may not contain information that personally identifies a patient or a consumer of health services; and
- (2) must be open to public inspection.

(b) The state department shall provide copies of the reports filed under section 3 of this chapter to the public upon request, at the state department's actual cost.

(c) The following apply to information that is filed ~~under section 6 of this chapter:~~

~~(1) Information filed~~

~~with the **state department, or the** state department's designated contractor, **or transferred to the state department by the state department's designated contractor under section 6 of this chapter:**~~

~~(A)~~

~~(1) Except as provided in subsection (e), the information is confidential. and~~

~~(B)~~

~~(2) The information must be transferred by the contractor to the state department in a format determined by the state department.~~

~~(2) Information filed with the state department or transferred to the state department by the state department's designated contractor is not confidential, except that information that:~~

~~(A) personally identifies; or~~

~~(B) may be used to personally identify;~~

~~a patient or consumer may not be disclosed to a third party other than to a hospital that has filed inpatient and outpatient discharge information.~~

(d) An analysis completed by the state department of information that is filed under section 6 of this chapter:

- (1) may not contain information that personally identifies or may be used to personally identify a patient or consumer of health services, unless the information is determined by the state department to be necessary for a public health activity;
- (2) must be open to public inspection; and
- (3) must be provided to the public by the state department upon request at the state department's actual cost.



(e) Information provided under section 6 of this chapter may be released or made public by the state department only if at least one (1) of the following circumstances applies:

(1) The use of the information by the state department:

- (A) is to comply with the requirements of this chapter; or
- (B) is released for statistical purposes in a manner that does not identify an individual.

(2) At the state department's discretion, for research purposes with identifiable information being released only if:

(A) the person requesting the information states in writing to the state department:

- (i) the purpose, including any intent to publish findings, and the nature of the data sought;
- (ii) the personal information that is required; and
- (iii) the safeguards the person will take to protect the identity of the data subjects;

(B) the proposed safeguards in clause (A)(iii) are adequate to prevent the identity of an individual data subject from being known;

(C) the researcher executes an agreement with the state department, on a form approved by the oversight committee on public records, that:

- (i) incorporates the safeguards for the protection of individual data subjects;
- (ii) defines the scope of the research project; and
- (iii) informs the researcher that failure to abide by the conditions of the approved agreement constitutes a breach of contract and could result in civil litigation by the data subject;

(D) the researcher agrees to pay any costs of the research; and

(E) the state department maintains a copy of the agreement or contract for the life of the record.

SECTION 9. IC 16-41-7.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 7.5. Communicable Disease: Syringe Exchange Program

Sec. 1. As used in this chapter, "local health department" refers to:

- (1) a local health department established under IC 16-20; or
- (2) the health and hospital corporation created under



IC 16-22-8.

Sec. 2. As used in this chapter, "program" means a syringe exchange program operated under this chapter.

Sec. 3. As used in this chapter, "qualified entity" means any of the following:

- (1) A local health department.
- (2) A municipality (as defined by IC 36-1-2-11) that operates a program within the boundaries of the municipality.
- (3) A nonprofit organization that operates a program and has been approved by official action to operate the program by:
 - (A) the local health department;
 - (B) the executive body of the county; or
 - (C) the legislative body of a municipality for the operation of a program within the boundaries of the municipality.

Sec. 4. (a) A qualified entity may operate a program only in a county where a public health emergency has been declared. However, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity.

(b) A qualified entity that meets the requirements in subsection (a) and complies with the requirements of this chapter may operate a program.

Sec. 5. Before a qualified entity may operate a program in a county, the following shall occur:

- (1) The local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality the following:
 - (A) There is an epidemic of hepatitis C or HIV.
 - (B) That the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use.
 - (C) That a syringe exchange program is medically appropriate as part of a comprehensive public health response.
- (2) The legislative body of the municipality or the executive body of the county must do the following:
 - (A) Conduct a public hearing that allows for public testimony.
 - (B) Take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area that the body represents.
- (3) The legislative body of the municipality or the executive



body of the county that took official action under subdivision

(2) notifies the state health commissioner of:

(A) the body's actions under subdivision (2);

(B) the request that the state health commissioner declare a public health emergency; and

(C) other measures taken concerning the epidemic that have proven ineffective.

(4) The state health commissioner has declared a public health emergency for the county or municipality.

Sec. 6. A qualified entity that operates a program under this chapter must do the following:

(1) Annually register the program in a manner prescribed by the state department with the:

(A) state department; and

(B) local health department in the county where services will be provided by the qualified entity if the qualified entity is not the local health department.

(2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs:

(A) A physician.

(B) A registered nurse.

(C) A physician assistant.

(3) Store and dispose of all syringes and needles collected in a safe and legal manner.

(4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information.

(7) Operate in a manner consistent with public health and safety.

(8) Ensure the program is medically appropriate and part of a comprehensive public health response.

Sec. 7. (a) The following may terminate the approval of a qualified entity:



(1) The legislative body of the municipality, the executive body of the county, or the local health department that approved the qualified entity.

(2) The state health commissioner, if the state health commissioner determines that the qualified entity has failed to comply with section 6 of this chapter.

(b) If a person described in subsection (a)(1) or (a)(2) terminates the approval of a qualified entity, the person shall notify the other person with authority to terminate that is described in subsection (a) of the termination.

Sec. 8. A state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.

Sec. 9. (a) A law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter.

(b) The fact an individual has attended a program under this chapter may not be the basis for probable cause by a law enforcement officer.

Sec. 10. A program shall file a quarterly report with the state department. The report must contain the following information listed on a daily basis and by the location, identified by the postal ZIP code, where the program distributed and collected syringes and needles:

(1) The number of individuals served.

(2) The number of syringes and needles collected.

(3) The number of syringes and needles distributed.

The state department may request that a qualified entity supply additional information concerning the program operated by the qualified entity.

Sec. 11. (a) If the state health commissioner receives a request to declare a public health emergency under this chapter, the state health commissioner shall approve, deny, or request additional information concerning the request under section 5 of this chapter not later than ten (10) calendar days from the date the request is submitted to the state health commissioner. If additional information is:

(1) requested by the state health commissioner; and

(2) provided by the entity seeking the declaration;

the state health commissioner shall approve or deny the request not later than ten (10) calendar days from the submission date of the additional information.



(b) A public health emergency declared under this section may remain in effect for not more than one (1) year from the date the public health emergency is declared. However, the state health commissioner may renew the declaration of a public health emergency upon the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration.

Sec. 12. Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.

Sec. 13. This chapter may not be construed to preclude the governor from taking any action within the governor's authority.

Sec. 14. This chapter expires July 1, 2019.

SECTION 10. IC 16-49-3-3, AS ADDED BY P.L.119-2013, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) A local child fatality review team:

(1) shall review the death of a child ~~that~~ whose death incident occurred in the area served by the local child fatality review team if:

(1) (A) the death of the child is:

~~(A)~~ **(i) sudden;**

~~(B)~~ **(ii) unexpected;**

~~(C)~~ **(iii) unexplained; or**

~~(D)~~ **(iv) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or**

~~(2)~~ **(B) the coroner in the area served by the local child fatality review team where the death occurred determines that the cause of the death of the child is:**

~~(A)~~ **(i) undetermined; or**

~~(B)~~ **(ii) the result of a homicide, suicide, or accident; and**

(2) may, at its discretion, review the near fatality of a child whose incident or injury occurred in the area served by the local child fatality review team.

(b) In conducting a child fatality review under subsection (a), the local child fatality review team may review all applicable records and information related to the death **or near fatality** of the child, including the following:

(1) Records held by the:

(A) local or state health department; and

(B) department of child services.



- (2) Medical records.
- (3) Law enforcement records.
- (4) Autopsy reports.
- (5) Records of the coroner.
- (6) Mental health reports.

(c) Except as otherwise provided under this article, information and records acquired by the local child fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(d) Records, information, documents, and reports acquired or produced by a local child fatality review team are not:

- (1) subject to subpoena or discovery; or
- (2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before a local child fatality review team.

SECTION 11. IC 20-34-4-1, AS AMENDED BY P.L.2-2007, SECTION 231, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. (a) Each school shall keep an immunization record of the school's students ~~The records must be kept uniformly throughout Indiana~~ according to procedures prescribed by the state department of health.

(b) Whenever a student transfers to another school, the school from which the student is transferring may furnish, not later than twenty (20) days after the transfer, a copy of the student's immunization record to the school to which the student is transferring.

(c) Whenever a student enrolls in a state educational institution, the school from which the student graduated may furnish a copy of the student's immunization record to the state educational institution. If the student is enrolled in a state educational institution while still attending a secondary level school, the secondary level school that the student is attending may furnish a copy of the student's immunization record to the state educational institution.

SECTION 12. IC 20-34-4-2, AS AMENDED BY P.L.161-2009, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) Every child residing in Indiana **who is enrolled in an accredited elementary school or high school** shall be immunized **as determined by the state department of health** against:

- (1) diphtheria;
- (2) pertussis (whooping cough);



- (3) tetanus;
- (4) measles;
- (5) rubella;
- (6) poliomyelitis; and
- (7) mumps;
- (8) varicella;**
- (9) hepatitis A;**
- (10) hepatitis B; and**
- (11) meningitis.**

(b) Every child residing in Indiana who enters kindergarten or grade 1 shall be immunized against hepatitis B and chicken pox.

(c) The state department of health shall adopt rules under IC 4-22-2 to require school age children to receive additional immunizations against the following:

- (1) Meningitis.
- (2) Varicella.
- (3) Pertussis (whooping cough).

The additional immunizations required under the rules shall include an immunization booster if considered appropriate by the state department.

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

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

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

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

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

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

SECTION 13. IC 20-34-4-3, AS AMENDED BY P.L.80-2007, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2015]: Sec. 3. (a) Each school shall notify each parent of a student who enrolls in the school of the requirement that the student must be immunized and that the immunization is required for the student's continued enrollment, attendance, or residence at the school unless:

- (1) the parent or student provides the appropriate documentation of immunity;
- (2) for chicken pox, the parent or student provides a written signed statement that the student has indicated a history of chicken pox; or
- (3) (2) IC 20-34-3-2 or IC 20-34-3-3 applies.

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

(c) The state department of health shall provide a school described in subsection (b) with the information concerning ~~cervical~~ cancer and the human papillomavirus (HPV) infection required in subsection (b). The information must include the following:

- (1) The latest scientific information on the immunization against the human papillomavirus (HPV) infection and the immunization's effectiveness against causes of ~~cervical~~ cancer.
- (2) That a pap smear is still critical for the detection of precancerous changes in the cervix to allow for treatment before cervical cancer develops.
- (3) Information concerning the means in which the human papillomavirus (HPV) infection is contracted.
- (4) A statement that any questions or concerns concerning immunizing the child against human papillomavirus (HPV) could be answered by contacting a health care provider.

(d) The state department of health shall provide the department of education with material concerning immunizations and immunization preventable diseases for distribution to parents and guardians. The department of education shall provide these materials to schools to be provided to students' parents and guardians. These materials may be distributed by a school by posting the required information on the school's Internet web site.

SECTION 14. IC 20-34-4-4, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. (a) The parent of any student who has not



received the immunizations required under this chapter shall present the student to a physician and request the **physician health care provider authorized to administer the immunizations**. If the parent is unable to secure the immunizations, the local health department serving the area in which the student resides may provide the immunizations. Vaccines provided by the local health department shall be furnished by the local health board or the state department of health from available supplies.

(b) The **physician health care provider** who administers the required vaccines **immunizations** to a student **or the health care provider's designee** shall give a certificate or other documentation of the immunizations to the individual who presented the student for immunization. This certificate or other documentation shall be presented on request to the local health department or the local health department's authorized representative. **enter the immunization information into the state immunization data registry in accordance with IC 16-38-5.**

SECTION 15. IC 20-34-4-5, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5. (a) Each school shall require the parent of a student who has enrolled in the school to furnish, not later than the first day of school a ~~written statement of the student's immunization, accompanied by the physician's certificates or other documentation,~~ unless a written statement of this nature is on file with the school: **attendance, proof of the student's immunization status, either as a written document from the health care provider who administered the immunization or documentation provided from the state immunization data registry.**

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

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

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



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

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

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

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

SECTION 16. IC 20-34-4-5.5 IS REPEALED [EFFECTIVE JULY 1, 2015]. Sec. 5-5: (a) Each school that enrolls grade 6 female students shall require the parent of a female student entering grade 6 to furnish not later than the twenty (20) school days after the first day of school a written statement prescribed by the state department of health under subsection (b) stating that the parent has received the information required under section 3(b) of this chapter and that:

- (1) the student has received or is receiving the immunization;
- (2) the parent has decided not to have the student immunized; or
- (3) the parent chooses not to provide the information to the school concerning whether the student was immunized;

against the human papillomavirus (HPV) infection:

(b) The state department of health shall prescribe the format for the written statement required under subsection (a):

(c) A student may not be prevented from enrolling in, attending, or graduating from school for the sole reason that the student has not provided the school with the written statement required under this section:

SECTION 17. IC 20-34-4-6, AS AMENDED BY P.L.80-2007, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) **The state department of health shall collect immunization data on school age children using the state immunization data registry. Each school corporation shall ensure that all applicable immunization information is complete in the state immunization data registry not later than sixty (60) days after the enrollment of students for the first time and when additional immunizations are required by statute or rule; each school shall file a written report with the state department of health and the local health**



department having jurisdiction. The report must include the following:

(1) A statement of the number of students who have demonstrated immunity against diphtheria, pertussis (whooping cough), tetanus, measles, rubella, poliomyelitis, mumps, and hepatitis B.

(2) A statement of the number of students who have not demonstrated immunity against the illnesses listed in subdivision (1).

(3) A statement of the number of students who have been found positive for sickle cell anemia or lead poisoning.

(4) Beginning in the 2008-2009 school year, a statement of the number of female students in grade 6 who:

(A) have or will have; and

(B) have not;

been immunized against human papillomavirus (HPV) infection; and the number of female students in grade 6 whose parent chose not to provide the information to the school concerning whether the student was immunized.

the first Friday in February each year. The state department of health shall use the data to create aggregate reports.

(b) The state department of health and the local health department shall, for good cause shown that there exists a substantial threat to the health and safety of a student or the school community, be able to validate immunization reports by onsite reviews or examinations of nonidentifying immunization record data. This section does not independently authorize the state department of health, a local department of health, or an agent of the state department of health or local department of health to have access to identifying medical or academic record data of individual students attending nonaccredited nonpublic schools.

(c) A school shall file a report for each student who enrolls after the filing of the report for students who enrolled at the beginning of the school year. The state department of health has exclusive power to adopt rules for the administration of this section.

SECTION 18. IC 35-48-4-8.5, AS AMENDED BY P.L.158-2013, SECTION 636, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8.5. (a) A person who keeps for sale, offers for sale, delivers, or finances the delivery of a raw material, an instrument, a device, or other object that is intended to be or that is designed or marketed to be used primarily for:

(1) ingesting, inhaling, or otherwise introducing into the human body marijuana, hash oil, hashish, salvia, a synthetic drug, or a controlled substance;



- (2) testing the strength, effectiveness, or purity of marijuana, hash oil, hashish, salvia, a synthetic drug, or a controlled substance;
- (3) enhancing the effect of a controlled substance;
- (4) manufacturing, compounding, converting, producing, processing, or preparing marijuana, hash oil, hashish, salvia, a synthetic drug, or a controlled substance;
- (5) diluting or adulterating marijuana, hash oil, hashish, salvia, a synthetic drug, or a controlled substance by individuals; or
- (6) any purpose announced or described by the seller that is in violation of this chapter;

commits a Class A infraction for dealing in paraphernalia.

(b) A person who knowingly or intentionally violates subsection (a) commits a Class A misdemeanor. However, the offense is a Level 6 felony if the person has a prior unrelated judgment or conviction under this section.

(c) This section does not apply to the following:

- (1) Items marketed for use in the preparation, compounding, packaging, labeling, or other use of marijuana, hash oil, hashish, salvia, a synthetic drug, or a controlled substance as an incident to lawful research, teaching, or chemical analysis and not for sale.
- (2) Items marketed for or historically and customarily used in connection with the planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, or inhaling of tobacco or any other lawful substance.
- (3) A qualified entity (as defined in IC 16-41-7.5-3) that provides a syringe or needle as part of a program under IC 16-41-7.5.**
- (4) Any entity or person that provides funding to a qualified entity (as defined in IC 16-41-7.5-3) to operate a program described in IC 16-41-7.5.**

SECTION 19. IC 36-7-8-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) The legislative body of a county having a county department of buildings or joint city-county building department may, by ordinance, adopt building, heating, ventilating, air conditioning, electrical, plumbing, and sanitation standards for unincorporated areas of the county. These standards take effect only on the legislative body's receipt of written approval from the fire prevention and building safety commission.

(b) An ordinance adopted under this section must be based on occupancy, and it applies to:



(1) the construction, alteration, equipment, use, occupancy, location, and maintenance of buildings, structures, and appurtenances that are on land or over water and are:

(A) erected after the ordinance takes effect; and

(B) if expressly provided by the ordinance, existing when the ordinance takes effect;

(2) conversions of buildings and structures, or parts of them, from one occupancy classification to another; and

(3) the movement or demolition of buildings, structures, and equipment for the operation of buildings and structures.

(c) The rules of the fire prevention and building safety commission are the minimum standards upon which ordinances adopted under this section must be based.

(d) An ordinance adopted under this section does not apply to private homes that are built by individuals and used for their own occupancy. **However, onsite sewage systems of a private home described in this subsection must comply with state laws and rules.**

SECTION 20. [EFFECTIVE UPON PASSAGE] (a) The general assembly urges the legislative council during the 2015 legislative interim to assign jointly to:

(1) the public health, behavioral health, and human services interim study committee; and

(2) the corrections and criminal code interim study committee;

the topic of needle and syringe exchange programs as part of a comprehensive response to reducing disease transmission due to intravenous drug use. The study must include a review of the appropriate criminal penalties for drug offenses and drug paraphernalia related offenses and the use of problem solving courts.

(b) The study committee shall issue to the legislative council a final report containing the committee's findings and recommendations, including any recommended legislation, in an electronic format under IC 5-14-6 not later than November 1, 2015.

(c) This SECTION expires December 31, 2015.

SECTION 21. An emergency is declared for this act.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

