

# Indiana Coalition Against Domestic Violence

End of session report

March 11, 2024

The Indiana General Assembly adjourned a week early on Friday, March 8, in the evening.

There are a number of issues that began discussion this year and will continue throughout the interim, returning next year for further consideration. At the top of that list is childcare – examining options to expand childcare availability and affordability. **SB 2** was the central focus, including provisions to make childcare workers eligible for federal childcare vouchers and On My Way Pre-K vouchers, and requiring a study and report back concerning childcare worker compensation. Next year, additional childcare funding can be considered.

For a short period, **SB 256** was amended in the House to include a provision raising the SNAP asset limit from \$5,000 to \$10,000, and the sales tax for women’s sanitary products was repealed. While the senate removed these provisions in conference, they will certainly also return in the budget year.

Similarly, first-time filed legislation intended to reduce the burden of crippling medical debt, **SB 276**, ultimately did not move this year. However, legislators began discussions with the hospitals about proposals, with strong bipartisan interest in returning to this issue next session.

In the area of safe and stable housing, legislation to address this issue through rent escrow again did not move. However, Sen. Brown stripped out another bill, **SB 243**, containing the Apartment Owners’ “solution” to this issue, which was to require Marion County only to re-inspect rental units cited for violations, even when vacant. While this is a good basic premise, the legislation did not contain any additional enforcement remedies and was not permitted to be applied statewide. Ultimately this bill also failed to pass committee, primarily because it only applied to Marion County. Housing advocates will continue with a request to the Governor to appoint a commission similar to the recent Public Health Commission to address affordability, stability, and health concerns. This issue is also likely to return next session.

**HB 1199** was filed to repeal a provision added to legislation last year to allow the City of Indianapolis to create an economic enhancement district downtown, along with an appropriation to build a low-barrier homeless shelter. The revenue to fund this shelter was to come from increased taxes in that district. The House passed **HB 1199** as a straight repeal. The Senate reinstated the district but exempted landlords from paying any additional taxes, instead “allowing” altruistic landlords to opt in to higher taxes. Hopefully, construction of the low-barrier homeless shelter will now continue.

In the area of lending and consumer protection, nothing good passed. **SB 200**, a bill to expand the availability of low-interest affordable loans, passed the Senate by a strong margin but was not heard in the House. The House committee chair indicated that this bill could be heard next year, “along with other options.” These options would likely include legislation allowing increased interest rates on loans. However, the two bills put forth by the banks and credit unions did pass. One shortens the time in which a customer can sue a bank from 6 to 2 years (**SB 188**), and the other allows the financial institutions to change the terms of all bank accounts, including CDs, with only a 30-day notice (that the customer may not even see), advising that the change will be deemed accepted unless the account is closed. (**HB 1284**)

And then, although **SB 130**, the priority bill of ICADV to expedite and require consideration of ex parte protective orders, was not heard after judges expressed concern about the bill’s time requirements, ICADV will continue work on this issue over the interim with all stakeholders.

Below are summarized these bills and others relating to many areas in which ICADV members may be interested. To see more details about any bill, go to <https://iga.in.gov/legislative/2024/bills>, and click on the bill of interest.

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## I. Domestic Violence and Sexual Assault

**SB172 COMPENSATION FOR VICTIMS OF VIOLENT CRIME (CRIDER M, McNamara)** Amends definitions of emergency shelter care, motor vehicle, violent crime, and victim of a child sex crime. Changes out-of-pocket loss to out-of-pocket expenses. Provides that certain records obtained by the victim services division (division) of the criminal justice institute are to remain confidential. Provides that, where justice requires, the division may award compensation before an information or indictment is filed. Adds procedures for claim denial by the division. Provides that an award may not be made unless the claimant has incurred an out-of-pocket expense or loss of income that exceeds \$100. Adds that the division may order the payment of compensation for reasonable, documented expenses that were incurred within 180 days of the violent crime. Provides that the director may extend the 180 days to two years for mental health counseling. Requires written verification of all losses and expenses requested before making an award. Adds procedures for application denial and appeals. Repeals the law relating to payment of compensable losses, hearings concerning the merits of an application, decisions by a hearing officer, the reduction of awards, and appealing the findings of a hearing officer.

**HB1047 SEXUAL OFFENSES (NEGELE S)** Provides that an action for injury to a person that results from the sexual abuse of a child, that has expired under the current statute of limitations, may be commenced before July 1, 2025, against specified entities seeking bankruptcy protection, if certain circumstances exist. Provides that certain images created by artificial intelligence or similar means constitute an "intimate image" for purposes of: (1) a civil action involving nonconsensual pornography; or (2) the crime of distributing an intimate image. Specifies that an intimate image, for purposes of the criminal offense, must appear to depict the alleged victim. Exempts certain news media and internet and cloud service providers from the criminal offense under certain circumstances. Provides that "peep", for purposes of the voyeurism statute, includes the use of a concealed camera with the intent of capturing an intimate image. Makes conforming amendments.

**HB1101 COURTS FOR CHILDREN THREE YEARS OF AGE AND YOUNGER IN NEED OF SERVICES (LAUER R)** Establishes a safe baby court as a type of problem solving court. Provides that a child in need of services is an eligible individual for purposes of a problem solving court program.

**SB109 ADULT PROTECTIVE SERVICES (CRIDER M)** Allows the division of aging to contract with a person qualified to provide adult protective services. Removes language that allowed the division to contract with a governmental entity if a prosecuting attorney decides not to enter into a contract.

**Bills that died:**

**SB 130 DEADLINE TO GRANT OR DENY AN ORDER FOR PROTECTION** (Becker, Glick, Pol)

Requires a court to issue an ex parte order either granting or denying an order for protection not later than one day after a petition for an order for protection is filed. Requires a court to consider certain factors when issuing an order to grant or deny an ex parte order for protection. Makes conforming changes and a technical correction.

**SB151 STATUTE OF LIMITATIONS (ALEXANDER S)** Allows the prosecution of Level 3 felony rape and child molesting offenses to be commenced at any time. Makes conforming changes. **Passed Senate unanimously, not heard in the House.**

II. **Housing**

**HB1068 UNLICENSED REAL ESTATE SOLICITORS (CLERE E)** Defines an "unlicensed real estate solicitor". Requires an unlicensed real estate solicitor to include a specific disclosure on all solicitations promoting the unlicensed real estate solicitor's intent to purchase a residential, single-family home. Provides requirements for listing agreements and buyer agency agreements. Provides remedies to a homeowner that enters into an agreement with an unlicensed real estate solicitor. Provides that it is a deceptive act enforceable by the attorney general for an unlicensed real estate solicitor to solicit the sale or purchase of real estate without the required disclosure.

**HB1199 ECONOMIC ENHANCEMENT DISTRICT (THOMPSON J)** Requires the legislative body to provide notice and conduct a public hearing before a proposed economic enhancement district may be established. Amends the definition of "economic enhancement project". Amends the required contents of an ordinance to establish an economic enhancement district. Increases the number of members of an economic enhancement board from eight to nine and amends the composition of the board. Requires an economic enhancement district to expire not later than 10 years from the date of the adoption of an ordinance. Repeals a provision that allows an economic enhancement district to be extended. Requires that an ordinance establishing an economic enhancement district must be adopted on or before December 31, 2024. Provides that if the legislative body of a city has adopted an ordinance to establish an economic enhancement district before the effective date of this bill, that ordinance shall be void, but may be revised and reenacted by the legislative body by the adoption of a new ordinance, which must comply with the provisions added in the bill. Makes a technical correction.

**HB1222 RESIDENTIAL REAL ESTATE SERVICE AGREEMENTS (HAGGARD C)** Defines a "residential real estate service agreement" as an agreement: (1) under which a service provider agrees to provide one or more services: (A) in connection with the maintenance, purchase, or sale of residential real estate; and (B) that are not to be performed in their entirety within one year after the agreement is entered into; and (2) that: (A) purports to run with the land or to be binding on future owners; (B) allows for the assignment of the right to provide one or more of the services under the agreement without the consent of the owner of the residential real estate; or (C) purports to create a lien or an encumbrance on, or a security interest in, the residential real estate. Provides that a residential real estate service agreement that is entered into after March 14, 2024, is void and unenforceable. Prohibits a person from recording after March 14, 2024, a residential real estate service agreement in Indiana, regardless of when the residential real estate service agreement is entered into. Provides that a county recorder, or an employee of a county recorder, who records a residential real estate service agreement that is presented to the county recorder's office for recording is not civilly liable under the bill's provisions, regardless of when the recording occurs. Provides that if a residential real estate service agreement (agreement) is recorded in Indiana after March 14, 2024, any person with an interest in the residential real estate that is the subject of the agreement may: (1) apply to a court in the county in which the agreement is recorded for a declaratory judgment declaring the agreement unenforceable; and (2) recover the person's actual damages against any service provider that: (A) is a party to the agreement; and (B) recorded, or caused to be recorded, the agreement. Provides that a service provider that: (1) enters into a residential real estate service agreement with any person; or (2) records, or causes to be recorded, a residential real estate service agreement in Indiana; after March 14, 2024, commits a deceptive act that is subject to the remedies and penalties under the deceptive consumer sales act (act), including an action by the attorney general under the act. Provides that the bill's provisions do not apply to: (1) a residential real estate service agreement entered into before March 15, 2024 (except as otherwise provided in the bill); or (2) certain specified products, contracts, rights, agreements, services, or liens.

**HB1320 BUILDING REGULATION (ZIMMERMAN A)** Defines, for purposes of the unsafe building law, a "building or structure". Increases from \$10,000 to \$25,000 the estimated cost of work required by an order of a unit's enforcement authority which the unit's enforcement authority may perform using its own workers and equipment. Provides, with certain exceptions, that a governmental body may not regulate or restrict, by regulation or otherwise, the continued residential use of a mobile home, a manufactured home, or an industrialized residential within a mobile home community based on certain characteristics of the structure. Provides that a mobile home, manufactured home, or industrialized residential structure on private property constituting a legal, nonconforming use, may not be replaced with a mobile home, manufactured home, or industrialized residential structure that is older or smaller than the legal, nonconforming structure being replaced. Makes certain changes to local planning and zoning standards and requirements relating to manufactured homes.

**HB1387 HOUSING DEVELOPMENT (MILLER D)** Makes various changes to the residential housing infrastructure assistance program. Expands the definition of "economic development facilities" applicable to the economic development and pollution control statutes to include facilities for housing for purposes of redevelopment commission programs outside Indianapolis for age-restricted housing or residential housing development.

**SB183 COUNTY OPTION PROPERTY TAX EXEMPTION (RAATZ J)** Provides that a county fiscal body may adopt an ordinance to exempt mobile homes and manufactured homes located in the county from property taxation (exemption ordinance). Provides that for an annual assessment date in which an exemption ordinance is in effect, a county assessor shall not assess a mobile home or a manufactured home granted the property tax exemption. Specifies that the discretionary adoption of an exemption ordinance does not apply to mobile homes and manufactured homes that are assessed as: (1) inventory; or (2) real property; under the property tax laws and administrative rules. Makes conforming changes.

**Bills that died:**

**SB243 LANDLORD-TENANT RELATIONS (HUNLEY A)** Provides that a landlord may not sell a residential rental property that is subject to an unexpired written lease unless the landlord gives written notice to the tenant of the residential rental property not less than 60 days before the landlord lists the property for sale, unless certain exceptions apply. Requires a buyer of a residential rental property to honor an unexpired written lease between the previous owner and a tenant unless the buyer of the residential rental property gives written notice to the tenant that the buyer intends to terminate the lease, not less than 30 days before the lease is terminated, and pays the tenant an amount equal to one month rent plus the full security deposit as specified in the written lease.

**2/6/2024 - DEAD BILL; Fails to advance by Senate 3rd reading deadline (Rule 79(a))**

**1/31/2024 - Committee Vote: FAILED Yeas: 5; Nays: 5**

**1/31/2024 - Senate Judiciary, (Bill Scheduled for Hearing); Time & Location: 1:30 PM, Rm. 130**

**SB277 RESIDENTIAL LANDLORD-TENANT MATTERS (WALKER G)** Provides that the court may appoint a receiver upon request by a county, city, or town when the property owner of a multifamily residential property with more than four dwelling units has failed to pay damages, costs, or attorney's fees that have been incurred by the multifamily residential property in a nuisance action brought by the county, city, or town. Allows a city, county, or town to bring a nuisance action against a tenant or other person responsible for a nuisance. Defines "essential services" as certain services needed for the safe and habitable occupation by a tenant of the tenant's rental unit. Defines "essential systems" as certain systems used to deliver essential services to a rental unit. Requires a landlord to provide and maintain a rental premises that is free from the following: (1) Pests, including rodents and invasive insects. (2) Mold. (3) Rot. Sets forth a procedure for a tenant to use to initiate a request for repairs. Requires a landlord to repair or replace an essential system not later than 72 hours after being notified by a tenant that the tenant's rental unit is without essential services under certain circumstances. Allows for certain remedies to the tenant for the landlord's noncompliance, including a procedure for the deposit of rent that is due with the clerk of the court if the landlord fails or refuses to make repairs or take remedial action. Provides that, during the pendency of a court action brought by a tenant, the court may order the tenant to make the regular rental payments otherwise due under the rental agreement to the clerk of the court or an attorney trust account, to be held in trust for disbursement to the prevailing party, as ordered by the court. Provides that a landlord may apply for release of rent deposits. Provides that, after June 30, 2024, a landlord may not manage a rental property in Indiana unless the landlord: (1) is authorized to do business in Indiana; (2) maintains an office at one or more physical locations in Indiana; or (3) appoints an Indiana licensed real estate broker or broker company to manage the rental property. Makes conforming changes.

**2/6/2024 - DEAD BILL; Fails to advance by Senate 3rd reading deadline (Rule 79(a))**

### **III. Lending and Consumer Protection**

**HB1284 DEPOSIT ACCOUNT AGREEMENTS (PIERCE K)** Provides that a deposit account agreement between a depository financial institution and a depositor may be changed or amended from time to time, subject to the terms of the deposit account agreement. Provides that a depositor's continued maintenance of a deposit account after the effective date of any change or amendment to the deposit account agreement, as described in a written notice from the depository financial institution, constitutes prima facie evidence of the depositor's intent to accept the change or amendment.

**SB188 ACTIONS ON DEPOSIT ACCOUNTS (BALDWIN S)** Provides that an action upon a deposit account must be commenced not later than two years (instead of six years under current law) after the cause of action accrues, regardless of whether the action is brought by a depositor or a depository institution..

**SB220 FINANCIAL INSTITUTIONS AND CONSUMER CREDIT (BASSLER E)** Provides that a reference to federal law in: (1) the first lien mortgage lending act; (2) the Uniform Consumer Credit Code; or (3) the Indiana Code title governing financial institutions; is a reference to the law as in effect December 31, 2023 (rather than December 31, 2022, under current law). Amends Indiana Code provisions concerning accounting practices for credit unions to reflect a new accounting standard that replaces the allowance for loan and lease losses accounting methodology with the allowance for credit losses methodology, as required by the Financial Accounting Standards Board. Establishes a new chapter in the Indiana Code article containing general provisions with respect to financial institutions to require corporations (defined as certain financial institutions organized or reorganized under Indiana law) to notify the director of the department of financial institutions of a reportable cyber incident or notification incident in accordance with the same procedures required by the corporation's federal supervisory authority or federal insurer.

### **Bill that died:**

**SB200 NONPROFIT LOAN CENTER LOANS FOR STATE EMPLOYEES (DEERY S)** Provides that not later than: (1) September 1, 2024, in the case of a state agency other than a state educational institution or a school corporation; (2) September 1, 2025, in the case of a state agency that is a state educational institution; or (3) September 1, 2026, in the case of a state agency that is a school corporation; a state agency shall partner with each nonprofit loan center (NLC) operating in Indiana to become a participating employer in the NLC's nonprofit loan center program (NLC program) by offering voluntary payroll deductions for eligible full-time employees to make payments toward the balance of a nonprofit loan center loan (NLC loan) made by a nonprofit loan center lender (NLC lender). Provides that after becoming a participating employer in an NLC program, a state agency shall allow an eligible employee to: (1) voluntarily request and establish payroll deductions for an NLC loan at any time; and (2) revoke the employee's authorization for payroll deductions for an NLC loan at any time; including any time that falls outside a designated open enrollment period for employee benefits. Defines an "NLC loan" as a loan that meets certain requirements with respect to the principal amount, loan term, finance charge, authorized fees, method of repayment, and

other loan terms. Authorizes the state comptroller to authorize the electronic transfer of funds from the state treasury to a designated NLC lender in payment of an NLC loan on behalf of an eligible employee who has voluntarily given the state comptroller written authorization, through the eligible employee's employing state agency, to make the transfer. Specifies that: (1) a loan made under the bill's provisions; or (2) a person that makes a loan under the bill's provisions; is subject to the requirements of the Uniform Consumer Credit Code chapter governing consumer loans. Provides that a depository institution may make a loan under the same terms and conditions that apply with respect to a nonprofit loan center loan to an employee of: (1) a state agency; or (2) any other employer; as long as the loan is made in compliance with any applicable law. Allows a wage assignment to be made for the purpose of making payment to a depository institution in repayment of a loan that is made to the employee by the depository institution under the same terms and conditions that apply with respect to an NLC loan. Authorizes the electronic transfer of funds from the state treasury on behalf of an employee of a state agency in payment of a loan made by a depository institution to the employee under the same terms and conditions that apply to an NLC loan.

**1/29/2024 - Third reading passed; Roll Call 50: yeas 41, nays 8**

**2/6/2024 - Referred to House Financial Institutions – Chair declined to hear the bill.**

#### **IV. General anti-poverty**

**SB260 NEIGHBORHOOD AND INDIVIDUAL DEVELOPMENT INCENTIVES (BECKER V)** Defines a "community based organization" as a private, nonprofit corporation whose board of directors is comprised of business, civic, and community leaders, and whose principal purpose includes the provision of low income housing. (Current law limits administration, through a financial institution, of an account to community development corporations.) **Provides that: (1) the first \$1,500 (rather than \$800) is eligible for a state deposit in an individual's account; (2) the allocation, for each account that has been established, for not more than five years, is \$3 for each \$1 of the first \$1,500 (rather than the first \$400) an individual deposited into the individual's account; and (3) the amount of the allocation may not exceed \$4,500 (rather than \$2,400) for each account.** Makes various changes to the administration of and procedure for claiming the neighborhood assistance tax credit and the individual development account tax credit. Removes a reference to an obsolete tax.

#### **Bills that died:**

**SB276 HEALTH CARE DEBT AND COSTS (QADDOURA F)** Adds a new chapter to the Indiana Code governing hospitals' billing practices and financial disclosures to patients. Provides that the unpaid earnings of a consumer who resides in Indiana may not, at any time, be attached by garnishment in satisfaction of: (1) any amount of health care debt owed or alleged to be owed by the consumer; or (2) in an action against the consumer in which a judgment has been entered, any amount of the judgment that represents health care debt determined to be owed by the consumer. Prohibits a health care provider from reporting or furnishing to a consumer reporting agency any information related to health care debt owed or alleged to be owed by a consumer who resides in Indiana. Defines a "third party furnisher" as a person that regularly and in the ordinary course of business furnishes to consumer reporting agencies information about the transactions and experiences of health care providers with consumers, including information regarding delinquent account actions. Requires a health care provider to include in any contract entered into with a third party furnisher a provision that prohibits the reporting or furnishing to a consumer reporting agency any information related to health care debt owed or alleged to be owed by a consumer, including information concerning any delinquent account action taken with respect to health care debt. Provides that if information related to health care debt is reported to a consumer reporting agency in violation of these provisions: (1) the consumer who owes or is alleged to owe the health care debt is relieved from any liability to pay the amount of health care debt reported; and (2) the health care provider and any third party furnisher engaged by the health care provider before or after the reporting of the information may not collect or pursue the collection of the amount reported. Prohibits a consumer reporting agency from recording or retaining in the file of a consumer any information that is: (1) related to health care debt incurred or alleged to be incurred by the consumer; and (2) reported to the consumer reporting agency after June 30, 2024. Provides that if a consumer reporting agency receives a request from a consumer to delete any record of health care debt maintained in the file of the consumer, the consumer reporting agency shall, not later than five business days after receiving the request, take all lawful and reasonable actions to delete from the consumer's file the record of the health care debt, regardless of when the health care debt was reported to the consumer reporting agency. Prohibits a health care provider from: (1) charging or collecting interest on the unpaid balances of health care debt at a rate that exceeds an annual rate of 9%; or (2) initiating any delinquent account action with respect to health care debt during the pendency of an appeal by the consumer for the denial of insurance or other third party coverage for the health care services, products, or devices with respect to which the health care debt was incurred. Prohibits a creditor from obtaining or using a consumer's medical information in connection with any determination of the consumer's eligibility, or continued eligibility, for credit, as required under the federal Fair Credit Reporting Act. Provides that a person that violates these provisions commits a deceptive act that is actionable only by the attorney general under the Indiana statute concerning deceptive consumer sales. Amends the statute concerning adverse

claims against deposit accounts to prohibit a depository financial institution that receives notice of an adverse claim based on health care debt owed or alleged to be owed by a consumer from: (1) recognizing the adverse claim in any manner; or (2) placing a hold on, or otherwise restricting withdrawal of funds from, a deposit account in which the consumer who is the subject of the adverse claim has an interest. Provides that: (1) any amount of health care debt owed or alleged to be owed by a consumer; or (2) in an action against a consumer in which a judgment has been entered, any amount of the judgment that represents health care debt determined to be owed by the consumer; does not constitute a lien against the consumer's principal residence or against certain personal property of the consumer. Provides that in any action filed, in a court of competent jurisdiction in Indiana, for the recovery of health care debt owed or alleged to be owed by a consumer, the court does not have and shall not entertain jurisdiction in any: (1) action of attachment against the real or personal property of the consumer; or (2) action of garnishment; upon, or any time after, the filing of the complaint in the action. Provides that in any action filed, in a court of competent jurisdiction in Indiana, for the recovery of health care debt owed or alleged to be owed by a consumer, the principal residence of the consumer is not liable to judgment or attachment or to be sold on execution against the consumer.

**Ultimately this bill did not advance, but discussions will be ongoing through next session. Senators Charbonneau and Qaddoura met several times with the hospitals in an attempt to find common ground, and this bill was set for hearing on January 31. However, the entire hearing was canceled. There appears to be interest in prohibiting liens on housing, and prohibiting reporting of medical debt to credit reporting agencies.**

## **V. Child Care**

**HB1102 CHILD CARE (HEINE D)** Revises the definition of "child care home". Limits the number of children under twelve months of age that may be provided care in a child care home. Provides that certain child care programs are exempt from licensure. Amends certain licensing requirements for a class II child care home and a child care center. Provides that certain child care providers are eligible for voucher payments. Allows certain child care programs at schools to provide services to business employees' children when the business enters into a contract with the school and certain conditions are met.

**SB2 CHILD CARE (CHARBONNEAU E)** Requires the Indiana economic development corporation to annually report to the general assembly regarding funds dedicated to supporting child care under specified state and federal programs. Defines an "out-of-school-time program". Requires the office of the secretary of family and social services (FSSA) to publish on the FSSA website a dashboard providing monthly information regarding state and federal child care subsidies available to Indiana residents. **Provides that a household is eligible to begin receiving assistance under the federal Child Care and Development Fund (CCDF) voucher program if the household, at the time of FSSA's initial determination of the household's income eligibility: (1) has a household income that does not exceed 85% of Indiana's state median income for the household's family size; (2) includes an individual who is employed by a licensed child care center, a licensed child care home, or a licensed or registered child care ministry; and (3) otherwise meets federal eligibility requirements for the CCDF program.** Provides, with respect to the individual with certification in cardiopulmonary resuscitation (CPR) required to be present at all times when a child is in the care of a child care provider that is eligible to receive reimbursement through the CCDF program, that the individual is not required to be recertified in CPR annually. **Provides that: (1) the early learning advisory committee must commission a third party evaluation to assess existing regulations for child care providers not later than May 1, 2024 (rather than July 1, 2024, under current law); and (2) FSSA must initiate the process of amending FSSA's rules in consideration of the findings of the third party evaluation not later than July 1, 2024. Requires, not later than September 30, 2024, the early learning advisory committee to: (1) complete a study regarding compensation in Indiana for early childhood educators and caregivers at out-of-school-time programs; (2) create an online dashboard to allow access to compensation data; and (3) issue a report containing the committee's findings and recommendations. Amends provisions regarding the On My Way Pre-K voucher program (program) to: (1) provide eligibility for children of child care employees; and (2) amend references to funds provided to children under the program as prekindergarten vouchers, rather than grants.** Requires FSSA to establish a micro facility pilot program, under which FSSA shall: (1) develop a regulatory model that: (A) is applicable only to certain licensed or registered child care providers that provide child care for not less than three children and not more than 30 children for at least four hours per day (micro facilities); and (B) incorporates waivers or variances from FSSA's rules applicable to certain child care providers; (2) apply the regulatory model to at least three micro facilities and evaluate the operation of the micro facilities under the regulatory model; and (3) not later than October 1, 2026: (A) make a determination as to whether FSSA will adopt rules specific to micro facilities that incorporate some or all aspects of the regulatory model; and (B) submit to the general assembly a report regarding the pilot program. **Requires FSSA to do the following: (1) Amend FSSA's rules to define a "substitute educator" caregiver type for purposes of FSSA's rules pertaining to all categories of child care providers regulated by FSSA. (2) Amend FSSA's rules to allow an employee of a child care provider who: (A) is 16 or 17 years of age; (B) is assigned to a lead caregiver who supervises the employee at all times during which the employee is**

supervising a child; (C) is never left alone with a child; and (D) meets specified qualifications; to be counted in child/staff ratios for school age child care rooms. (3) Amend FSSA's rules to allow an employee of a child care provider who: (A) is at least 18 years of age; and (B) meets specified qualifications; to serve as the staff person in charge of an infant/toddler room. (4) Issue a report to the general assembly not later than October 31, 2024, documenting the results attributable to: (A) the employer sponsored child care fund; and (B) the employer child care expenditure credit. (5) Study, in collaboration with other specified state agencies, opportunities for resource sharing across state agencies and local units of government to facilitate the fingerprinting of individuals for purposes of conducting national criminal history background checks and issue a report to the governor and the general assembly regarding the results of the study. Makes technical corrections.

#### **SB169 CHILD CARING INSTITUTIONS AND GROUP HOMES (WALKER G)**

Requires specified types of residential child care facilities to: (1) implement specified personnel policies, including with regard to: (A) minimum qualifications for specified employee classifications; and (B) maintenance of personnel records; (2) comply with specified restrictions on caseloads; (3) obtain specified health records, immunizations, and examinations for each child under the facility's care; and (4) follow specified processes in providing medical care for children in the facility's care, including with regard to administering psychotropic medications. Provides that certain individuals at least 18 years of age but less than 21 years of age are included in the definitions for "child", "child abuse or neglect", and "victim of child abuse or neglect". Makes conforming and technical changes.

#### **VI. Child Labor**

**HB1093 EMPLOYMENT OF MINORS (CULP K)** Provides certain exemptions from the employment of minors law. Repeals a provision concerning conditions for the employment of a minor as a performer. Provides exemptions from certain hour and time restrictions for the employment of a minor who is at least 14 years of age and less than 16 years of age. Removes language providing that a minor who is at least 14 years of age and less than 16 years of age may only work until 7 p.m. on a day that precedes a school day from June 1 through Labor Day. Repeals provisions concerning hour and time restrictions for the employment of a minor who is at least 16 years of age and less than 18 years of age. Specifies that the prohibition on a minor from working in a hazardous occupation does not apply to a minor who is at least 16 years of age and less than 18 years of age who is employed in agriculture. Repeals a provision concerning restrictions on an employer who employs a minor to work after 10 p.m. and before 6 a.m. Makes corresponding changes.

**SB146 YOUTH EMPLOYMENT (ROGERS L)** Allows a person who is at least 18 years of age to ring up a sale of alcoholic beverages in the course of the person's employment. Allows a waiter, waitress, or server who is at least 18 years of age to serve alcoholic beverages in a dining room of a restaurant or hotel under certain conditions. Provides certain exemptions from the employment of minors law. Provides, for purposes of the reporting requirement applicable to an employer that employs a specified number of minors, that: (1) a minor's date of hire is the first date on which the minor performs work for the employer; and (2) an employer must report any new or changed information not later than the fifteenth and last business days of each month. Provides that a civil penalty for a violation of certain provisions regarding the employment of minors may not be assessed for a violation of 10 minutes or less.

#### **VII. Child Reading/Absenteeism**

**SB1 READING SKILLS (ROGERS L)** Provides that the department of education (department) may grant certain individuals a waiver that provides an exception to the literacy endorsement requirements if the department submits a report to the legislative council by a specified date. Requires certain schools, beginning with the 2024-2025 school year, to offer summer school courses for students who are not reading proficient or are at risk of not being reading proficient as indicated on the determinant evaluation of reading skills approved by the state board of education (evaluation). Expands eligibility for funding for summer school courses. Requires certain summer school courses to be taught by a teacher, instructor, or tutor who is trained in the science of reading. Provides that if a student does not achieve a 90% attendance rate in a summer reading course, the student is required to participate in an individual reading plan in the following school year. Requires the department of education to procure a universal screening assessment (assessment) that meets certain criteria. Requires certain schools to administer the assessment to students in kindergarten through grade 2 who are not on track for reading proficiency by grade 3 as determined by the department. Requires the state board of education to establish a method for virtual administration of the ILEARN statewide assessment. Provides that a vendor must supply a student's assessment results to the student and the student's parents. Applies the reading deficiency remediation plan (plan) to public schools, charter schools, state accredited nonpublic schools, and eligible schools. Makes the following changes to the plan: (1) Beginning with evaluations administered in the 2024-2025 school year, requires retention of a student in grade 3 in addition to remediation if the student has not achieved a passing score on the evaluation. (2) Requires schools to notify a student's parent of certain

assessment results, interventions, or remedial actions provided to the student. (3) Requires schools to monitor the progress of students who have failed to achieve a passing score on the evaluation or the statewide assessment program test. (4) Requires schools to provide reading instruction aligned with the science of reading to all students in kindergarten through grade 8. (5) Requires schools to administer the evaluation to students who are in grade 2. (6) Requires a student to take the evaluation until certain conditions are met. (7) Requires school reporting on interventions for certain students at risk of not being reading proficient and for certain students who do not achieve a valid passing score on the determinant evaluation of reading skills. Creates exceptions to the grade 3 retention requirement for a student who meets certain criteria. Requires the governing body of a school to establish a procedure allowing a parent or guardian of a student to appeal the student's retention under the plan. Requires the department to notify the parent or guardian **of a child enrolled in kindergarten of the retention requirements under the plan.**

**SB6 READING PROFICIENCY (RAATZ J)** Requires the department of education (department) to develop a method to identify students in grade 4 through grade 8 who: (1) did not pass the determinant evaluation of reading skills approved by the state board of education; and (2) are at risk of not being proficient in reading as determined by Lexile scores on the statewide summative assessment. Requires the department to develop guidance for schools regarding how to support students who are at risk of not being proficient in reading.

**SB282 ABSENTEEISM AND SCHOOL ATTENDANCE (DONATO S)** Amends the duties of an attendance officer and the state attendance officer. Requires, not later than November 1 of each year, the state attendance officer to submit a report to the legislative council containing recommended legislation based on the state attendance officer's discussions with attendance officers. Requires each governing authority of a school corporation and charter school to establish a truancy prevention policy regarding certain students in kindergarten through grade 6. Provides that a prosecuting attorney shall notify each parent of a child when an affidavit is filed regarding the child's compulsory attendance violations or if the child is a habitual truant.

#### **VIII. Mental Health, Health, and Medicaid**

**HB1067 HUMAN SERVICES MATTERS (CLERE E)** Establishes the special service review team to review denied applications and applications for which a determination has not been made for the community integration and habilitation waiver. Limits the geographical area of review. Establishes reporting requirements. Requires the division of disability and rehabilitative services to obtain consent from a waiver applicant in order to share the application and information accompanying the application with the review team. Provides immunity for an employee who obtains consent and provides the information in good faith. Provides that the review team expires December 31, 2026. Makes changes to the situations in which an emergency placement priority may be provided for individuals under a Medicaid waiver. Amends the membership of and provisions concerning: (1) the Indiana state commission on aging; and (2) the community and home options to institutional care for the elderly and disabled board. Requires the services for individuals with intellectual and other developmental disabilities task force (task force) to establish, not later than May 1, 2024, a subcommittee to make recommendations to the task force regarding the Medicaid buy-in program and benefit related barriers to employment for individuals with intellectual and developmental disabilities. Requires the subcommittee to prepare and submit recommendations to the task force. Changes the expiration date of the task force. Requires the division of disability and rehabilitative services to provide quarterly updates to the division of disability and rehabilitative services advisory council regarding the implementation of recommendations made by the task force. Authorizes the office of the secretary of family and social services (office of the secretary) to implement a risk based managed care program for certain Medicaid recipients. Requires the office of Medicaid policy and planning to convene a workgroup and, with managed care organizations, to conduct a claims submission testing period before the risk based managed care program is established. Provides that, during the first 210 days after the risk based managed care program is implemented, a provider that experiences a financial emergency due to claims payment issues shall receive temporary emergency assistance from the managed care organizations with which the provider is contracted. Requires the office of the secretary and the division of mental health and addiction to include each community mental health center that meets certain requirements in the community mental health services demonstration program (program), if Indiana is approved to participate in the program and as a state plan amendment for specified reimbursement after the program. Allows the office of the secretary and the division of mental health and addiction to apply for a Medicaid state plan amendment or waiver to allow for Medicaid reimbursement for eligible certified community behavioral health clinic services by certain Medicaid providers, if Indiana is not approved to participate in the program.

**HB1120 STATE AND LOCAL ADMINISTRATION (THOMPSON J)** Provides that grant awards authorized in the 2023 budget bill and awarded after December 31, 2024, for regional mental health facility grants to counties for use in constructing new facilities or renovating existing facilities to provide mental health services for certain incarcerated individuals may not exceed



\$5,000,000 per county (instead of \$2,500,000 per county). Prohibits a unit from entering into a sister city or cooperative agreement with a city, town, province, county, school, college, or university located in a foreign adversary. Provides parameters for the northwestern Indiana regional planning commission, beginning with calendar year 2025 and for each year thereafter through calendar year 2029, to annually adjust each participating county's portion of the budget. **Authorizes the office of the secretary of family and social services (office of the secretary) to implement a risk based managed care program for certain Medicaid recipients. Requires the office of Medicaid policy and planning to convene a workgroup and, with managed care organizations, to conduct a claims submission testing period before the risk based managed care program is established. Authorizes the establishment of home health agency cooperative agreements and provides for the expiration of those provisions on June 30, 2027. (A similar law enacted in 2022 expired on July 1, 2023.)** Specifies that a home health agency may contract directly or indirectly through a network of home health agencies. Provides that distributions for curricular materials may not be considered for purposes of determining whether a school corporation met the requirement to expend a minimum amount of state tuition support for teacher compensation. Repeals the requirement that each school maintained by a school corporation and each charter school establish a curricular materials account. Requires a public school to deposit distributions for curricular materials in: (1) the education fund of the school corporation that maintains the school; or (2) the fund in which a charter school receives state tuition support. ....**Requires the office of the secretary to present to the Medicaid oversight committee a detailed plan for monitoring expenses of the complete Medicaid program. Requires the office of the secretary to present to the budget committee a policy to set a required minimum percentage of the reimbursement for personal care services under the home and community-based services waivers that must be paid to the individual providing the direct service. Amends certain language in provisions in HEA 1199-2024.**

**HB1070 MENTAL HEALTH GRANTS (CASH B)** Allows the division of mental health and addiction to award mental health grants to for-profit community mental health organizations if a nonprofit organization does not qualify for the grant.

**HB1205 MENTAL HEALTH STANDARDS AND REPORTING (MELTZER J)** Requires the secretary of family and social services to provide that the standards for services provided by recovery community organizations for behavioral health recovery, when used as a recovery community organization, be certified through a certain entity and meet other standards established by the division of mental health and addiction. Specifies information that must be reported by a community mental health center as part of the community mental health center's annual report.

**HB1259 HEALTH CARE MATTERS (BARRETT B)** Establishes the therapeutic psilocybin research fund, administered by the division of mental health and addiction, to provide financial assistance to research institutions in Indiana to study the use of psilocybin to treat mental health and other medical conditions. Sets forth clinical study requirements. Requires a research institution that receives a grant to conduct a clinical study to prepare and submit a report to the interim study committee on public health, behavioral health, and human services, the Indiana department of health, and the division of mental health and addiction. Allows, rather than requires, the Indiana department of health to grant an extension to the hospital for the filing of certain reports. Removes the requirement that a clinical preceptor must have at least 18 months of experience as a licensed nurse. Allows the majority of nursing program faculty to be part-time employees of an approved postsecondary educational institution or a hospital that conducts the nursing program. Allows the holder of a student permit issued by the respiratory care committee to perform certain respiratory care procedures on certain child patients. Provides that an individual who previously was employed to provide supervised surgical assistance in a health care facility may provide surgical assistance in a health care facility. Requires a contract with a third party administrator, pharmacy benefit manager, or prepaid health care delivery plan to provide that the plan sponsor has ownership of the claims data. Allows a contract holder to request an audit of a pharmacy benefit manager one time per calendar year and not earlier than six months after a previously requested audit. Allows a plan sponsor that contracts with a third party administrator, the office of the secretary of family and social services that contracts with a managed care organization to provide services to a Medicaid recipient, or the state personnel department that contracts with a prepaid health care delivery plan to provide group health coverage for state employees to request an audit one time in a calendar year and not earlier than six months after a previously requested audit. Sets forth requirements concerning an audit. Voids a provision in the Indiana Administrative Code relating to physician referrals for acupuncture services.

**HB1385 EMERGENCY MEDICAL SERVICES (BARRETT B)** Establishes the community cares initiative grant pilot program for the purpose of assisting in the costs of starting or expanding mobile integrated health care programs and mobile crisis teams in Indiana. Establishes the community cares initiative fund. Requires a health plan operator to provide payment to a nonparticipating ambulance service provider for ambulance service provided to a covered individual: (1) at a rate not to exceed the rates set or approved, by contract or ordinance, by the county or municipality in which the ambulance service

originated; (2) at the rate of 400% of the published rate for ambulance services established under the Medicare law for the same ambulance service provided in the same geographic area; or (3) according to the nonparticipating ambulance provider's billed charges; whichever is less. Provides that if a health plan operator makes payment to a nonparticipating ambulance service provider in compliance with these requirements: (1) the payment shall be considered payment in full, except for any copayment, coinsurance, deductible, and other cost sharing amounts that the health plan requires the covered individual to pay; and (2) the nonparticipating ambulance service provider is prohibited from billing the covered individual for any additional amount. Provides that the copayment, coinsurance, deductible, and other cost sharing amounts that a covered individual is required to pay in connection with ambulance service provided by a nonparticipating ambulance service provider shall not exceed the copayment, coinsurance, deductible, and other cost sharing amounts that the covered individual would be required to pay if the ambulance service had been provided by a participating ambulance service provider. Requires a health plan operator that receives a clean claim from a nonparticipating ambulance service provider to remit payment to the nonparticipating ambulance service provider not more than 30 days after receiving the clean claim. Provides that if a claim received by a health plan operator for ambulance service provided by a nonparticipating ambulance service provider is not a clean claim, the health plan operator, not more than 30 days after receiving the claim, shall: (1) remit payment; or (2) send a written notice that: (A) acknowledges the date of receipt of the claim; and (B) either explains why the health plan operator is declining to pay the claim or states that additional information is needed for a determination whether to pay the claim. Removes the requirement that a health plan operator negotiate rates and terms with any ambulance service provider willing to become a participating provider, but retains the requirement that the state negotiate rates and terms with any ambulance service provider willing to become a participating provider.

**HB1302 EMERGENCY MEDICAL SERVICES (O'BRIEN T)** Provides that not later than July 15, 2024, the county executive shall provide the department of homeland security (department) certain information relating to each emergency medical services (EMS) provider in the county. Provides that not later than August 15, 2024, the department, in consultation with the Indiana emergency medical services commission, shall prepare and submit a report to the general assembly relating to the provision of EMS. Urges the legislative council to assign to the appropriate study committee the topic of improving the provision of EMS throughout Indiana.

**HB1058 BREAST CANCER SCREENING AND SERVICES (NEGELE S)** Specifies that coverage of breast cancer rehabilitative services and reconstructive surgery incident to a mastectomy includes chest wall reconstruction and aesthetic flat closure. Requires a facility performing a mammography examination to provide: (1) an assessment of the patient's breast tissue density using specified classifications; (2) written notice to the patient and the referring provider; and (3) concerning the notice to the patient, specified notification language depending on whether the facility determined the patient to have dense breast tissue or not dense breast tissue. Requires the medical licensing board of Indiana to amend an administrative code rule to remove references to "high breast density" and to align with the breast tissue density classifications in this act.

**SB149 TOBACCO (ROGERS L)** Prohibits a retail establishment from holding more than one active tobacco sales certificate (certificate) for a retail location at any time. Prohibits the alcohol and tobacco commission (commission) from issuing a certificate to certain persons. Provides that, if a majority interest in a business that holds a certificate is sold or transferred: (1) the new ownership must apply for a new certificate; and (2) the certificate and permit number held by the previous ownership are void 90 days after the sale or transfer of the ownership of the business. Specifies that an employee of a certificate holder (employee) must hold a valid: (1) driver's license issued by the state of Indiana or another state; or (2) identification card issued by the state of Indiana, another state, or the United States; to sell tobacco products. Requires an employee to have the driver's license, identification card, or a copy of these documents readily available to show an excise officer or law enforcement when selling tobacco products. Allows an employee who is unable to show these documents to provide certain evidence within five days. Permits the commission to impose a civil penalty on the certificate holder if an employee fails to timely produce this evidence. Provides that a person who recklessly, knowingly, or intentionally sells a tobacco product without a valid certificate commits a Class C infraction. Makes it a Class C misdemeanor for a person to operate a tobacco and vaping business within 1,000 feet of school property. Specifies exceptions.

**SB215 MEDICARE SUPPLEMENT INSURANCE (WALKER K)** Provides that after December 31, 2024, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age must make the equivalent policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having a federally defined disability or end stage renal disease. (Under current law, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age is required only to make a Plan A policy or certificate available to individuals under 65 years of age, and is required to make the Plan A policy or certificate available to an individual under 65 years of age who is

eligible for Medicare because of having a federally defined disability but is not required to make the Plan A policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having end stage renal disease.) Provides that if an individual who is less than 65 years of age, who is eligible for Medicare because of having a federally defined disability or end stage renal disease, and who meets certain conditions as to application timeliness applies for a Medicare supplement policy or certificate, the issuer of the policy or certificate is prohibited from: (1) denying or conditioning the issuance or effectiveness of the individual's policy or certificate; (2) charging the individual a premium rate for a policy or certificate standardized as Plan A, B, or D that exceeds the premium rate the issuer charges an individual who is 65 years of age; (3) charging the individual a premium rate for any other standardized lettered policy or certificate that exceeds 200% of the premium rate the issuer charges an individual who is 65 years of age; or (4) issuing to the individual a policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion. Provides for the expiration of Code provisions that would be superseded by the new requirements applying to issuers of Medicare supplement policies or certificates.

**SB273 BIOMARKER TESTING COVERAGE (CHARBONNEAU E)** Requires a health plan (which includes a policy of accident and sickness insurance, a health maintenance organization contract, the Medicaid risk based managed care program, and a state employee health plan) to provide coverage for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when biomarker testing is supported by medical and scientific evidence. Requires the office of Medicaid policy and planning to provide biomarker testing as a Medicaid program service, and to apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program for the purpose of providing biomarker testing. Provides that coverage is not required for biomarker testing for screening purposes. Provides that if a prior authorization requirement applies to biomarker testing, the health plan or a third party acting on behalf of the health plan must: (1) approve or deny a request for prior authorization; and (2) notify the covered individual of the approval or denial; in not more than five business days in the case of a nonurgent request or in not more than 48 hours in the case of an urgent request. Requires the office of the secretary of family and social services to report certain information to the budget committee on Medicaid reimbursement rates provided for biomarker testing.

#### **IX. DCS and family law**

**HB1051 COMMUNICATION BETWEEN CAREGIVERS AND PARENTS (DEVON D)** Adds language providing that supporting and facilitating two-way communication between parents and foster parents or kinship caregivers is a state policy.

**HB1064 DCS TECHNICAL CHANGES AND ADOPTION SUBSIDIES (DEVON D)** Relocates the definition of "foster youth". Defines "licensed kinship caregiver". Makes the following changes with regard to state adoption subsidies: (1) Removes the age requirement for eligibility. (2) Provides that a child who is a ward of the department of child services (DCS) is considered hard to place for purposes of eligibility. Removes language regarding medical passports. Provides that if a child in foster care receives medical care, the person having custody of the child shall inform the provider that the child is in foster care and require a copy of the medical treatment record to be sent to the DCS local office. Provides that DCS shall not make an out-of-home placement of a child in a home if a person residing in the home has been convicted of a nonwaivable offense. Makes technical and conforming changes.

**HB1101 COURTS FOR CHILDREN THREE YEARS OF AGE AND YOUNGER IN NEED OF SERVICES (LAUER R)** Establishes a safe baby court as a type of problem solving court. Provides that a child in need of services is an eligible individual for purposes of a problem solving court program.

**HB1123 CHILD ADVOCACY CENTERS (DEVON D)** Provides that the department of child services may use a child advocacy center to coordinate a multidisciplinary team for responding to reports involving child abuse or neglect. Requires the child advocacy center to: (1) coordinate a multidisciplinary team that consists of specified professionals; (2) ensure that the multidisciplinary team members have specified training; (3) provide a dedicated child-focused setting designed to provide a safe, comfortable, and neutral place for a forensic interview and other child advocacy center services; (4) use written protocols; (5) use a case tracking system to provide information on essential demographic and case information; and (6) verify that multidisciplinary team members responsible for providing medical evaluations and mental health services have specified training. Provides civil immunity for a child advocacy center's employees, volunteers, and board members under certain circumstances. Allows otherwise confidential information regarding an investigation of child abuse or neglect to be made available to a child advocacy center when the child advocacy center has before it an investigation of child abuse or neglect in which it is facilitating a forensic interview or facilitating a case discussion or case review.

**HB1310 CHILDREN IN NEED OF SERVICES (LAUER R)** Provides that if a child has been removed from the child's parent for at least 12 of the most recent 22 months at the time of a periodic case review, the child's permanency plan must include at least one intended permanent or long term arrangement for care and custody of the child other than reunification of the child with the child's parent, guardian, or custodian. Provides that concurrent planning must be implemented if the child has been removed from the child's parent for at least 12 of the most recent 22 months at the time of a permanency hearing. Provides that the department may not: (1) take adverse action against a foster parent's license; or (2) remove a child from the home of a foster parent, relative of the child, or de facto custodian; on the basis of the foster parent, relative, or de facto custodian filing a notice with the court that a petition is required to be filed, but has not been filed, to terminate the parent-child relationship with regard to the child.

**HB1369 FAMILY AND JUVENILE LAW MATTERS (MCGUIRE J)** Amends the definition for "act of rape", only for the purposes of IC 31-35-3.5 (termination of parent-child relationship of an individual who committed an act of rape), to include child molestation and sexual misconduct with a minor. Provides that the department of child services or a court shall consider ensuring the child's safety to be the most important consideration in the determination of a child's best interests under family and juvenile law. Provides that there is a rebuttable presumption that a child is a child in need of services if the state establishes that the child lives in the same household as an adult who was a perpetrator of a child fatality or near fatality that may have been the result of abuse, abandonment, or neglect. Adds sexual misconduct with a minor as an offense that may be alleged in a petition to terminate the parent-child relationship when a child is conceived as a result of the offense. Amends the circumstances under which a court may terminate the parent-child relationship with regard to a child in need of services.

**SB171 REUNIFICATION PLAN FOR A CHILD IN NEED OF SERVICES (WALKER G)** Amends the circumstances under which reasonable efforts to reunify a child with the child's parent, guardian, or custodian or preserve a child's family are not required.

**SB16 GUARDIANS AD LITEM IN ADOPTION PILOT PROGRAM (BOHACEK M)** Establishes a guardian ad litem pilot program in LaPorte County, Marshall County, and Starke County. Requires a court to appoint a guardian ad litem in an adoption proceeding if a parent of the child has an intellectual disability and is subject to a guardianship.

#### **X. Guns**

**HB1084 PRIVACY OF FIREARMS FINANCIAL TRANSACTIONS (TESHKA J)** Amends the statute establishing the right of a member of: (1) the general assembly; (2) the professional staff of the general assembly; or (3) the Indiana lobby registration commission; to carry a handgun within the state capitol building and on the property of the state capitol complex by specifying that the right applies to any such member who is not prohibited under state or federal law from possessing a handgun. (Current law provides that the right applies to a member who: (1) possesses a valid Indiana license to carry a handgun; and (2) is otherwise permitted to possess a handgun.) Adds a new chapter to the Indiana Code article governing state officers to provide that any of the following state officers who is not prohibited from possessing a handgun under state or federal law has the right to carry a handgun within the state capitol building and on the property of the state capitol complex: (1) The attorney general. (2) The secretary of state. (3) The state comptroller. (4) The treasurer of state. Prohibits a governmental entity or any other person from knowingly or willfully keeping any list, record, or registry of: (1) privately owned firearms; or (2) the owners of firearms; with respect to Indiana consumers. Defines a "firearms code" as a merchant category code approved by the International Organization for Standardization specifically for firearms retailers. Provides that in a payment card transaction, a merchant acquirer or a payment card network may not: (1) assign; or (2) require the assignment of; a firearms code in a way that distinguishes a firearms retailer with at least one physical location in Indiana from general merchandise retailers or sporting goods retailers. Prohibits a financial services provider from declining or otherwise refusing to process a lawful payment card transaction based solely on the assignment or nonassignment of a firearms code to the payment card transaction. Prohibits a financial services provider from disclosing a financial record that: (1) is related to a payment card transaction; and (2) includes protected financial information, including a firearms code used, collected, or assigned in violation of the bill's provisions. Specifies that the bill's provisions apply only to a payment card transaction that is initiated after September 30, 2024, at a firearms retailer that is physically located in Indiana. Provides that the applicable primary financial regulator with jurisdiction over a financial services provider subject to the bill's provisions is responsible for enforcing the financial services provider's compliance with those provisions. Provides that, with respect to any person that is not a financial services provider subject to regulation by a financial regulator, the attorney general is responsible for enforcing the bill's prohibition against knowingly or willfully keeping any list, record, or registry of: (1) privately owned firearms; or (2) the owners of firearms. Provides that upon receiving notice of an alleged violation of this prohibition, the attorney general shall investigate the alleged violation in accordance with the attorney general's investigative demand procedures, subject to the statutory confidentiality provisions that apply to such procedures.

**HB1143 DISPOSAL OF FIREARMS VIA TRADE FOR NEW EQUIPMENT (LUCAS J)** Permits a law enforcement agency to dispose of certain confiscated firearms by trade with a licensed firearms dealer, a licensed firearm manufacturer, or another law enforcement agency in exchange for new firearms and other law enforcement equipment. Sets forth the recording and reporting requirements for the trade of firearms by a law enforcement agency.

**HB1235 PROHIBITED CAUSES OF ACTION CONCERNING FIREARMS (JETER C)** Provides that only the state of Indiana may bring or maintain an action by or on behalf of a political subdivision against a firearm or ammunition manufacturer, trade association, seller, or dealer, concerning certain matters. Prohibits a political subdivision from otherwise independently bringing or maintaining such an action. Specifies exceptions.

**XI. Pregnancy and childbirth**

**HB1418 FORENSIC DIVERSION AND DRUG COURTS (GOSS-REAVES L)** Provides that a pregnant woman charged with a drug crime may be referred to a forensic diversion program or a drug court at an initial hearing.

**HB1426 LONG ACTING REVERSIBLE CONTRACEPTIVES (FLEMING R)** Requires a hospital that operates a maternity unit to ensure that a woman who is: (1) giving birth in the hospital; and (2) eligible for or receiving Medicaid assistance; has the option, if not medically contraindicated, of having a long acting reversible subdermal contraceptive implanted after delivery and before the woman is discharged. Allows a hospital to be exempt from the requirement if the hospital has a faith based objection. Requires the office of the secretary of family and social services to reimburse the hospital for the following provided to a Medicaid recipient: (1) A long acting reversible subdermal contraceptive, including the cost of stocking the long acting reversible subdermal contraceptive. (2) Placement of the long acting reversible subdermal contraceptive. Provides that the reimbursement must be separate from, and in addition to, the reimbursement for maternity services for the Medicaid recipient. Sunsets the provisions being added in the bill on June 30, 2025. Requires the office of the secretary of family and social services to develop a billing process that maximizes federal funding for purposes of the long acting reversible contraceptives reimbursement for a Medicaid recipient.

**XII. Administrative laws/Rules**

**HB1003 ADMINISTRATIVE LAW (STEUERWALD G)** Makes the office of administrative law proceedings the ultimate authority in any administrative proceeding under its jurisdiction. Provides certain exceptions. Provides that the bill applies to certain proceedings filed after June 30, 2024. Specifies when a state agency may be required to pay reasonable attorney's fees for judicial review proceedings. Outlines procedures for the ultimate authority regarding nonfinal orders and procedures to file objections to final orders. Permits a final order to be corrected by means of a motion to correct error. Provides that the court shall decide all questions of law, including any interpretation of a federal or state constitutional provision, state statute, or agency rule, without deference to any previous interpretation made by the state agency. Provides that a court is not bound by a finding of fact made by the ultimate authority if the finding of fact is not supported by the record. Requires the state agency to transmit the agency record to the court for judicial review. Eliminates the office of environmental adjudication and transfers proceedings to the office of administrative law proceedings. Creates requirements for administrative law judges that are assigned to certain environmental matters. Provides that until the office of administrative law proceedings adopts or amends rules related to environmental matters, it must continue to follow and implement rules under 315 IAC. Requires the office of administrative law proceedings to continue to index and make publicly available, in a substantially similar online searchable format, the final orders of contested appeals currently maintained by the office. Makes conforming changes.

**HB1026 COMMISSION, COMMITTEE, AND BOARD ADMINISTRATION (ENGLEMAN K)** Specifies certain duties and responsibilities relating to the operations of various task forces, committees, boards, and councils (statutory entities). Renames the Indiana code revision commission, probate code study commission, and other statutory entities. Specifies that certain statutory entities are subject to the general law governing legislative committees rather than to the law governing the statutory list of interim study committees. Authorizes a designee of the revisor of statutes to serve as a member of the uniform law commission (ULC). Repeals statutes governing the Medicaid oversight committee and relocates them to the law governing interim study committees. Identifies certain state employees serving on statutory entities by their specific job titles. Provides for the reimbursement of expenses of state employees, lay persons, and members of the general assembly serving on statutory entities. Specifies the expiration dates of the terms of members of certain statutory entities. (The introduced version of this bill was prepared by the code revision commission.)

**SB4 FISCAL AND ADMINISTRATIVE MATTERS (GARTEN C)** Specifies that certain workforce related programs must be reviewed by the legislative services agency at least once rather than every five years. Requires the budget agency to biennially prepare a list of dedicated funds that have not been used in the previous two state fiscal years. Makes technical corrections to various statutes concerning rulemaking. Requires agencies to submit a copy of the notice of the first public comment period and regulatory analysis to the small business ombudsman. Provides that the legislative notice required for rule readoptions must be submitted not later than January 1 of the year preceding the year in which the rule expires. Provides that the publisher of the Indiana Register shall assign a document control number when an agency submits the legislative notice during rule readoption instead of when the agency submits the notice of proposed readoption. Provides that an agency may adopt interim rules to implement a reduction, a full or partial waiver, or an elimination of a fee, fine, or civil penalty included in an administrative rule. Requires the budget agency to transfer money in the phase out trust fund on or before June 30, 2024, to the Medicaid contingency and reserve account. Expires the phase out trust fund on July 1, 2024, and makes corresponding changes. Specifies certain deadlines within the statutes governing an agency's failure to enact required licensure rules. Requires an agency to conduct a regulatory analysis for certain proposed rules, including if the implementation and compliance costs are at least \$1,000,000. Provides that if a proposed rule has implementation and compliance costs of at least \$1,000,000, the following: (1) The rule cannot be published in the Indiana Register until the budget committee has reviewed the rule. (2) The budget agency and the office of management and budget may not approve any part of the proposed rule prior to review of the proposed rule by the budget committee. Provides that for a provisional rule or an interim rule that has implementation and compliance costs of at least \$1,000,000, the governor may not approve a rule prior to the budget committee's review of the rule. Requires the office of management and budget to notify the legislative council of certain proposed rules that have a fiscal impact of over \$1,000,000 over the course of two years. Removes references concerning the adoption of an emergency rule. Amends a reference from emergency rules to provisional or interim rules under certain circumstances. Makes conforming changes.

**SB256 FISCAL MATTERS (MISHLER R)** Provides that money in the attorney general contingency fee fund is continuously appropriated and is not subject to allotment. Reinstates provisions concerning meetings of the budget committee. Provides that money in the high tech crimes unit fund is continuously appropriated for purposes of the fund. Allows the Indiana economic development corporation (IEDC) to designate territory located in an existing allocation area as an innovation development district if certain conditions are met. Removes the sunset provision for when the IEDC may designate an innovation development district. Provides that if an existing allocation area is located in territory subsequently designated as an innovation development district, property tax increment revenue continues to be allocated to the existing allocation area and provides that the allocation area may not be renewed or extended until the term of the innovation development district expires. Extends the funding Indiana's roads for a stronger, safer tomorrow task force for one additional year. Provides that transfers may not be made by the budget agency, the state board of finance, or any entity from any source to the Indiana gaming commission without prior budget committee review. Provides that certain appropriations from the state gaming fund in the most recent biennial budget act may not be augmented. Amends certain language in the Medicaid oversight committee provisions in House Enrolled Act 1026.

**SB297 ADMINISTRATIVE RULES (GARTEN C)** Requires an agency to conduct a regulatory analysis for certain proposed rules, including if the implementation and compliance costs are at least \$1,000,000. Requires the office of management and budget to notify the legislative council of certain proposed rules that have a fiscal impact of over \$1,000,000 over the course of two years. Provides that certain proposed rules shall not be effective until the general assembly passes a bill authorizing the rule.

### XIII. Immigration

**SB181 CITIZENSHIP AND IMMIGRATION STATUS (KOCH E)** Provides that, if the attorney general determines probable cause exists, the attorney general, rather than any person lawfully domiciled in Indiana, shall bring an action to compel a governmental body or postsecondary educational institution to comply with statutes requiring cooperation with federal immigration officials. Requires a court to apply a preponderance of the evidence standard to enjoin the violation of those statutes.