

TITLE 410 INDIANA DEPARTMENT OF HEALTH**Readoption Review**

LSA Document #25-758

[410 IAC 1-5](#) Sanitary Operation of Tattoo Parlors**I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency**

The Indiana Department of Health (IDOH) continues to regulate sanitary operations of tattoo parlors. There have been no updates or changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

There is a need for this rule to prevent the transmission of bloodborne diseases and to establish safety standards. If equipment is not properly maintained and sanitary conditions are not observed, customers could contract transmissible diseases including staphylococcus aureus, MRSA, Hepatitis B, Hepatitis C and HIV. This rule imposes the minimum expenses possible to regulated entities because the rule was formulated to ensure proper sanitary conditions while still allowing individual operations to decide on the specific mechanisms they utilize to meet the sanitary standards. This rule is written for ease of comprehension and practical enforcement and IDOH has not received complaints showing potential confusion. There are no known alternatives for meeting the goals of this rule, self-regulation would not adequately protect the public from infectious disease, and the legal system cannot compensate the public for the cost of Hepatitis B and HIV, which are not curable.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

No previous cost benefit statements, economic impact statements, or regulatory burden statements were found. A Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternative methods that would be less costly or less intrusive, or to minimize the economic impact of the proposed rule on small businesses and other regulated entities. Relying on self-regulation and the free market to set safety standards raises the risk of disease transmission. Some blood-borne diseases, like Hepatitis and HIV, may not be diagnosed until years after exposure.

VI. Complaints and Comments

IDOH has not received any complaints or comments from the public, including small businesses, concerning the rule or the implementation of the rule.

VII. Difficulties Encountered

IDOH has not encountered any difficulties in administering the rule and is unaware of any difficulties encountered by small businesses or other regulated parties.

VIII. Changes in Technology, Economic Conditions, or Other Factors

There have been no significant changes in technology, economic conditions, or other factors in the area affected by the rule since the rule was adopted.

IX. Other State or Federal Requirements

Illinois, Kentucky, Michigan, Ohio, and South Dakota regulate tattoo parlors. Idaho does not regulate tattoo parlors. Because there are no statewide sanitary standards in Idaho, many local health codes contain varying requirements or tattoo parlors self-regulate by paying for annual training and certifications, such as a Blood Borne Pathogens certificate.¹

All of the states with regulatory frameworks require licensing; artist training on pathogen standards; sanitary standards, including handwashing requirements, use of gloves and PPE, sanitization via autoclave; and record keeping requirements comparable to Indiana requirements.

Michigan references specific ISO standards and maintains a higher standard for autoclaves. Michigan also explicitly adopted the Michigan Occupational Safety and Health Administration's (MIOSHA) standards for bloodborne pathogens. Indiana has not.

South Dakota requires needles and tubes have an expiration date thirty (30) days from the date autoclaved.

Kentucky has a six (6) month expiration date. Indiana does not have a comparable expiration date for autoclaved needles and tubes.

XI. Integration into Indiana Code

The substantive content in the rule has not been updated since 2020. Before 2020, the previous substantive amendment was in 2000. Given the time between amendments, these standards may be more appropriately integrated into the Indiana Code as opposed to remaining as an administrative rule.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 1-5](#) Sanitary Operations of Tattoo Parlors

I. Description of Rule

a. History and Background of the Rule - Prior to 1997, tattooing could only occur in physician's offices in Indiana due to concerns about the spread of disease. With the legalization of tattooing by other individuals, the Indiana Department of Health (IDOH) established rules governing the sanitary operation of tattoo parlors to address public health concerns related to infection control and the transmission of bloodborne pathogens.

b. Scope of the Rule - The scope of the rule includes requirements related to facility sanitation, infection control practices, equipment sterilization, safe procedures for tattooing and body piercing, and infectious waste disposal.

c. Statement of Need - This rule is needed because of the risk of transmission of bloodborne pathogens and other infectious diseases associated with tattoo and body art practices. Without regulatory oversight, unsafe practices could result in increased exposure to infections such as hepatitis B, hepatitis C, and HIV. This rule is necessary to provide clear, enforceable standards for sanitation and infection prevention, ensuring the health and safety of both clients and practitioners. Additionally, the rule supports consistent application of public health requirements across all local jurisdictions, addressing operational challenges related to variability in enforcement and interpretation.

d. Statutory Authority for the Proposed Rule - [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana and [IC 16-19-3-4\(c\)\(1\)](#) authorizes IDOH to regulate the sanitary operation of tattoo parlors.

e. Fees, Fines, and Civil Penalties - This rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - The adoption of this rule is not expected to have a fiscal impact on state or local government expenditures or revenues. The rule creates minimum industry standards based on federal law and basic sanitation practices that local inspectors can enforce without affecting their ability to perform other public health activities. In most counties, the local health departments employ inspectors to inspect tattoo parlors; some counties have routine inspections while other counties conduct inspections in response to complaints. The local inspectors generally inspect a wide range of businesses, and it would be difficult to estimate the time spent on tattoo parlors, as it would vary among counties.

c. Sources of Expenditures or Revenues Affected by the Rule - No specific expenditures or revenue resources are anticipated to be affected as a result of this rule. The rule supports inspection, compliance, and enforcement activities conducted by state and local public health agencies and IDOH has not received commentary from any public health authority about their ability to enforce this rule.

III. Impacted Parties

The primary parties impacted by this rule include tattoos and body art establishments, practitioners, and 95 local health departments responsible for enforcement and inspections. Additionally, members of the public receiving tattoos and body art services are indirectly impacted by the protections provided in the rule.

The number of tattoo and body art establishments in Indiana is unknown since there is no single, centralized statewide license. However, IDOH estimates about 500 establishments are located in Indiana. While the rules mandate sanitary operations, the facility registrations are maintained by the local health departments.

IV. Changes in Proposed Rule

There are no proposed changes.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule -The primary and direct benefit of this rule is the protection of public health through the establishment and enforcement of sanitation and infection prevention standards for tattoo and body art establishments. The rule reduces the risk of transmission of bloodborne pathogens, including hepatitis B, hepatitis C, and HIV, by ensuring that facilities follow appropriate sterilization, hygiene, and operational procedures. These pathogens can result in lifelong illnesses that shorten people's lives, reduce their quality of life, and require expensive treatments. Prevention of the transmission of hepatitis B, hepatitis C, or HIV outweighs the cost of the sanitation standards required by the rule.

Additionally, the rule provides clear and consistent standards for practitioners and local health departments, supporting uniform enforcement and compliance across the state. This consistency enhances consumer confidence and promotes safe practices within the tattoo and body art industry.

b. Estimate of Secondary or Indirect Benefits of the Rule- Indirect benefits of the rule include increased public awareness of safe tattoo and body art practices and improved overall industry standards. By maintaining regulatory oversight, the rule supports professional accountability and encourages adherence to best practices. The rule also benefits local health departments by providing a standardized framework for inspections and enforcement, reducing variability in interpretation and application across jurisdictions.

c. Estimate of Any Cost Savings to Regulated Industries- While this rule does not directly save money for regulated entities, it creates clear guidelines for training requirements and operational standards.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities - Compliance costs include the requirement to use personal protective equipment under section 31 and costs to purchase and maintain supplies and equipment under sections 32 through 35.

Needles used for tattooing and body art typically cost between \$12 and \$40 per box of twenty (20) to fifty (50) needles, depending on the brand, type, and quality. The cost to dispose of needles can range from \$0.20 to \$0.50 per pound and the cost to dispose of bandages and other infectious waste varies from \$0.30 to \$0.80 per pound. Costs to provide and verify staff training, the cost to dispose of needles in sharps containers, the cost to dispose of infectious waste, and the cost to maintain a physically safe workplace are technically required by this rule but are also the costs that any business needs to undertake based on premises liability. Without knowing the number of customers that each tattoo parlor serves in a year, IDOH cannot determine their exact costs under this rule. Tattoo parlors and body art establishments can purchase autoclaves and use them to sterilize reusable equipment under [410 IAC 1-5-34](#), but these establishments also have the option to use single-use equipment. Whether a tattoo parlor sterilizes equipment or utilizes single-use equipment is an individual business choice. Businesses can purchase an autoclave for approximately \$10,000 - \$20,000 to sanitize reusable equipment. An autoclave can be used for ten (10) to thirty (30) years, depending on the make and model. IDOH does not have information on which method individual establishments choose to utilize. Therefore, IDOH cannot accurately quantify costs to utilize single use equipment versus sterilizing equipment.

29 CFR 1910.1030 creates the training and related costs referenced in this rule; therefore, those costs were not included in this cost analysis.

b. Estimate of Administrative Expenses Imposed by the Rules - Administrative expenses associated with this rule are requirements to keep patron records, employee training records, and records showing proper disposal of needles and infectious waste.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) - There are no fees, fines, or civil penalties imposed under this rule.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) - IDOH estimates that the cost to comply with this rule for all regulated entities is under \$500,000 for any two-year period and therefore is under the statutory threshold.

VII. Sources of Information

a. Independent Verifications or Studies - IDOH did not rely on any studies or independent verification for this analysis.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits - IDOH did not rely on any outside sources for this analysis.

VIII. Regulatory Analysis

The benefits of this rule, including the protection of public health through the prevention of disease transmission and the establishment of consistent statewide standards, outweigh any ongoing operational costs associated with compliance. Without knowing the exact number of establishments subject to this rule, the methods that they use to comply with the rule, and the number of individuals they will serve in a year, it is impossible for IDOH to determine the exact cost of this rule. However, given that this rule adopts standards from 29 CFR 1910.1030 and helps stop the spread of HIV, Hepatitis B, and Hepatitis C, the costs of this rule are outweighed by the benefits. By creating statewide sanitary standards, this rule prevents the spread of severe and untreatable pathogens, which safeguards the public and avoids the costs of caring for individuals who have contracted these diseases.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 1-7](#) HIV Counseling and Testing of Pregnant Patients

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to obtain and regulate the testing of pregnant patients for HIV. There have been no changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

There is a need for this rule to reduce the spread of HIV. HIV can spread from mother to child in utero, but transmission can be reduced to nearly zero if the mother knows to take antiviral medications during pregnancy. The expenses imposed by this rule are negligible. The rule is still necessary because Indiana Code does not establish the process that regulated entities must take to comply with the reporting requirements in [IC 16-41-6-11\(a\)\(1\)](#) and does not explain the process for a pregnant woman to appeal her place on the waiting list under [IC 16-41-6-11\(a\)\(3\)](#). This rule is written for ease of comprehension and practical enforcement, and IDOH has not received complaints showing potential confusion.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

There are no fees, fines, or civil penalties in this rule.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

There were no previous cost-benefit, economic impact, fiscal impact, or regulatory burden statements prepared for this rule. A new Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternatives to achieve the purpose of this rule because pregnant patients may not know they are a person living with HIV, may not know how to ask for HIV testing and counseling, and this lack of knowledge increases the risk of HIV transmission from mother to fetus.

VI. Complaints and Comments

IDOH has not received any complaints or comments from the public, including from small businesses concerning the rule or the implementation of the rule.

VII. Difficulties Encountered

IDOH has not encountered any difficulties by the agency in administering the rule and is unaware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

There have been no significant changes in technology, economic conditions, or other factors in the area affected by the rule since the rule was adopted.

IX. Other State or Federal Requirements

Illinois: Illinois requires HIV testing during pregnancy under the Perinatal HIV Prevention Act. Providers must test on an "opt-out" basis.

Ohio: Ohio does not mandate HIV testing, but healthcare providers will routinely include HIV screening in the standard prenatal bloodwork. Patients have the right to decline the test.

Idaho: Idaho does not mandate HIV testing for pregnant women. However, state law does require physicians to offer or provide information about testing.

Kentucky: Kentucky does not mandate HIV testing for pregnant women. However, state law requires healthcare providers to discuss the risks of perinatal HIV transmission and offer diagnostic testing to all pregnant patients as

a routine component of prenatal care.

Michigan: Michigan law requires healthcare providers to offer HIV testing to pregnant women at their initial prenatal examination and again during the third trimester. However, the testing is voluntary.

South Dakota: South Dakota does not legally require pregnant women to undergo mandatory HIV testing. However, healthcare providers are required to offer an HIV test to all pregnant patients as part of routine prenatal care.

Several of these state frameworks are different than Indiana's because [IC 16-41-6-1](#) mandates testing. [IC 16-41-6-1](#) is a recodification of pre-1992 laws requiring HIV testing for pregnant women and newborn infants. However, Indiana's standard is substantially similar to Illinois's standard and Michigan's standard because all three states allow an opt-out from HIV testing.

X. Previous Amendments

The rule was originally promulgated in 2004 and was amended in 2012.

XI. Integration into Indiana Code

The substantive content of the rule has not been updated in the last eight (8) years and could be more appropriately integrated into the Indiana Code.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 1-7](#) HIV Counseling and Testing of Pregnant Patients

I. Description of Rule

a. History and Background of the Rule

This rule was adopted in 2004 and has not been amended since. This rule establishes the procedures and rules required by [IC 16-41-6-11](#) and clarifies the specific guidance that providers must offer to pregnant patients.

b. Scope of the Rule

Indiana law requires HIV testing of infants and pregnant women except when refused in writing under [IC 16-41-6](#). Infants can be screened for HIV without the consent of the mother within 48 hours of life, if the medical provider believes that it is medically necessary. This rule explains the specific counseling that a medical provider must give a pregnant woman to minimize the risk of HIV transmission.

c. Statement of Need

Current Indiana law requires all health care providers to offer all pregnant women an HIV test along with their other prenatal tests. The woman may opt-out. Medical studies indicate that pregnant women who are HIV positive

can reduce the risk of passing HIV to their children by two-thirds with proper perinatal care and anti-viral treatment during pregnancy, labor, delivery, and to the child after birth. IDOH enforces this rule to guarantee providers supply appropriate information, counseling, and testing to pregnant women, actively facilitating compliance with the law.

Adults are not the only people impacted by HIV/AIDS. In fact, 95% of pediatric HIV disease occurs when the virus is unknowingly transmitted from the mother to baby during pregnancy/delivery. Recently, medical science has reduced the risk of perinatal (mother to baby) transmission from 35% to 1-2%. This reduction is a result of early identification of HIV in pregnant women, controlling maternal disease with intervening medications, maintaining healthy lives, and protecting the baby from infection.

d. Statutory Authority for the Proposed Rule - [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana and [IC 16-41-6-11](#) requires IDOH to provide to women who are pregnant, before delivery, at delivery, and after delivery, information concerning HIV.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - This rule does not have an impact on state or local governments because it clarifies requirements set in Indiana Code. The rule establishes the process to comply with statutory requirements.

c. Sources of Expenditures or Revenues Affected by the Rule - This rule does not affect expenditures or revenues.

III. Impacted Parties

IDOH estimates that there are over 6,000 primary care physicians operating in the state. IDOH also estimates that there are at least 13,000 people with HIV or AIDS in Indiana. Approximately 1,400 children born in Indiana over the last 40 years contracted HIV in utero.

IV. Changes in Proposed Rule

There are no changes proposed.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule -

The purpose of this rule is to educate and empower women to manage their risk of HIV transmission during pregnancy, educate providers and make available to them the appropriate tools and knowledge regarding screening, and effect legislation that would provide maximum protection from transmission by promoting and streamlining testing requirements for pregnant women.

b. Estimate of Secondary or Indirect Benefits of the Rule -

An indirect benefit of this rule is less state time, resources, and funding are required to collect, investigate, and follow-up on perinatal HIV transmissions from mother to child.

HIV impacts both a person's health and finances. The annual cost of care for those living with HIV is estimated to be approximately \$30,000. By preventing transmission, the State can allocate funds currently allocated to HIV treatment to other needs.

c. Estimate of Any Cost Savings to Regulated Industries - The main regulated industry for the rule is healthcare providers. While healthcare providers do not have any direct cost savings, the rule clearly and concisely establishes the provider's responsibilities to a pregnant patient who has been tested for HIV.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities - There are no current costs in administering the rule because the rule clarifies requirements in Indiana Code.

b. Estimate of Administrative Expenses Imposed by the Rules - There are no administrative costs in administering the rule because the procedures in the rule establish how to comply with statutory requirements.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) - The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) - The implementation costs of this rule is below \$500,000 in any two-year period.

VII. Sources of Information

a. Independent Verifications or Studies - IDOH did not use any independent sources or studies to create this regulatory analysis.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits - IDOH utilized surveillance reporting performed by its HIV/STI/Viral Hepatitis division as a source.

VIII. Regulatory Analysis

While IDOH cannot quantify the aggregate costs and benefits to Hoosiers from reducing the transmission of HIV/AIDS, the benefits of prevention exceed any costs imposed by [IC 16-41-6-11](#). There are no costs from compliance with this rule because the rule establishes how to comply with the statutory requirements.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 1-8](#) Operation of Facilities where Eyelash Extensions are Applied

II. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to oversee the subject matter governed by [410 IAC 1-8](#), which establishes standards for the sanitary operation of facilities where eyelash extensions are applied, as well as

requirements for certification and training programs for individuals who are not licensed estheticians or cosmetologists. The IDOH retains full statutory authority under [IC 16-19-3-4.5](#) to regulate this area and has not transferred or delegated these responsibilities. There have been no changes in authority, policy, or legislation.

III. Rationale for the Continued Need for the Rule

The rule establishes minimum safety, sanitation, training, and facility standards to reduce risks such as eye infections, allergic reactions, trauma to the eyelid or cornea, and unsanitary conditions. There is a continued need for this rule to ensure the health and safety of consumers receiving eyelash extension services in Indiana. The rule remains necessary to prevent injury and promote safe practices in an expanding industry.

By the end of 2022, there were twenty-three (23) salons recognized by IDOH on its registry of eyelash certification programs. Currently, there are 126 salons on the registry. This increase indicates both the benefit to small businesses in Indiana and the continued need to regulate the practice. [410 IAC 1-8](#) balances the need to protect the public by ensuring that eyelash extension technicians receive proper training in application and safety techniques while lowering entry to barrier for workers who wish to apply eyelash extensions without completing much longer programs to become licensed estheticians.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

IDOH filed an Economic Impact Statement on [410 IAC 1-8](#) on April 27, 2022. A link to the Economic Impact Statement for LSA # 22-42 is below. A new Regulatory Analysis is attached. [20220427-IR-410220042EIA](#)

V. Alternative Methods of Achieving the Purpose of the Rule

Because eyelash extension services involve close work near the eye, use of adhesives, and potential risk of infection, enforceable sanitation and training requirements remain necessary; non-regulatory approaches are insufficient to maintain public safety.

VI. Complaints and Comments

The IDOH has received minimal complaints since the rule went into effect. The complaints received include allegations that non-certified lash artists were offering training courses without authorization and concerns about instructors lacking the required two years of practical experience. These complaints were anonymously submitted and investigated promptly with each program being addressed directly to ensure rule compliance. Complaints received by IDOH concerned the very issues the rule was passed to regulate rather than complaints concerning the rule or the rule's implementation by IDOH.

VII. Difficulties Encountered

IDOH has not encountered major difficulties in administering the rule; however, occasional challenges arise when verifying instructor experience (e.g., new hires after a training program have undergone recognition review) and student certification. These are elements that the eyelash training program attests to and agrees to document,

providing records upon request (how programs document this and provide this information, however, is not streamlined).

VIII. Changes in Technology, Economic Conditions, or Other Factors

The industry has seen expanding application techniques and adhesive and tool options. Since the provisions of the rule are stated broadly, the current rule remains flexible and effective even as the industry evolves. The sanitation, personal protective equipment (PPE), and training standards in [410 IAC 1-8](#) remain appropriate and protective of public health. The number of individuals seeking certification continues to grow.

IX. Other State or Federal Requirements

There are no federal regulations governing eyelash extension training or facility sanitation. Of the four states adjacent to Indiana, plus Idaho and South Dakota, Kentucky is the only state other than Indiana where providers can obtain licenses to apply eyelashes without being licensed cosmetologists or estheticians. Some states require specialized training in addition to holding a cosmetologist or esthetician license to apply eyelashes. Indiana and Kentucky have lower barriers to entry to apply eyelash extensions. Indiana is the only state where the regulation of eyelash extensions falls under the public health authority as opposed to the cosmetology/estheticians professional licensing board.

X. Previous Amendments

The rule has not been substantively amended since it was filed on September 7, 2022; a subsequently filed errata notice did not substantively amend this rule.

XI. Integration into Indiana Code

Flexibility is necessary for future updates to training practices and disinfection technology. The rule governs detailed technical standards for training programs, sanitation, and PPE; it is best maintained as an administrative rule rather than codified statute.

XII. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed at:

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Regulatory Analysis

LSA Document #25-758

[410 IAC 1-8](#) Operation of Facilities where Eyelash Extensions are Applied

I. Description of Rule

a. History and Background of the Rule - Prior to the passage of P.L. 55-2021, individuals wishing to provide eyelash extension services were required to obtain esthetician licenses requiring 700 hours of training or

cosmetology licenses requiring 1500 hours of training. P.L. 55-2021 provides a path for practitioners to obtain a stand-alone eyelash extension certification requiring only forty-five (45) hours of training. The rule regulates eyelash extension certification programs and ensures that eyelash extension services are provided safely. Whereas esthetician and cosmetology licenses are under the purview of the Indiana Professional Licensing Agency (IPLA), certification for eyelash extension application and the safe and sanitary operation of facilities where eyelash extensions are applied is regulated by the Indiana Department of Health (IDOH).

[IC 16-19-3-4.5](#) requires IDOH to adopt rules for the sanitary operation of facilities where eyelash extensions are applied. Also included in the rule are the curriculum and testing requirements for programs where practitioners can obtain training and a certificate authorizing them to apply eyelash extensions.

b. Scope of the Rule - The rule includes definitions, the scope and purpose of the rule, several sections on certification and training, and a detailed explanation of how technicians are to provide services to clients and the equipment, sanitation practices, and safety measures required where eyelash extensions are applied.

c. Statement of Need - [410 IAC 1-8](#) is needed to implement a stand-alone certification program for eyelash extension technicians and to specify how such services will be provided in a safe and sanitary manner.

d. Statutory Authority for the Proposed Rule - IDOH may adopt reasonable rules to protect or improve public health in Indiana pursuant to [IC 16-19-3-4](#). [IC 16-19-3-4.5](#) authorizes IDOH to adopt rules concerning the certification of eyelash extension technicians and facilities where eyelash extensions are applied.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - The rule has a small fiscal impact on IDOH. The program is structured so that IDOH ensures the curriculum follows the requirements for the subject matter, hands on training, testing, and personal and salon safety provided in the rule. IDOH also maintains a registry of approved trainers on its website. Supervising curricula and maintaining the registry of approved trainers require some IDOH staff time. Since there are no fees associated with the program and no designated funding, IDOH pays staff out of general funds to administer the program. IDOH does not track employee time. The rule does not have an impact on local government. Eyelash extension application services and the facilities where they are applied existed as a consumer service under the supervision and inspection of local health departments before the creation of the stand-alone certification program.

c. Sources of Expenditures or Revenues Affected by the Rule - The rule does not impact expenditures and revenues of State agencies or local government.

III. Impacted Parties

Impacted parties include the 126 providers of eyelash certification programs, the providers of eyelash extension services, and the consumers who purchase such services.

IV. Changes in Proposed Rule

There are no changes proposed to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule- The main benefit of the eyelash extension rule is to consumers receiving services. Consumers benefit from the requirement that each technician applying eyelash extensions receives at least forty-five (45) hours of training from an instructor who is registered with and whose curriculum has been approved by IDOH. Local Health Departments partner with IDOH in inspecting facilities throughout the state if complaints about the sanitation of a particular facility are received, but IDOH is responsible for the administration of the program.

There is also a benefit to certified technicians as they can obtain a skill with much less training than is required to become a licensed esthetician or cosmetologist. But the level of training required increases the probability that consumers will receive safe, sanitary application of eyelash extensions in contrast to unregulated people providing services.

b. Estimate of Secondary or Indirect Benefits of the Rule- IPLA benefits from the rule as IDOH is responsible for ensuring that certified eyelash extension technicians are properly trained and certified, instead of IPLA. IDOH fields complaints about facilities or practitioners; this ties in with IDOH's role as Indiana's public health authority and the rule puts technicians on notice of required standards.

c. Estimate of Any Cost Savings to Regulated Industries- Before this rule was implemented, an individual would need to obtain either a Cosmetology license or an Esthetician license to provide eyelash extension services. The cost of cosmetology school for a Cosmetologist is approximately \$14,000 to \$23,000 and Esthetician school costs approximately \$9,000 and \$17,500 in Indiana. The cost of receiving a certification for eyelash extension technicians is approximately \$2,000 and \$3,800, which is a significant cost savings to individuals interested in exclusively practicing eyelash extension services.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- The primary cost imposed by the rule is tuition for the required education that eyelash extension technicians will have to pay for training and the cost of supplies that practitioners or their salons will have to pay for, such as cleaning solutions, disinfectants, and dry heat sterilizers required for routine sterilization, sanitation, and disinfection. The tuition for eyelash certification is approximately \$2,900, which is much more affordable compared to Cosmetology or Esthetician school prices. Salons were required to follow similar sanitation practices when eyelash extension services were under the purview of IPLA, so there should not be many additional costs for compliance.

There is no cost for instructors to register their program with IDOH.

b. Estimate of Administrative Expenses Imposed by the Rules- The eyelash certification programs are required to maintain records of the students who have completed their classes and provide an Eyelash Extension Specialist certificate to students who successfully complete the program, which will result in a minimal administrative expense. The eyelash certification programs exist because of the rule, so they are ultimately benefiting from the rule.

IDOH maintains an online list of certification programs recognized by IDOH but does not maintain a list of individuals who have obtained certification. IDOH does not track the employee time necessary to maintain the program list.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- The implementation costs of the rule do not exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#).

VII. Sources of Information

No studies or sources of independent verification were relied upon to calculate the costs or benefits of this rule.

VIII. Regulatory Analysis

[410 IAC 1-8](#) provides a way for technicians to obtain approved training and certification to apply eyelash extensions as a stand-alone service. This path to certification requires much less time and cost than is required to become a licensed esthetician or cosmetologist. The registration of the trainers by IDOH allows for supervision of curricula, including the instruction of safety and sanitary measures required to protect consumers from injury or infection. Although IDOH cannot quantify how many injuries and infections are avoided because of [410 IAC 8-1](#), IDOH believes the benefits of public health protection from the rule far exceed the costs imposed by the rule.

IX. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Readoption Review

LSA Document #25-758

[410 IAC 6-7.1](#) Campgrounds

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The subject matter of [410 IAC 6-7.1](#) covers the regulation of campground sanitation, water supply, sewage disposal, and health and safety conditions, which remains actively carried out by the Indiana Department of Health (IDOH) and local health departments. IDOH also registers campgrounds.

The rule governs campground construction, operation, and maintenance including permitting, inspections, and enforcement authority. Local health officers have enforcement jurisdiction alongside IDOH. There have been no changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

The rule remains necessary to protect public health in environments where there is an elevated risk of communicable disease transmission, improper sewage disposal, unsafe drinking water, waste accumulation, and pest infestation. There are currently 535 recreational campgrounds in Indiana.

Campgrounds inherently involve shared facilities which require minimum uniform standards to prevent disease and infection outbreaks and environmental contamination. Without this rule, there would be no consistent statewide baseline for sanitation and safety in campgrounds, leading to fragmented local regulation and increased health risks.

The rule minimizes expenses to regulated entities such as taxpayers and consumers that are required to comply with the rule, as it only requires the minimum health and safety standards. The rule achieves its goal in the least restrictive manner possible. The rule does not duplicate standards found in state or federal laws, it is written for ease of comprehension, and it has practicable enforcement.

There are no known alternatives that may not have existed when the rule was first enacted but have arisen since then.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties. IDOH may commence an action under [IC 16-19-3-4](#), [IC 4-21.5-3-6](#), or [IC 4-21.5-3-8](#) against a property owner who fails to comply with this rule or interferes with or obstructs IDOH or its designated agent in the performance of duties pursuant to this rule. ([410 IAC 6-7.1-35](#)). Construction plan review fees are assessed in accordance with [410 IAC 6-12-17](#).

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule did not have any cost-benefit, economic impact, fiscal impact, or regulatory burden statements originally promulgated. A new Regulatory Analysis has been provided below.

V. Alternative Methods of Achieving the Purpose of the Rule

Consistent inspections based on one set of rules is the only known option for achieving the purpose of the rule. There are no federal campground regulations, so without this rule, local health departments would have to rely on local ordinances that would create inconsistencies statewide. A statewide rule remains the most effective and efficient way to consistently protect public health.

VI. Complaints and Comments

Complaints received by IDOH are generally from customers or neighbors that are experiencing problems that the property owner or manager has not addressed. The complaints received do not involve the rules or the implementation of the rules.

VII. Difficulties Encountered

IDOH has not encountered any difficulties administering this rule and is not aware of any difficulties encountered by small businesses or other regulated parties in complying with the rule. There should be no undue burden in complying with the rule as it only establishes the minimum health, safety, and construction requirements for campgrounds.

VIII. Changes in Technology, Economic Conditions, or Other Factors

Since the rule was adopted in 2002, there has been an increase in recreational vehicle travel, an increase in demand for full-service campsites, technological advances in wastewater handling and potable systems, and improvements to utility hookups. Demand for camping in Indiana remains high and spots at campgrounds fill up rapidly, especially in peak seasons.

IX. Other State or Federal Requirements

Federal requirements do not provide a comprehensive substitute for Indiana's campground rule. Federal rules exclusively govern camping on federal lands.

Illinois regulates campgrounds under its Department of Public Health recreational rules, including water supply, sewage disposal, refuse, electrical systems, and sanitary facilities. Illinois also requires restroom facilities based on campsite counts. *77 Illinois Administrative Code 800*.

Kentucky regulates recreational vehicle communities under 902 KAR 15:020, which establishes standards for community layout, sanitary operation, and other health and safety requirements.

Michigan regulates campgrounds under part 125 of its Public Health Code and related administrative rules. Michigan requires a campground license for campgrounds offering five or more campsites or recreational units and regulates construction, modification, licensing, and operation.

Ohio regulates campgrounds under Ohio Administrative Code Chapter 3701-26. Ohio requires a license to operate or maintain a campground and includes separate provisions for temporary campgrounds.

South Dakota regulates campgrounds through health and safety licensure and administrative rules requiring, among other things, wastewater collection and treatment systems for campgrounds.

Idaho appears to rely more on state park rules and local recreational vehicle park/campground ordinances rather than a single statewide public health campground code comparable to Indiana's rule.

Indiana's rule is consistent with the approach used in Illinois, Kentucky, Michigan, Ohio, and South Dakota. Idaho's population is significantly smaller than Indiana's, so the lack of a consistent statewide rule most likely suits their population size.

X. Previous Amendments

There have been no amendments to the rules since their promulgation in 2002.

XI. Integration into Indiana Code

The rule should be evaluated to update any outdated portions. It has not been amended since promulgation, so it may be a good candidate for the Indiana Code after it is assessed for outdated language or requirements.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 6-7.1](#) Campgrounds

I. Description of Rule

a. History and Background of the Rule - [410 IAC 6-7.1](#) establishes minimum public health and sanitation standards for the construction, operation, and maintenance of campgrounds in Indiana. The rule governs key areas such as potable water supply, sewage disposal, sanitary facilities, waste management, and general campground conditions. The purpose of the rule is to prevent communicable disease transmission, protect groundwater and environmental quality, and ensure safe conditions for campground users.

b. Scope of the Rule - This is a readoption of an existing rule and does not introduce substantive changes to current requirements. The regulatory framework has been in place since 2002 and continues to serve as the primary mechanism for ensuring consistent statewide standards for campground sanitation and safety.

c. Statement of Need - The rule is grounded in IDOH's statutory authority to regulate public health matters under [IC 16-19-3](#). The rule is not being amended to address a new statutory mandate, court order, or audit finding, but rather is being readopted to maintain an existing and functioning regulatory program.

The rule is needed to establish minimum public health and sanitation standards for the construction, operation, and maintenance of campgrounds in Indiana. The standards are necessary to prevent communicable disease transmission, protect groundwater and environmental quality, and endure safe conditions for campground users.

d. Statutory Authority for the Proposed Rule - [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana and [IC 16-19-3-4\(b\)\(8\)](#) authorizes IDOH to regulate the conduct of camps, [IC 16-19-3-4\(b\)\(10\)](#) to regulate standards of cleanliness of sanitary facilities offered for public use, [IC 16-19-3-4\(b\)\(2\)](#) to regulate the pollution of water supplies, and [IC 16-19-3-4\(b\)\(3\)](#) to regulate the disposition of excremental and sewage matter.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties. Enforcement and fee mechanisms remain unchanged and are exercised under existing statutory and administrative authority.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government- This rule is administered by IDOH and local health departments through existing environmental health and sanitation programs. IDOH cannot quantify the fiscal impact of this rule because IDOH does not maintain sufficient data to estimate the costs associated with compliance, inspections, or facility operations. Any costs incurred by IDOH in administering this rule are part of existing program operations and resources. IDOH does not have the data from Indiana local health departments regarding this rule.

c. Sources of Expenditures or Revenues Affected by the Rule- Local health departments will continue to bear responsibility for inspections and enforcement. Any associated costs are part of ongoing operations and are

often offset through local permitting or inspection fee structures.

III. Impacted Parties

The primary parties impacted by this rule are campground owners and operators, including recreational vehicle parks and other facilities that provide accommodation in outdoor settings. In addition, there are 95 local health departments impacted by the rule through their role in enforcement, neighbors are impacted due to proximity, and visitors are impacted through use of the facilities.

There are 535 facilities operating in Indiana. Because the rule is being readopted without substantive changes, these entities are already in compliance or subject to existing compliance expectations.

IV. Changes in Proposed Rule

There are no changes proposed to the rules.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule

The primary benefit of [410 IAC 6-7.1](#) is the protection of public health through the establishment of minimum sanitation and infrastructure standards for campgrounds. By requiring safe drinking water systems, proper sewage disposal, and adequate sanitary facilities, the rule reduces the risk of waterborne and communicable diseases.

These protections are particularly important in campground settings, where individuals share facilities and may be exposed to environmental hazards. These primary benefits cannot be quantified but the benefits are significant to public health and safety. It is difficult to determine how many communicable illnesses are prevented by this rule and the cost savings of treating different illnesses of varying severities. The rule also provides clarity and consistency for campground operators by establishing uniform statewide standards. This consistency reduces uncertainty and promotes fair competition among operators by ensuring that all facilities are held to the same baseline requirements. These benefits are significant but cannot be quantified because campgrounds vary in size and operation. IDOH does not have information or data from each campground in Indiana.

b. Estimate of Secondary Benefits or Indirect of the Rule

Indirect benefits include increased consumer confidence in campground safety and reduced liability risks for operators who comply with established standards. Although these benefits are difficult to quantify in monetary terms, they are significant and directly tied to the purpose of the rule.

c. Estimate of Any Cost Savings to Regulated Industries.

IDOH is not aware of any quantifiable cost savings attributable to this rule. Compliance with minimum health and safety standards may reduce liability exposure, corrective actions, and remediation costs, but those savings cannot be quantified.

VI. Cost Analysis

The costs associated with [410 IAC 6-7.1](#) are primarily those required to establish and maintain basic campground infrastructure and operations. These include the installation and maintenance of potable water systems, sewage disposal systems, sanitary facilities, and waste management systems. These costs are standard business expenses inherent in operating a campground and are not unique to Indiana's regulatory framework.

a. Estimate of Compliance Costs for Regulated Entities- Compliance costs may include installation, maintenance, and operation of potable water systems, sewage disposal systems, sanitary facilities, and waste management systems. Costs vary substantially depending on facility size, design, and operation. IDOH cannot quantify compliance costs because it does not have access to financial data from regulated entities.

b. Estimate of Administrative Expenses Imposed by the Rules- Administrative costs for regulated entities include time spent understanding regulatory requirements, preparing permit applications, and coordinating with local health departments. These costs are typically limited and occur primarily during initial development or when significant modifications are made to the facility. IDOH cannot quantify these expenses because sufficient information is unavailable.

State and local agencies incur administrative costs related to plan review, inspections, and enforcement. These costs are part of routine agency operations and are not expected to increase because of this readoption.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- The rule does not add or increase a fee, fine, or civil penalty.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- The rule does not create new barriers to market entry beyond those necessary to ensure public health and safety. While compliance requires capital investment, these investments reflect minimum infrastructure requirements that would be necessary even in the absence of regulation. Implementation or compliance costs are not expected to exceed \$500,000 dollars over a two-year period.

VII. Sources of Information

This analysis is based on the existing regulatory framework and agency experience in administering campground regulations.

VIII. Regulatory Analysis

The costs associated with [410 IAC 6-7.1](#) are primarily baseline operational costs necessary to operate a campground safely and effectively. These costs are outweighed by the significant public health benefits achieved through the rule, including disease prevention, environmental protection, and consumer safety. IDOH cannot provide a tally of the costs compared to the benefits. IDOH does not have the estimated costs to campgrounds because they vary in size and scale. Public health benefits are difficult to estimate, but it is common knowledge that clean water, waste management, and proper utility connections are necessary to protect public health. The benefits of this rule outweigh the costs of meeting the minimum standards of safety.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 6-7.2](#) Youth Camps

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The subject matter of [410 IAC 6-7.2](#) remains actively carried out by the Indiana Department of Health (IDOH) and local health departments. The rule governs sanitation, water supply, food service, communicable disease control, and operational standards for youth camps, all of which continue to be implemented through permitting, inspections, and enforcement activities. The statutory authority for these functions remains unchanged under [IC 16-19-3-4](#), which authorizes the department to adopt rules to protect public health. There have been no changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

The rule continues to serve an essential public health function. Youth camps present heightened risks due to congregate living, shared facilities, food preparation, and the presence of minors. Without minimum standards governing sanitation, water quality, food safety, and communicable disease control, there would be an increased risk of outbreaks of illness and unsafe environmental conditions.

The rule continues to meet the standards set forth in [IC 4-22-2-19.5](#). It minimizes expenses by establishing predictable baseline requirements that reflect standard operational practices. It achieves its regulatory purpose reasonably and in the least restrictive manner by focusing on minimum health and safety standards rather than discretionary or performance-only requirements. It avoids duplication by addressing areas not fully covered in statute or federal law, and it remains sufficiently clear and enforceable.

Alternative approaches, such as reliance solely on local regulation or voluntary compliance, would result in inconsistent protections across jurisdictions and reduced enforceability.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

This rule does not include any fines, fees, or civil penalties. Construction plan review fees are assessed in accordance with [410 IAC 6-12-17](#).

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule does not have a prior cost-benefit, economic impact, fiscal impact, or regulatory burden statement. A new Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternative methods for regulating youth camps. Conducting inspections based on statewide standards is the most efficient way to verify that health and safety requirements are met. The costs incurred by youth camps are due to correcting violations observed during routine inspections to ensure the minimum standards of this rule are maintained.

VI. Complaints and Comments

Most complaints received by IDOH are from youth camp patrons or neighbors that are experiencing a problem that the camp owner or operator has not addressed. The complaints are not about this rule or the implementation of the rule, but rather violations of the rule that management needs to address.

VII. Difficulties Encountered

There have been no difficulties encountered by IDOH administering this rule. IDOH has not been made aware of any difficulties for small businesses or other regulated persons complying with this rule. The rule establishes minimum health, safety, and constructions standards for youth camps.

VIII. Changes in Technology, Economic Conditions, or Other Factors

This rule was promulgated in 2002 and last readopted in 2020. Factors affecting youth camps have not changed since that time.

IX. Other State or Federal Requirements

Other states regulate youth camps like Indiana, with a focus on sanitation, health, and safety.

Illinois regulates recreational and youth camp sanitation under 77 Ill. Adm. Code 810, which includes requirements for water supply, sewage disposal, food service, and communicable disease control (77 Ill. Adm. Code 810, Illinois Department of Public Health).

Kentucky regulates youth camps under 902 KAR 10:040, which establishes standards for sanitation, food service, water supply, and health supervision (902 KAR 10:040, Kentucky Administrative Regulations).

Youth camps in **Michigan** are subject to comprehensive regulatory oversight through both statutory requirements and administrative rules that govern licensing, operations, safety standards, and staffing. The regulatory framework distinguishes between different types of camps and establishes specific requirements for children's camps operating in the state. Mich. Admin. Code R 400.11101, M.C.L.A. 722.111.

Ohio regulates camps under Ohio Administrative Code Chapter 3701-25, which includes requirements for water supply, waste disposal, food safety, and communicable disease prevention (Ohio Admin. Code 3701-25).

South Dakota does not have comprehensive state-level regulations specifically targeting youth camps as a distinct category of facility. While the term "youth camp" appears in various South Dakota statutes and regulations, these references primarily relate to taxation and state park camping rather than health, safety, or operational licensing requirements for privately operated youth camps.

Idaho law regulates youth camps that provide childcare for more than nine consecutive weeks for any one child, requiring licensure and compliance with health, safety, and operational standards. Shorter-term camps and certain other arrangements are exempt from these requirements (I.C. § 39-1202, I.C. § 39-1206, IDAPA 16.04.18.010, IDAPA 16.04.18.100, IDAPA 16.04.18.500, IDAPA 16.04.18.503, IDAPA 16.04.18.516, I.C. § 56-603).

Federal regulations do not provide a comprehensive framework for youth camp sanitation. Federal oversight is limited to specific contexts such as occupational safety or food safety standards (e.g., OSHA, FDA Food Code) and does not replace state-level public health regulation.

Indiana's rule is the same as its surrounding states. Children spending time in close quarters should be protected from health and safety risks. Youth camps are inherently different than regular campgrounds, so youth camps should remain in their own rule.

X. Previous Amendments

This rule has not been amended since it was promulgated in 2002.

XI. Integration into Indiana Code

This rule has not been amended and is a good candidate for the Indiana Code integration.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 6-7.2](#) Youth Camps

I. Description of Rule

a. History and Background of the Rule- This rule was originally promulgated in 2002. The rule establishes sanitation and operational standards for youth camps in Indiana including potable water supply, sewage disposal, food service, communicable disease control, and general camp operations. Its purpose is to protect the health and safety of campers, particularly minors, who may be more vulnerable to environmental and communicable health risks.

b. Scope of the Rule- The rule provides construction, health and safety, sewage disposal, building, and pest control requirements for youth camps.

c. Statement of Need- This rule remains necessary to ensure consistent statewide public health protection at youth camps.

d. Statutory Authority for the Proposed Rule- [IC 16-19-3-4](#) gives the Indiana Department of Health (IDOH) the authority to generally protect or to improve the public health in Indiana and [IC 16-19-3-4\(b\)\(8\)](#) authorizes IDOH to regulate the conduct of camps.

e. Fees, Fines, and Civil Penalties- There are no fees, fines, or civil penalties in this rule.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - State and local health departments administer the program through inspections, plan reviews, and enforcement activity. IDOH responsibilities are completed through its work with other sanitation duties. IDOH cannot quantify the fiscal impact of the rules; administration of this rule has been integrated into the budgets for both IDOH and the local health departments. IDOH is not able to quantify this rule fiscal impact because sufficient information is not available.

c. Sources of Expenditures or Revenues Affected by the Rule - IDOH's general operating budget is the source of IDOH expenditures. IDOH does not have knowledge of local health departments accounting.

III. Impacted Parties

The rule applies to 135 youth camp operators across Indiana, including residential and day camps. There are 95 local health departments that are also impacted through their role in enforcement. These entities are already subject to the rule, and no new parties are expected to be affected.

IV. Changes in Proposed Rule

There are no proposed changes.

V. Benefit Analysis

a. Estimated Primary and Direct Benefits of the Rule

This rule provides significant public health benefits by reducing the risk of communicable disease outbreaks, ensuring safe drinking water, and regulating food service and sanitation practices. These benefits are particularly important in youth camp settings, where close contact among participants increases the likelihood of disease and infection transmission. Although these benefits are not easily quantifiable, they are substantial and directly support the rule's purpose.

Additional benefits include improved consistency across facilities and increased confidence among parents and guardians. Although these benefits are not easily quantifiable, they are substantial and directly support the rule's purpose.

b. Secondary and Indirect Benefits

Secondary benefits include increased confidence among parents, guardians, improved consistency among facilities, and enhanced public confidence in youth camp operations. These benefits cannot be quantified.

c. Estimate of Any Cost Savings to Regulated Entities

IDOH is not aware of any cost savings due to this rule. Compliance may reduce the likelihood of disease outbreaks, liability exposure, and corrective actions.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- The costs associated with compliance include maintaining safe water systems, providing sanitary facilities, managing waste, and complying with food safety standards. These costs are inherent to operating a youth camp. IDOH cannot estimate the costs because there are over 100 youth camps in Indiana of varying sizes and scale.

b. Estimate of Administrative Expenses Imposed by the Rules- Administrative costs include time spent on permitting, inspections, and compliance activities. These costs are generally limited and occur as part of routine operations. IDOH cannot estimate the amount of these costs for the over 100 youth camps in Indiana, and IDOH does not have access to youth camp accounting data.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- The rule does not add or increase a fee, fine, or civil penalty. Plan review fees are the result of [410 IAC 6-12](#).

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- Implementation and compliance costs do not exceed the statutory threshold.

VII. Sources of Information

This analysis relied on program personnel knowledge of administering this rule.

VIII. Regulatory Analysis

The costs associated with this rule are baseline operational costs necessary to ensure safe youth camp operations. While IDOH cannot quantify these costs due to not having data from each youth camp in the state, the costs are outweighed by the benefits of preventing illness, protecting vulnerable populations, and ensuring safe

environments for children. The benefits of this rule are not quantifiable; IDOH cannot account for how many diseases are prevented or the associated health care costs.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 6-12](#) Plan Review, Construction Permits, and Fees for Services

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to administer and enforce the subject matter covered by [410 IAC 6-12](#). The rule establishes procedures for plan review, permitting, and fees associated with regulated environmental health and sanitation programs administered by IDOH. These functions continue to be carried out through review of construction and operational plans, issuance of permits, collection of fees, inspections, and compliance activities conducted under IDOH's authority in [IC 16-19-3-4](#).

As of July 1, 2025, [410 IAC 6-12-17](#)(1)(C)-(F) was voided by P.L. 213-2025, Section 150. There have been no additional changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

The rule remains necessary because plan review and permitting are essential tools for ensuring compliance with public health and sanitation requirements before facilities are constructed or begin operation. Without a standardized review and a permitting process, facilities could be developed or modified in ways that create risks to public health, including inadequate sewage disposal, unsafe water systems, or improper sanitation infrastructure. The rule continues to satisfy the standards in [IC 4-22-2-19.5](#). It minimizes expenses by providing a predictable statewide review process and standardized fee structure. It achieves its regulatory purpose in the least restrictive manner because it focuses on plan reviews and issuance of permits necessary to verify compliance with health and construction standards before operation begins. The rule avoids unnecessary duplication of state or federal laws by coordinating with existing statutory and program requirements, and it provides practical enforcement mechanisms through permitting and inspection authority.

The need for the rule continues because the facilities regulated continue to require oversight to ensure protection of public health and environmental quality.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

[410 IAC 6-12](#) establishes fees associated with plan review and permitting activities. These fees are intended to offset administrative costs incurred by IDOH in reviewing plans, processing permits, and conducting related compliance activities. The fees are not punitive in nature and are assessed as part of routine regulatory administration.

The fee amounts are reasonably related to IDOH's costs of administering the program, including technical review, inspections, and administrative processing. The rule does not establish new fines or civil penalties. Enforcement actions for violations are addressed under existing statutory authority, including [IC 16-19-3](#) and [IC 4-21.5](#).

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule does not have a previous cost-benefit, economic impact, fiscal impact, or regulatory burden statement. A new Regulatory Analysis has been attached.

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternative methods that achieve the goal of monitoring the construction, installation, or modification of agricultural camps, child caring institutions, day nurseries, children's group homes, mobile home parks, recreational vehicle campgrounds, schools, and youth camps to protect public health in Indiana.

VI. Complaints and Comments

There have been no complaints or comments received from the public or small businesses concerning this rule or the implementation of this rule by IDOH.

VII. Difficulties Encountered

IDOH has not encountered any difficulties administering this rule and IDOH is not aware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

Parts of this rule were originally promulgated in 1991. IDOH has continued to update and amend the rules as needed, including repealing outdated sections. This rule was reviewed by the program in 2022 and permitting standards have not changed since that time.

IX. Other State or Federal Requirements

Illinois requires campground construction permits and licensing under its Campground Licensing and Recreational Area Act. Applications must include plans showing camping spaces, structures, roads, walkways, sanitation stations, water and sewer lines, and plans for water supply, refuse, and sewage disposal facilities. Illinois also requires a \$100 permit fee and a \$100 original license fee. Illinois does not appear less restrictive than Indiana in the basic requirement for plan submission, permitting, and fees. (77 Ill. Adm. Code 810.30, 77 Ill. Adm. Code 800.300, 210 ILCS 100/6, 210 ILCS 95/4, 210 ILCS 100/6).

Kentucky does not appear to have a single rule identical to Indiana's [410 IAC 6-12](#), but it imposes plan review, permitting, and fee requirements through subject-specific programs. For example, Kentucky requires annual permits and fees for recreational vehicle communities under 902 KAR 15:020; requires construction permit applications with drawings and fees for on-site sewage disposal systems under 902 KAR 10:085; and requires plan review, construction inspection, annual permitting, and inspection fees for public swimming and bathing facilities under 902 KAR 10:121. On-site sewage disposal system plans require submission and approval, with specific requirements for cluster systems pursuant to 902 Ky. Admin. Regs. 10:110. Kentucky's approach is more fragmented than Indiana's, but it is not meaningfully less restrictive because regulated entities (youth camps,

plumbing, on-site sewage disposal, and water system construction) still must obtain approvals and pay fees under each applicable program.

Michigan requires campground construction permits and fees under M.C.L.A. 333.12505. Michigan's listed campground fees include a construction permit fee for a new campground, and the Michigan Department of Environment, Great Lakes, and Energy (EGLE) states that applicants must upload construction plans, complete the campground construction permit application, and pay permit fees before developing a campground. Michigan does not appear less restrictive than Indiana because it also requires plan submission, construction review, permitting, and fees.

Ohio regulates campgrounds under Ohio Administrative Code Chapter 3701-26. Ohio requires a plan review package for newly constructed, substantially altered, or existing unlicensed campgrounds, and that package must be submitted for review before licensure. Ohio also authorizes annual license fees and imposes specific plan review fees, including fees for limited-scope substantial alterations, broader substantial alterations, and new or existing unlicensed campgrounds. Ohio is not less restrictive than Indiana; in some respects, Ohio appears more detailed and fee specific. Ohio's fees are significantly higher than Indiana's fees. Plan review fees for campgrounds are as follows ([OAC 3701-26-05](#)):

- a. Substantial alterations limited in scope: \$842 (includes one inspection).
- b. Substantial alterations not limited in scope: \$1,546 (includes one inspection).
- c. New or existing unlicensed campgrounds: \$1,898 (includes one inspection).
- d. Additional inspections: \$414 each.

The licensor may charge an annual fee for operating a campground, which includes licensing and all inspections, and is based on the number of sites. ([OAC 3701-26-03](#)).

For temporary campgrounds, a per-event fee may be charged, including licensing and inspections. ([OAC 3701-26-03](#)).

For private water system permits, the application must be accompanied by the appropriate permit fee and water sample fee. ([OAC 3701-28-03](#)).

For public water system plan approvals, a fee of \$150 plus 0.35% of the estimated project cost (not to exceed \$20,000 through June 30, 2028) is required. [R.C. § 3745.11](#).

Additional fees may apply for wastewater treatment works plan approvals and other environmental permits. [R.C. § 3745.11](#).

South Dakota regulates campground plans under ARSD 44:02:14 and requires wastewater collection and treatment systems for campgrounds. South Dakota's Department of Health describes a process in which a campground license is issued only after the application is processed, plan review is completed, and final inspection determined compliance. South Dakota, therefore, is not less restrictive in the basic use of plan review, inspection, and licensing.

Idaho appears less centralized than Indiana. Idaho does not appear to maintain a single statewide public health plan review rule equivalent to [410 IAC 6-12](#) for the same set of IDOH-regulated environmental health facilities.

Idaho does impose permitting and fee requirements in narrower contexts, such as state park and recreation areas,

where group use or deviations from rules require permits after arrangements are made for sanitation, density, safety, and traffic. Idaho also imposes environmental permit and application fees through its Department of Environmental Quality. Idaho is less restrictive, but it relies more on program-specific or local controls. For example, buildings and facilities (including those at youth campgrounds) plan review is required by the state division of occupational and professional licenses and the state fire marshal. Building plans must be routed to affected local government agencies, and local comments and ordinances must be considered (I.C. 39-4103). Indiana's more comprehensive statewide rule is justified by the need for uniform review of facilities affecting water supply, sewage disposal, sanitation, and public health before construction or operation.

Federal law does not provide a comprehensive substitute for Indiana's plan review, construction permit, and fee rule. Federal regulations impose fees and permit in limited federal contexts, such as National Park Service recreation fees and U.S. Army Corps of Engineers camping/use permits for federal recreation facilities. Those federal rules govern federal lands and federal facilities; they do not establish a statewide plan review and permitting system for Indiana regulated public health facilities.

X. Previous Amendments

The original parts of the rule were promulgated in 1991. The rules were amended in 2004. Some rules were repealed in 1996 and 2004.

XI. Integration into Indiana Code

This rule has not been amended recently, but it contains technical standards that require administrative implementation. IDOH does not believe this rule is suitable for codification.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 6-12](#) Plan Review, Construction Permits, and Fees for Services

I. Description of Rule

a. History and Background of the Rule - This rule was promulgated in 1991. It establishes procedures and requirements for plan review, permitting, and fees associated with environmental health and sanitation programs administered by the Indiana Department of Health (IDOH). The rule governs the submission and review of plans for regulated facilities and establishes permit and fee requirements necessary to support technical review and compliance oversight activities.

b. Scope of the Rule - The purpose of this rule is to ensure that facilities subject to public health regulation are properly designed and reviewed prior to construction or operation. This helps prevent unsafe conditions, environmental contamination, and costly corrective actions after facilities are operational.

c. Statement of Need - The rule remains necessary because plan review and permitting are essential tools for ensuring compliance with public health and sanitation requirements before facilities are constructed or begin operation. Without a standardized review and a permitting process, facilities could be developed or modified in ways that create risks to public health, including inadequate sewage disposal, unsafe water systems, or improper sanitation infrastructure.

d. Statutory Authority for the Proposed Rule - [IC 16-19-3-4](#) gives the Indiana Department of Health (IDOH) the authority to generally protect or to improve the public health in Indiana and [IC 16-19-3-4\(b\)\(13\)](#) authorizes IDOH to regulate the sanitary conditions and facilities in public buildings and grounds, including plumbing, drainage, sewage disposal, water supply, lighting, heating, and ventilation.

e. Fees, Fines, and Civil Penalties - [IC 4-22-2-19.6](#) requires agencies to explain the purpose of a fee, the circumstances under which the fee is assessed, and how the amount of the fee is reasonably related to the cost of administering the program. The fees in [410 IAC 6-12](#) satisfy these requirements because they are specific and imposed only when a regulated entity requests or requires a plan review, permit, inspection, or related regulatory service from IDOH.

The purpose of the fees is to offset costs incurred by IDOH in carrying out technical review and oversight responsibilities. These activities include engineering and technical review of submitted plans, evaluation of water supply and sewage disposal systems, administrative processing of permit applications, inspections, recordkeeping, and compliance oversight. Without these fees, the costs of providing these services would otherwise need to be supported through general state revenues.

The fees are reasonably related to IDOH's actual administrative and operational costs. Plan review and permitting activities require staff time from environmental health specialists, engineers, inspectors, and administrative personnel. Additional costs include record management, technical consultation, travel for inspections when necessary, and maintenance of permitting systems. The fee structure reflects IDOH's need to recover a portion of these expenses associated with reviewing and regulating facilities that may affect public health.

The fees are also applied uniformly and predictably to regulated entities seeking approval for permits under the rule. They are not imposed as sanctions for violations and are not intended to deter conduct or punish noncompliance. Instead, they are assessed as part of routine regulatory administration.

Because the fees are administrative cost-recovery measures tied directly to services provided by IDOH, the fee structure complies with [IC 4-22-2-19.6](#).

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - The Rule supports existing state regulatory programs and does not create significant new fiscal impacts. Fees collected under the rule help offset costs associated with technical review, permit processing, inspections, and administrative oversight. IDOH cannot estimate the impact because the work is part of the program's many responsibilities.

c. Sources of Expenditures or Revenues Affected by the Rule - State expenditures associated with implementation include staff time for engineering review, inspections, permit processing, and compliance activities. These costs are part of routine operations and are partially offset through collecting fees.

III. Impacted Parties

This rule impacts regulated entities required to obtain plan review approval or permits. These entities may include campground operators, mobile home parks, youth camps, schools, institutional facilities, and other regulated operations subject to environmental health oversight.

IV. Changes in Proposed Rule

There are no proposed changes to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule- The rule provides significant public health and administrative benefits by ensuring that regulated facilities undergo technical review before construction or operation. Plan review helps identify deficiencies in water systems, sewage disposal, sanitation infrastructure, and related systems before those deficiencies create risks to public health. Regulated entities are notified of deficiencies before building, so this rule is a cost saving measure as well. Due to the varying degree of designs and the wide range of health benefits from proper designs, IDOH cannot quantify the benefits of this rule.

Indirect benefits include improved efficiency for regulated entities because deficiencies identified during plan review can often be corrected before substantial construction costs are incurred. Due to the varying degree of designs and the wide range of health benefits from proper designs, IDOH cannot quantify the benefits of this rule.

b. Estimate of Secondary or Indirect Benefits of the Rule- Local governments may benefit from the rule because state review and permitting reduce the likelihood of improperly designed facilities that could later require local enforcement or corrective action. Since this is a possibility, IDOH cannot quantify this indirect benefit.

c. Estimate of Any Cost Savings to Regulated Industries- Plan review may reduce future construction modifications, enforcement actions, and remediation costs by identifying deficiencies before construction occurs. IDOH cannot quantify these savings because they are not reported or tracked.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- Compliance costs include plan review fees, permit fees, and preparation of applications, engineering services, and technical documentation. Costs vary depending on project complexity and which service providers regulated entities choose. These costs cannot be quantified. Additional costs may include engineering or consulting expenses incurred by regulated entities to prepare compliant plans. However, these costs are standard and inherent to facility development projects that require public health review.

b. Estimate of Administrative Expenses Imposed by the Rules- Administrative Expenses include application preparation, communications with IDOH, responding to review comments, and recordkeeping. IDOH does not have access to this data from regulated entities, so these costs are not quantified.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- Fees are the same for all regulated entities as follows:

(A) A commercial on-site wastewater disposal facility under [410 IAC 6-10](#): two hundred dollars (\$200).

(B) A community wastewater disposal facility under [410 IAC 6-10](#): seven hundred dollars (\$700).

[...]

(G) A mobile home park or mobile home park addition under [IC 16-41-27](#) and this rule: three hundred dollars (\$300).

(2) For projects that include both a commercial on-site wastewater disposal facility and a facility subject to subdivision (1)(C) through (1)(F), the total fee for plan review shall be the larger of the two (2) fees applicable to that project under subdivision (1).

(3) No additional fee shall be assessed for review of revised plans for the same project.

[410 IAC 6-12](#) establishes fees associated with plan review and permitting activities. These fees are intended to offset administrative costs incurred by IDOH in reviewing plans, processing permits, and conducting related compliance activities. The fees are not punitive in nature and are assessed as part of routine regulatory administration.

The fee amounts are reasonably related to IDOH's costs of administering the program, including technical review, inspections, and administrative processing. The rule does not establish new fines or civil penalties. Enforcement actions for violations are addressed under existing statutory authority, including [IC 16-19-3](#) and [IC 4-21.5](#).

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- The implementation costs are not expected to exceed the statutory threshold.

VII. Sources of Information

This analysis relied on program personnel knowledge from administering the rule.

VIII. Regulatory Analysis

The costs associated with [410 IAC 6-12](#) are administrative and operational costs necessary to ensure adequate review of facilities affecting public health. These costs are outweighed by the unquantifiable benefits of preventing unsafe facility design, reducing environmental and public health risks, and improving regulatory consistency. Although costs and benefits cannot be fully quantified, IDOH has determined that the benefits justify the requirements.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 6-14](#) Railroad Mobile Camps

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to administer and enforce the subject matter covered by [410 IAC 6-14](#), which regulates sanitation and living conditions in railroad mobile camps. These camps are temporary or mobile housing units used to accommodate railroad workers and other transient labor forces. IDOH carries this out through [IC 16-19-3-4](#), which authorizes the adoption and enforcement of rules necessary to control disease and promote sanitary conditions. Local health departments may also assist with inspection and enforcement activities.

II. Rationale for the Continued Need for the Rule

The rule remains necessary to address public health risks associated with temporary and mobile housing environments. Railroad mobile camps present conditions like other congregate or transient housing settings, including shared sleeping areas, sanitation facilities, and food preparation spaces. These conditions increase the risk of communicable disease transmission, inadequate waste disposal, and unsafe water supply if not properly regulated.

The rule continues to meet the standards in [IC 4-22-2-19.5](#). It minimizes expenses by establishing predictable minimum standards that reflect basic sanitation and operational requirements. It achieves its intended purpose in a reasonably least restrictive manner by focusing on fundamental health protections. The rule does not duplicate federal requirements, as federal regulation in this area (OSHA 29 CFR 1910.142) is limited and does not provide a comprehensive framework for sanitation in mobile labor camps. The rule is written in a manner that is clear to regulated entities and can be practically enforced by health authorities.

The need for the rule persists because temporary housing, shared facilities, and environmental exposure continue to exist. Without the rule, there would be no consistent statewide standard governing sanitation and safety in railroad mobile camps.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

[410 IAC 6-14](#) does not establish fees, fines, or civil penalties. Enforcement actions are initiated under statutory authority found in [IC 16-19-3](#) and [IC 4-21.5](#). Construction plan review fees are assessed in accordance with [410 IAC 6-12-17](#).

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule did not have a regulatory analysis. A new Regulatory Analysis is attached. A link to the Economic Impact Statement for LSA # 07-490 is below.

[20080507-IR-410070490EIA](#)

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternative approaches to inspections that would verify the health and safety requirements for railroad mobile camps. One statewide rule is efficient and easier for the impacted parties to comply with.

VI. Complaints and Comments

Complaints received by IDOH are from the occupants of railroad mobile camps, or their labor union, regarding a problem that the railroad management has not addressed. The complaints are not about the rules or the implementation of the rules, but rather about reporting violations of the rule.

VII. Difficulties Encountered

IDOH does not have any difficulties administering this rule. Regulated entities do not have any difficulties because this rule establishes minimum health, safety, and construction requirements.

VIII. Changes in Technology, Economic Conditions, or Other Factors

This rule was last reviewed in 2020, and factors affecting railroad mobile camps have not changed since then.

IX. Other State or Federal Requirements

Federal regulations address certain aspects of temporary labor housing but do not provide a comprehensive framework equivalent to [410 IAC 6-14](#). For example, the Occupational Safety and Health Administration (OSHA) regulates temporary labor camps under 29 CFR § 1910.142, which establishes standards for water supply, toilets, waste disposal, and housing conditions (29 C.F.R. § 1910.142).

Other states regulate similar subject matters through public health or labor housing regulations. **Michigan** railroad labor camp regulations are primarily governed by Occupational Safety and Health Standards (MIOSHA) regarding temporary labor camps and specific sanitation requirements for railroad employees established by the Michigan Department of Transportation (MDOT). These regulations focus on sanitation, structural integrity, and occupant safety.

https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/GI_511/GI_511_12-12-2018.pdf.

Ohio regulations governing labor camps primarily focus on agricultural labor, but they establish the minimum standards for sanitation, safety, and habitability in temporary living quarters. While specialized "railroad labor camp" regulations are not explicitly outlined, such camps, if operated for seasonal or temporary labor, must abide by the rules set forth under the Ohio Revised Code (ORC) Section 3733. Ohio's regulations cover licensing, inspection, sanitation, health, facilities, safety, penalties, and minor employees.

Illinois regulates worker housing camps broadly under 210 ILCS 110. Illinois covers licensing, plans for showers, toilets, facilities, etc.

Kentucky address railroad labor camps as to temporary housing facilities. Temporary labor camp regulations in Kentucky are primarily governed by federal Occupational Safety and Health Administration (OSHA) standards, specifically 29 CFR 1910.142

South Dakota does not have a labor camp rule.

Idaho does not have a statewide railroad camp or labor camp rule. It relies on local ordinances and environmental and wastewater regulations.

IDOH believes that one consistent rule for the entire state makes it easy for employers to operate and for workers to be protected at the same time. Indiana's population is larger than the states that do not regulate this area.

IDOH receives complaints from workers and/or their unions, so this rule is necessary to protect public health.

X. Previous Amendments

This rule has not been amended since its promulgation in 2008.

XI. Integration into Indiana Code

This rule has not been amended, so it may be a good candidate for the Indiana Code after readoption.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 6-14](#) Railroad Mobile Camps

I. Description of Rule

a. History and Background of the Rule- This rule was promulgated in 2008. [410 IAC 6-14](#) establishes sanitation and health standards for railroad mobile camps in Indiana. These camps are temporary or mobile housing units used to accommodate workers in remote or transient work environments.

b. Scope of the Rule- The rule addresses water supply, sewage disposal, sanitation facilities, waste management, and general living conditions to ensure the protection of public health. It is unknown how many railroad camps are operating in Indiana because local health department provides the permits.

c. Statement of Need- The rule was originally promulgated to address health risks associated with temporary labor housing, particularly in industries requiring mobile or seasonal workforces. The purpose of the rule remains clear: to prevent disease transmission and ensure safe living conditions in environments that may otherwise lack adequate infrastructure.

d. Statutory Authority for the Proposed Rule- [IC 16-19-3-4](#) gives the Indiana Department of Health (IDOH) the authority to generally protect or to improve the public health in Indiana and [IC 16-19-3-4.4](#) authorizes IDOH to adopt reasonable rules necessary to protect the health, safety, and welfare of people living in mobile camps.

e. Fees, Fines, and Civil Penalties- The rule does not add or increase any fees, fines, or civil penalties. Construction plan review fees are assessed in accordance with [410 IAC 6-12-17](#).

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government- The rule is enforced through existing inspection and compliance mechanisms. Any administrative costs are part of routine operations and are not expected to increase because of this rule. IDOH cannot quantify any amount because this work is part of the program personnel's wide range of general duties. IDOH cannot quantify impacts on local governments because IDOH does not have that data.

c. Sources of Expenditures or Revenues Affected by the Rule- Local health departments may incur minor costs associated with inspections and enforcement; however, these activities are consistent with existing responsibilities. IDOH cannot quantify the costs because IDOH does not have the data to do so.

III. Impacted Parties

The rule applies to entities that establish or operate railroad mobile camps, including employers and contractors providing temporary housing for workers. The number of such entities is limited due to the relatively narrow and specialized nature of railroad mobile camps. The 95 local health departments are also impacted through their enforcement role.

IV. Changes in Proposed Rule

There are no proposed changes to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule- The rule provides direct public health benefits by ensuring that individuals residing in railroad mobile camps have access to safe drinking water, adequate sanitation facilities, and proper waste disposal systems. These measures reduce the risk of communicable disease transmission and environmental contamination within the camps. IDOH cannot quantify public health benefits because it does not know the number of camps and how much each benefit can save in health care costs, workers missing work due to associated health issues, etc.

b. Estimate of Secondary or Indirect Benefits of the Rule- Indirect benefits include improved living conditions for workers and reduced risk of liability for operators who comply with established standards. Although these benefits are not easily quantified, they are significant and directly related to the rule's purpose.

c. Estimate of Any Cost Savings to Regulated Industries- IDOH is not aware of any quantifiable cost savings. Compliance may reduce costs associated with disease outbreaks, liability claims, and corrective actions.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- The costs associated with compliance include providing potable water systems, sewage disposal, sanitation facilities, and waste management. These costs are inherent to operating temporary housing and represent baseline requirements rather than additional regulatory burdens. IDOH cannot estimate costs because camps vary in size and scale. Some camps use train cars and others do not. Due to the differences and lack of data from regulated entities, IDOH cannot estimate compliance costs.

b. Estimate of Administrative Expenses Imposed by the Rules- Administrative costs include time spent understanding regulatory requirements, coordinating inspections, and maintaining compliance. These costs are generally minimal and occur as part of standard operations. IDOH cannot estimate costs due to not having knowledge of regulated entities' operations.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- There are no fines, fees, or civil penalties.

d. If the implemented costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- This rule does not have requirements that exceed the statutory threshold.

VII. Sources of Information

The information in the analysis relies on program personnel's knowledge from administering the rule.

VIII. Regulatory Analysis

The costs associated with [410 IAC 6-14](#) are limited to baseline operational requirements necessary to ensure safe and sanitary living conditions. IDOH cannot quantify the costs, but these costs are outweighed by the benefits of preventing disease, protecting environmental health, and ensuring safe housing for workers, some of which are priceless.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 15.1](#) Mobile Health Care Entity

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to oversee the regulation, licensure, and operational compliance of out-of-state mobile health clinics under [410 IAC 15.1](#). The subject matter - establishing minimum standards for mobile health clinic operations, patient safety, infection control, and service delivery of health care entities from other states or countries operating in Indiana for short periods of time - remains squarely within IDOH's statutory authority. There have been no changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

The rule remains necessary because mobile health clinics continue to operate across Indiana and provide essential access to medical services, particularly in underserved, rural, and high-barrier communities. The public health challenges that originally prompted the rule, including unregulated mobile care, inconsistent safety standards, and a lack of oversight, still exist today. The rule continues to ensure patient safety, appropriate equipment standards, infection-control procedures, and operator accountability.

[410 IAC 15.1](#) minimizes expenses because it does not impose unnecessary or excessive costs on regulated entities, and its requirements reflect standard clinical practices that protect consumers and taxpayers. The rule achieves its regulatory goals in the least restrictive manner because its requirements are limited to operational standards necessary for patient safety and quality care. The rule does not duplicate state or federal laws, because no federal mobile-clinic standard exists and Indiana statutes do not address the detailed operational requirements that this rule covers. The rule is written for ease of comprehension by using clear, functional language typical of healthcare facility rules, although language updates may be considered if IDOH identifies opportunities for clarification. The rule allows practicable enforcement because its requirements can be enforced through routine inspections, complaint investigations, and oversight mechanisms that are already in place.

IDOH has not identified alternative methods that would achieve the same level of patient-safety protection at a lower cost, because mobile clinics require unique oversight due to their non-traditional and variable practice environments.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

IDOH reviewed the previously prepared Economic Impact Statement for [410 IAC 15.1](#) (LSA #07-489), which addressed the effects of the rule on small businesses. That statement explains that the proposed rule requires registration of out-of-state mobile health care entities and outlines the registration information that these entities must provide, including service types, employee licensure, contracted services, equipment used, disclosure processes, and contact information. The statement also notes that such entities must renew their registration annually.

Because the prior statement fully addressed these considerations and the rule's statutory framework has not fundamentally changed, IDOH finds that the conclusions of the 2007 analysis remain valid. Accordingly, the agency does not identify new or additional costs, burdens, or fiscal impacts arising from the readoption of the rule.

[20080507-IR-410070489EIA](#)

V. Alternative Methods of Achieving the Purpose of the Rule

IDOH has not identified any alternative regulatory mechanisms that would provide equivalent patient-safety protection while reducing costs or regulatory burden. The rule remains the most effective means of ensuring safe and consistent operation of mobile health clinics, particularly given the unique risks associated with delivering healthcare in mobile and variable environments.

VI. Complaints and Comments

IDOH has received no complaints regarding the rule or the rule's implementation. Inquiries that do arise typically involve clarification requests about equipment requirements, staffing standards, permissible service locations, or record-keeping obligations. No significant concerns have been reported by small businesses.

VII. Difficulties Encountered

IDOH has not encountered difficulties in administering the rules and is unaware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

Technology and healthcare practice have changed meaningfully since the rule was last revised. Telehealth integration within mobile clinics has expanded, and diagnostic technology now allows more advanced point of care services to be provided in mobile settings. Demand for mobile services has also increased, influenced by the COVID-19 pandemic and ongoing healthcare workforce shortages. These developments strengthen the need for continued regulation.

IX. Other State or Federal Requirements

Federal law does not establish a comprehensive regulatory framework for mobile health clinics. Surrounding states such as Illinois, Kentucky, Michigan, and Ohio regulate out-of-state mobile health care clinics at varying levels of stringency, and none are known to have substantially less restrictive requirements than [410 IAC 15.1](#). Both Idaho

and South Dakota require out-of-state mobile health care providers to comply with the same state registration and other requirements as in-state providers. IDOH's standards remain justified because providing healthcare in mobile environments introduces unique safety concerns.

X. Previous Amendments

[410 IAC 15.1](#) was filed on July 31, 2008, and has been readopted twice. No substantive amendments have been made to the rule.

XI. Integration into Indiana Code

The rule could be integrated into the Indiana Code.

XII. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Regulatory Analysis

LSA Document #25-758

[410 IAC 15.1](#) Mobile Health Care Entity

I. Description of Rule

a. History and Background of the Rule - The Mobile Health Clinic rule, [410 IAC 15.1](#), was adopted to establish registration requirements and minimum oversight for out-of-state mobile health care entities providing services within Indiana. The rule implements statutory requirements found in [IC 16-41-42](#) and was first developed to ensure patient safety, proper disclosure of services, and accountability for mobile entities operating temporarily within the state.

b. Scope of the Rule - The rule governs the registration and compliance requirements for out-of-state mobile health care entities providing short-term health services in Indiana.

c. Statement of Need - [410 IAC 15.1](#) is needed to implement the regulatory framework established by [IC 16-41-42](#), which requires out-of-state mobile health care entities to register with the Indiana Department of Health (IDOH). Oversight of these entities is needed for patient protection so long as they continue to operate in Indiana. The rule is needed to support those statutory obligations.

d. Statutory Authority for the Proposed Rule - IDOH has general authority to regulate public health under [IC 16-19-3](#) and specific authority to regulate out-of-state mobile health entities through [IC 16-41-42](#). These statutes authorize the agency to adopt and maintain rules necessary to implement registration, oversight, and safety standards for out-of-state mobile health care providers.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - The rule produces no change in expenditures or revenues for state or local government. IDOH's workload is minimal because only three (3) out-of-state mobile health clinics currently operate in Indiana, and registration processing is simple and low-volume.

Local governments do not incur any obligations or costs under this rule.

c. Sources of Expenditures or Revenues Affected by the Rule - There are no sources of expenditures or revenues for any governmental unit; no funds, budget lines, or fiscal years are affected by the rule.

III. Impacted Parties

The rule affects out-of-state mobile health care entities that enter Indiana to provide health services on a temporary basis. IDOH reports that three (3) such entities are currently known to provide services within the state.

[410 IAC 15.1](#) does not regulate Indiana-based mobile health clinic registration, and IDOH does not track the number of in-state mobile clinics. Therefore, the directly impacted population consists only of the three (3) out-of-state entities.

IV. Changes in Proposed Rule

There are no changes proposed to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule - The rule ensures that out-of-state mobile health care entities register before operating in Indiana. This benefits patient safety by ensuring verification of provider credentials, disclosure of services provided, identification of equipment and testing used, and clear contact information for responsible entities.

b. Estimate of Secondary or Indirect Benefits of the Rule - Indirect benefits include continuity of regulatory expectations, maintenance of consumer trust, and avoidance of compliance uncertainty for the small number of out-of-state entities that periodically enter Indiana.

c. Estimate of Any Cost Savings to Regulated Industries - No new savings or new costs arise because of the rule. The simple registration process preserves the very low administrative burden imposed by the rule -- specifically, a registration time estimated at 30 minutes or less per entity.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities - Out-of-state mobile health care clinics must submit a short registration form requiring basic information about services, employee licensure, equipment, test disclosures, and contact details. Completing the form is estimated to take about 30 minutes, and the total economic impact is minimal. No equipment purchases, training obligations, or complex procedures are imposed by the rule.

b. Estimate of Administrative Expenses Imposed by the Rules - Administrative expenses are minimal. The rule does not require the service providers to obtain legal review, consultant services, accounting services, or record keeping beyond submitting the registration form. Administrative expenses to IDOH are minimal owing to the minute number of out-of-state applicants.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) -- The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) - The implementation and compliance costs fall far below the statutory threshold over a two-year period.

VII. Sources of Information

a. Independent Verifications or Studies - No independent verifications or studies were used to prepare this analysis.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits - The cost and benefit determinations rely on IDOH staff knowledge of program operations and internal licensing database reports indicating that three (3) out-of-state mobile health clinics presently operate in the state. No external databases, surveys, or industry studies were required due to the minimal scope of the rule.

VIII. Regulatory Analysis

The rule provides meaningful benefits to public health oversight by requiring basic registration and disclosure from out-of-state mobile health care entities. The costs to participants are negligible, with compliance estimated at only 30 minutes of administrative activity and no associated fees. Administrative costs to IDOH are also minimal. Because the rule ensures required protection to consumers while imposing minimal burden, the benefits clearly outweigh the costs.

IX. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Readoption Review

LSA Document #25-758

[410 IAC 17](#) Home Health Agencies

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

IDOH continues to oversee Home Health Agency licensure and regulatory compliance with 42 CFR 484. This rule sets out the requirements for the operation of home health agencies in Indiana in meeting the needs of people in their homes. The rule clarifies licensure requirements, the survey process, and the application of remedies when home health agencies fail to comply with the required standards. The rules include provisions dealing with licensure, administrative actions, the administration and management of home health agencies, patient care, patient rights, home health care services, and home health clinical records. IDOH is also tasked with licensing and enforcement to ensure compliance with 42 CFR 484.

In 2025, all aide certification was moved to [IC 16-27.5](#), and a change to crimes barring convictions was made to ensure consistency among all types of nurse aides.

II. Rationale for the Continued Need for the Rule

The need for quality home health services continues to grow in Indiana. Estimates suggest that by 2040 one out of every five Hoosiers will be a senior. Central Indiana alone has seen a notable increase in the older adult population, with over half a million older adults aged 55 and over.²

The rule is required pursuant to [IC 16-27-1-7](#), which mandates rules to accomplish the following:

- (1) Protect the health, safety, and welfare of patients.
- (2) Govern the qualifications of applicants for licenses.
- (3) Govern the operating policies, supervision, and maintenance of service records of home health agencies.
- (4) Govern the procedure for issuing, renewing, denying, or revoking an annual license to a home health agency, including the following:
 - (A) The form and content of the license.
 - (B) The collection of an annual license fee of not more than two hundred fifty dollars (\$250) that the state department may waive.
- (5) Exempt persons who do not provide home health services under this chapter.

The rule minimizes expense to regulated entities by: (1) providing a choice of licensure type; and (2) providing for predictability in the operations of home health agencies which reduces costs for providers by allowing them to maintain their current operating standards without change or disruption. The rules assist in limiting welfare fraud and ensuring tax dollars are being used to ensure safety of consumers. Similarly, the public consumers of home health services benefit from reliable standards of performance and review imposed by the IDOH survey process consistent with these rules.

Home Health agencies in Indiana must be appropriately licensed by IDOH and comply with the Home Health rules as drafted to be eligible for participation in Medicare and Medicaid. One study estimated Medicare expenditures related to home health agency reimbursements to be \$16 billion nationally in 2025.

(https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_MedPAC_Report_To_Congress_SEC.pdf)

Almost every state requires state licensure for Home Health Agencies. A few states have no state licensure, and no state regulations, but rely entirely on the CMS certification process. Although this sounds like a less restrictive option, the actual result is in fact more restrictive, as it limits those agencies that may provide home health care

to those who can meet all the federal requirements and are enrolled as providers. IDOH licensing regulations assure a state licensed agency can safely provide care to those individuals who do not have Medicare or Medicaid. The rules complement federal requirements, rather than duplicate them, which assists in CMS compliance. The rules are intended to speak for themselves, without the need for additional guidance. The rules are enforced during complaint investigations and licensure surveys and enforcement is progressive in nature.

As the designated surveyor for licensed home health agencies IDOH risks losing the related CMS funding if it fails to meet the required expectations. In other words, these regulations ensure the cost of IDOH's programs, including the salaries and benefits of those employees involved in regulatory activities, are covered by federal funds.

The rule complements federal regulations which all home health agencies which accept Medicare and/or Medicaid must follow. Home health agencies certified by the Medicare and/or Medicaid program are subject to federally mandated and state-enforced quality and safety standards. IDOH has entered into an agreement with the Secretary of Health and Human Services under Section 1864 of the Social Security Act whereby IDOH is tasked with surveying agencies and enforcement activities. HHS provides funding for these activities. IDOH's rules are written to give clarity and ease of reference.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule, pursuant to [IC 16-27-1-12](#) (a)(6), permits the issuance of a civil penalty not to exceed ten thousand dollars, which is a tool used for regulatory enforcement by the program, in lieu of licensure actions where appropriate. In determining the seriousness of the violation, IDOH may consider the potential for harm or imminent threat to the patient's health, the extent of deviation from statutory or regulatory requirements, the degree of willfulness or negligence, and the history of noncompliance. The rule expressly states that the absence of direct harm will not necessarily result in assessment of a lower penalty.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

No previous regulatory burden statement has been prepared for this rule. A copy of a Regulatory Analysis that meets the requirements of [IC 4-22-2-22.7](#) is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

[IC 16-27-0.5-9](#) grants IDOH the power to adopt rules necessary to protect the health, safety, rights, and welfare of the home health care patients and hospice patients. Some states do not require state licensure of home health agencies but rely on certification surveys required to participate in the Medicaid/Medicare program, which could be considered less restrictive, but Indiana's rules are designed to make compliance with federal mandates easier by enumerating in detail what compliance looks like. Indiana requires licensure by statute. [IC 16-27-1-7](#) mandates that IDOH adopt rules to:

- (1) Protect the health, safety, and welfare of patients.
- (2) Govern the qualifications of applicants for licenses.
- (3) Govern the operating policies, supervision, and maintenance of service records of home health agencies.

(4) Govern the procedure for issuing, renewing, denying, or revoking an annual license to a home health agency, including the following:

- A. The form and content of the license.
- B. The collection of an annual license fee of not more than two hundred fifty dollars (\$250) that the state department may waive.

(5) Exempt persons who do not provide home health services under this chapter.

Indiana's statutes and regulations stress the importance of the health, safety, and welfare of Hoosier's receiving home health care. Indiana's statute and rule recognize that the "business" of home health care is about people.

VI. Complaints and Comments

The rules are designed to ensure patient safety and agency compliance with federal requirements by setting forth in detail the expectations that must be met. The program has not received complaints but does receive questions about specific situations and how to apply the rules. Examples include questions about the survey process and questions about the new statutory section 27.5 regarding nurse aides. Anticipated rule updates will address areas where IDOH sees confusion, and IDOH works with the Indiana Association for Home and Hospice Care (IAHHC) to ensure clarification of IDOH expectations.

VII. Difficulties Encountered

Indiana's rules complement and provide guidance for the federal rules. A business that does not comply with our state rules is not able to comply with necessary federal regulations. Nothing about our rules makes this more difficult because it is designed to assist with federal compliance by setting forth actions that meet compliance. It also permits agencies to operate on a state-only license if they are unable to meet federal CMS requirements and choose not to bill Medicare.

There are no known difficulties encountered by the agency in administering the rule or by small businesses in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

The prevalence of electronic record keeping will necessitate a future rule change setting forth regulatory expectations, particularly regarding necessary surveyor access. The increase in cell phone usage has led to the use of personal cell phones for communication and charting, and this has naturally led to abuse through social media as aides will post videos and pictures of residents, leading to reportable incidents of abuse. The agency has provided free training for nurse aides on this issue but will address the issue in a future rule change.

IX. Other State or Federal Requirements

Michigan, Idaho, and South Dakota rely solely on CMS federal regulations and certification. Idaho's population is 2,062,610 and only 314,391 are seniors.³ South Dakota's total population is 943,078 and only 158,103 are seniors⁴. By comparison, Indiana's population is 6.8 million, with 1,116,300 seniors. Further, Indiana's licensure permits non-CMS agencies to operate as a state only facility (Medicaid only, but unable to bill Medicare). Meeting Indiana's requirements is designed to make it easier for agencies to comply with CMS requirements, as our

regulations in many aspects concisely expand upon what CMS compliance looks like. Further, it permits non-CMS agencies to operate under a state license.

Indiana's licensing fees are amongst the lowest of the states which require licensing:

Ohio - \$250.00 initial licensing and renewal

Indiana - \$250.00 initial licensing and renewal

Illinois - \$1,500.00 both initial and renewal

Kentucky - \$600.00 initial - \$150 renewal

Those states that require state licensure generally cover the same areas as Indiana. Ohio mandates CMS certification as well.

INDIANA 410 IAC 17	OHIO OAC 5160-12	ILLINOIS Title 77 section 245	KENTUCKY 902 KAR 10:081
Rule 10 - Licensure	x	x	x
Rule 11 - State Administrative Actions	x	x	x
Rule 12 - Home Health Administration and Management	x Mandates CMS certification 5160-12-03	x	x
Rule 13 - Patient Care	x	x	x
Rule 15 - Home Health Clinical Records	x	x	x

*"x" signifies same requirements

CMS has its own requirements to be certified as a Medicare provider.

X. Previous Amendments

The rules have not been amended since 2002. IDOH intends to work on proposed amendments.

XI. Integration into Indiana Code

This rule is complex and lengthy, but IDOH will explore ways to possibly transfer it to the Indiana Code.

XII. Contact Information of Staff to Answer Substantive Questions

Rebecca Brelage (RBrelage@health.in.gov)

Regulatory Analysis

LSA Document #25-758

[410 IAC 17](#) Home Health Agencies

I. Description of Rule

a. History and Background of the Rule- [410 IAC 17](#), collectively identified as the "Home Health rules," were initially adopted in 2002 when the previous rule set was repealed. The Home Health rules define the licensure requirements and scope of operation for home health agencies operating in Indiana. To remain in compliance with conditions set by the Centers for Medicare and Medicaid Services (CMS), Indiana must operate a survey program

to ensure that all Medicare and Medicaid enrolled providers meet all conditions of those programs. The Consumer Services and Healthcare Regulation Commission of IDOH serves as the State Survey Agency for Indiana. The Home Health rules mirror the CMS program requirements codified in 42 CFR 484 *et seq.*

b. Scope of Rule- The proposed readoption of the Home Health rules contains no changes or amendments to the existing rules.

c. Statement of Need- Continuing these rules meets the federal requirements for Indiana's licensure and regulation of home health agencies, ensuring continued participation for those providers in the federally funded health care programs.

d. Statutory Authority for the Proposed Rule- [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana. [IC 16-27-1-7](#) requires IDOH to adopt rules to protect the health, safety, and welfare of patients; govern the qualifications of applicants for licenses; govern the operating policies, supervision, and maintenance of service records of home health agencies; and govern the procedure for issuing, renewing, denying, or revoking an annual license to a home health agency.

e. Fees, Fines, and Civil Penalties- The Home Health rules as currently enacted and proposed to be readopted allows the IDOH to impose a civil penalty for violations of the rules in an amount not to exceed \$10,000.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027.

b. Estimated Fiscal Impact on State and Local Government- There is no anticipated fiscal impact on state or local government expenditures.

c. Sources of Expenditures or Revenues Affected by the Rule- Monies from levied penalties under [410 IAC 17-11-4](#) are directed to the general fund for the State of Indiana.

III. Impacted Parties

Parties impacted by the readoption of the rules include all licensed and prospective home health agencies. There are currently 360 licensed home health agencies in Indiana, at the time of this report. Additional impacted parties include citizen patients receiving care being provided by licensed home health agencies, as well as state and federal taxpayers because compliance with a well-regulated home health system ensures high quality care and avoids fraud, waste, and abuse of federal and state health care dollars.

IV. Changes in Proposed Rule

There are no proposed changes to the rule.

V. Benefit Analysis

Benefits of readoption of the existing rule include maintaining the low application fee of \$250, as well as the consistent regulatory standards for the industry. These regulations provide for predictability in the operations of home health agencies which reduces costs for providers by allowing them to maintain their current operating standards without change or disruption. Similarly, the public consumers of home health services benefit from reliable standards of performance and review imposed by the IDOH survey process consistent with these rules.

Home Health agencies that are appropriately licensed by IDOH and comply with the Home Health rules as drafted are eligible for participation in Medicare and Medicaid. One study estimated Medicare expenditures related to home health agency reimbursements to be \$16 billion nationally in 2025. (https://www.medpac.gov/wp-content/uploads/2026/03/Mar26_MedPAC_Report_To_Congress_SEC.pdf)

VI. Cost Analysis

The majority of the cost associated with compliance is a direct result of Federal Regulations. 315 of Indiana's 352 licensed home health agencies are Medicaid and/or Medicare certified, requiring compliance with the federal conditions of participation. Of the thirty-seven (37) state-only facilities, many may be in the process of being federally certified or may be defunct and their license has yet to expire.

State licensure is a federal prerequisite to apply for certification under the Medicaid/Medicare program.

There are no peer reviewed academic studies quantifying the cost of the federal or Indiana regulations. Indiana has one of the lowest fees for initial licensure (which includes the CMS surveys). California, for example, charges \$5,603.00 initially and every two years thereafter. The regulations imposed by Indiana's rule do not provide an increased cost or burden on regulated entities as these same conditions are required by the CFR for participation in Medicare and Medicaid funding. State licensed only home health agencies would bear the administrative costs of compliance with the rules, which include hiring appropriate staff. Home health agencies have relatively lower overhead costs outside of staffing.

The home health rules require a \$250 licensing application fee from agencies seeking licensure. Additional costs of the rule include the costs to the State through the survey and certification activities of the state survey agency for determining compliance with the Medicare and Medicaid conditions of participation and licensure requirements. These costs are shared approximately 50/50 between state (Medicaid) and federal (Medicare) dollars and not generally funded through the state or agency budget.

VII. Sources of Information

Sources relied on in the drafting of this document include the cited web document(s) and internal IDOH licensure data.

VIII. Regulatory Analysis

The costs associated with this rule relate primarily to the \$250.00 application fee for the processing and review of applications, as well as the administrative costs on the regulated industry to employ qualified, licensed practitioners for the oversight and delivery of certain services. The benefits of the rule include proper licensure for home health agencies making them eligible to participate in the Medicare program. Although Indiana's rules largely mirror the federal regulations, they are written to make it easier to understand how to comply with the federal conditions of participation.

It is estimated that Medicare paid roughly \$15.7 billion to home health agencies in 2023, which is a significant benefit to those agencies. (https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_Ch7_MedPAC_Report_To_Congress_SEC.pdf).

The rules enable IDOH to take lesser action against agencies before the risk of decertification from the Medicaid/Medicare program. The rules also permit more immediate corrective action to ensure the safety of Hoosiers who rely on this type of care. The goal is to ensure that Home Health agencies understand compliance and maintain safety. The benefits to Indiana Hoosiers who can remain in their own homes rather than be forced to live in a long term care facility have been estimated to be a savings of roughly \$60,000 per year. (<https://cicoa.org/paying-for-different-types-of-care/>). The intangible benefits of remaining in one's own community have been shown to lead to more positive health outcomes for those individuals.

IX. Contact Information of Staff to Answer Substantive Questions

Rebecca Brelage (RBrelage@health.in.gov)

Readoption Review

LSA Document #25-758

[410 IAC 18](#) Vital Records

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) Division of Vital Records (VR) continues to follow the procedure established for the Provisional Notification of Death and to provide certified copies of birth and death certificates to qualified applicants. There have been no changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

There is a continued need for [410 IAC 18](#). The rule is comprised of definitions, a rule covering Provisional Notification of Death, and separate rules detailing information for who has direct interest in obtaining certified birth and death records.

In the Provisional Notification of Death rule, the regulated entity is funeral directors. The rule allows funerals to occur even if the cause of death cannot be obtained prior to scheduled disposition of remains without undue hardship on the family or the funeral director which is a benefit to both funeral directors and consumers. The Provisional Notification of Death rule allows for a streamlined process for burials that do not require coroner input. With the rules providing for birth and death certificates, the fees are set by statute, but the rules determine whom certificates can be issued to and the documentation required to obtain birth and death certificates. The rule achieves the regulatory goal in the least restrictive manner by providing an advanced listing of qualified recipients and forms of ID that can be incorporated into a state form for applicant use. With birth and death certificates, the rule provides transparency to and manages expectations of consumers seeking birth and death certificates. [410 IAC 18](#) avoids duplicating standards found in both state and federal laws (federal laws do not cover burial practices or vital records). The substantive parts of the vital records rule are written in the form of a list, and therefore, for ease of comprehension. Regarding practical enforcement, failure to follow the Provisional Notification of Death rule can result in revocation of authorization to provide Provisional Notifications of Death for the local health departments or suspension of provisional notification privilege for the funeral directors. There is no enforcement with the rule concerning certified birth and death records. Rather, the rule makes it more likely that

the prospective applicant will obtain a successful outcome to his or her application for a certified record during the first request.

There are no known new alternatives to the vital records rule that may not have existed when the rule was first enacted but have arisen since.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

There is no previously prepared regulatory analysis for this rule. An updated Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

No alternative methods of achieving the purpose of the rule have been identified.

VI. Complaints and Comments

IDOH VR receives complaints regarding requirement of a valid *and* current ID to obtain certified birth and death records. This requirement for identification is in alignment with Indiana BMV processes and is imposed as a fraud prevention measure.

VII. Difficulties Encountered

IDOH has not encountered any difficulties administering the rule; funeral directors do not have problems in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

No major changes in these areas have occurred since the rule was last readopted in 2020.

IX. Other State or Federal Requirements

There are no federal regulations governing Provisional Notification of Death or the requirements to obtain certified birth or death records. Every state surrounding Indiana, plus Idaho and South Dakota, has the equivalent of a Provisional Notification of Death permit, except that Michigan's process is called a "death certificate with incomplete information." Some of the states researched locate the requirements to obtain certified birth and death records in administrative code, whereas others have the requirements in statute. It is typical for an applicant to be required to show a "direct and tangible interest" in a vital record (see IDAPA § 39-270(b)), unless the record is more than 99 or 100 years old.

Illinois, Kentucky, Michigan, Ohio, Idaho, and South Dakota do not have less restrictive requirements than the Indiana rules.

X. Previous Amendments

The rule concerning the Provisional Notification of Death has been readopted periodically since first adopted in 1959; the substantive content of the rule has not been amended.

The rule on birth and death certificates has been readopted several times since first adopted in 2008; the substantive content of the rule has not been amended.

XI. Integration into Indiana Code

Integration of Provisional Notification of Death rule to the Indiana Code would be supported by IDOH VR. The requirements of the rule on birth and death certificates could be effectively located in either statute or administrative rule.

XII. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Regulatory Analysis

LSA Document #25-758

[410 IAC 18](#) Vital Records

I. Description of Rule

a. History and Background of the Rule - The Indiana Department of Health (IDOH) Division of Vital Records (VR) is responsible for maintaining and issuing certified copies of vital records, including birth, death, and stillbirth certificates for events that occurred in Indiana. The Office of Vital Records officially began recording births in 1907, and death recordings began in 1900. Birth records in the IDOH VR office began in October 1907. Prior to October 1907, records of birth were filed only with the local health department in the county where the birth occurred. Death records in the IDOH VR office began in 1900. Prior to 1900, records of death were filed only with the local health department in the county where the death occurred.

In 1993, the Indiana Code was recodified and included [IC 16-37-1-1](#) which requires IDOH to create a system of vital statistics. The statewide vital records system allows the public to request records without returning to the specific county of birth or death.

b. Scope of the Rule - [410 IAC 18-0.05](#) provides definitions used in the rule. The second rule, [410 IAC 18-2](#), is required by statute if Indiana is to have a scheme that allows for provisional notification of death where there is a delay in the filing of a death certificate. The last two rules, [410 IAC 18-3](#) and [410 IAC 18-4](#), provide guidelines for consumers to obtain certified vital records more efficiently.

c. Statement of Need - [410 IAC 18-2](#) addresses the requirement of [IC 16-37-3-10](#) that IDOH VR must promulgate a rule for the issuance of a provisional death notification for the process to exist. A provisional notification of death authorizes funeral and disposition arrangements before the official cause of death is finalized. Hoosiers need a system to request copies of birth and death certificates. These certificates can establish identity, legal rights, and help citizens access government or financial benefits. Birth certificates are required for enrolling in public schools, securing employment, and are necessary to apply for social security cards, Medicaid, and other

assistance programs. Death certificates are necessary to settle estates, submit claims for life insurance policies, to stop recurring state/federal benefits, etc.

The rules provide detail as to what types of applicants may apply for certified birth and death records and what form of identification can accompany an application to make it easier for consumers to obtain certified vital records. The rule allows IDOH VR to provide details for applicants as to requirements already required by statute.

d. Statutory Authority for the Proposed Rule - IDOH may adopt reasonable rules to protect or improve public health in Indiana pursuant to [IC 16-19-3-4](#). [IC 16-19-3-4](#)(b)(12) authorizes IDOH to adopt rules concerning vital statistics. [IC 16-37-1-3](#) authorizes IDOH VR to adopt rules specifically concerning the collection, transcription, compilation, and preservation of vital statistics.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - The availability of a provisional notification of death is an option included in a burial transit permit, which is already issued by local health officers to funeral directors without cost. IDOH created a form document (State Form 38220) to be used by local health departments (LHDs) and the LHDs provide the provisional notification of death forms to the funeral directors.

The criteria listed in the portion of the rule covering certified birth and death certificates aim to make the process already required by statute more straightforward for consumers. The fees for certified birth and death certificates are set by statute, see [IC 16-37-1-11](#) and [IC 16-37-1-11.5](#); the rule increases efficiency in terms of staff time spent on records fulfillment as the rule explains statutory requirements before consumers submit applications for certified records.

c. Sources of Expenditures or Revenues Affected by the Rule - [410 IAC 18](#) does not impact expenditures or revenues of IDOH or LHDs.

III. Impacted Parties

The provisional notification of death rule impacts funeral home operators throughout the state and 95 local health departments. There are 649 licensed funeral homes in Indiana with 1,548 licensed funeral directors as of late 2025, according to the Indiana Funeral Director Association (IFDA). Approximately 70,000 Hoosiers die each year in Indiana. The provisional notification of death rule allows for a streamlined burial process where death certificates are not able to be filed timely. The actual number of provisional notifications of death is unknown by IDOH VR as they are issued by LHDs and are not tracked by IDOH VR.

The rules for the issuance of certified birth and death records impact IDOH, 95 local health departments (LHDs), and consumers. IDOH VR processed approximately 3,000 death certificate orders in 2025 (certified death records are typically obtained from LHDs by funeral directors on behalf of consumers). 45,000 birth certificate orders were processed by IDOH VR in 2025.

IV. Changes in Proposed Rule

There are no changes proposed for the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule - A direct benefit of the provisional notification of death rule is that funeral directors will be able to offer their clients the service of prompt burial in cases where there would otherwise be delay by the medical certifier or in the event of a coroner inquiry. While provisional notification is available only for burial, the process allows for a quicker timeline for many families to hold funerals. This may result in less time the funeral operation must store deceased individuals, greater customer satisfaction for families of the deceased, and increased business capacity for funeral directors.

Funeral Homes typically charge between \$35 to \$100 a day to store a deceased individual⁵; the provisional notification of death rule can save consumers from these added expenses.

The rules providing requirements for certified birth and death records benefit consumers as they will be more likely to submit proper documentation the first time an application for a certified record is filed.

b. Estimate of Secondary or Indirect Benefits of the Rule - An indirect benefit of the provisional notification of death rule is that the funeral process will proceed efficiently with minimal need for IDOH involvement. An indirect benefit of the rules specifying details associated with obtaining certified records is that less staff time will be used in follow-up communication with consumers to obtain the correct information and identification required.

c. Estimate of Any Cost Savings to Regulated Industries - The provisional notification of death rule will provide a direct cost savings to funeral directors as they will be required to store deceased individuals for less time and should allow them to provide more efficient service resulting in greater customer satisfaction for the consumer of funeral services.

The rules applicable to consumer requests for certified records will not have an impact on cost savings to regulated industries.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities - There are no compliance costs imposed by the provisional notification of death rule. The rule is being proposed to offer a benefit to funeral directors, e.g., to provide prompt burial services where there would otherwise be a delay. There is no compliance cost to obtaining provisional notifications of death, and the requirement to file a complete death certificate is unchanged by the availability of the provisional notification rule.

The rules for obtaining certified birth and death records expand on requirements already contained in statute. While applicants must have qualifying types of identification to accompany their application for a certified record from IDOH VR, such would likely be required in other circumstances as well.

c. Estimate of Administrative Expenses Imposed by the Rules - Any cost to either funeral directors or LHDs in administering the provisional notification of death process is *de minimis*. A burial transit permit to transport a dead body is already required by funeral directors and the LHD must already approve the burial transit permit and certify the death record.

Applicants for certified vital records are already required to comply with the standards provided for by statute, so the criteria listed in the rule will make it easier for consumers to obtain certified records.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) - The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) - The combined implementation and compliance costs of the rule for businesses, units, and individuals over any two (2) year period are negligible.

VII. Sources of Information

a. Independent Verifications or Studies - No independent verifications or studies were utilized.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits - IDOH obtained information on the number of licensed funeral homes and directors from the Indiana Funeral Directors Association (IFDA) website. The number of certified death and birth certificates provided by IDOH in 2025 was obtained from IDOH records. IDOH obtained storage fees information online.

VIII. Regulatory Analysis

[410 IAC 18](#) provides cost-free benefits to funeral directors and consumers in Indiana. The provisional notification of death allows funeral directors to expedite serving their customers even if the death record has not been filed. In the rules for obtaining certified vital records, the detailed explanation of what is required to obtain a certified birth record, or death record will help guide consumers through a complicated process. There are no financial or administrative costs associated with the rule. The benefits of the rule far outweigh any costs de minimis costs associated with their execution.

IX. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Readoption Review

LSA Document #25-758

[410 IAC 21-3](#) Birth Problems Registry

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Department of Health still oversees the rule's subject matter. The Indiana Department of Health (IDOH) has the responsibility of maintaining a registry of birth defects and problems in order to reduce the number of birth

problems in Indiana. On July 8, 2002, the IDOH adopted [410 IAC 21-3](#) to establish the Birth Problems Registry under [IC 16-38-4](#).

II. Rationale for the Continued Need for the Rule

[IC 16-38-4](#) requires IDOH to establish a birth problems registry for the purpose of recording all cases of birth defects and other problems that occur at the time of birth in Indiana residents. Additionally, IDOH must compile necessary and appropriate information concerning those cases for the following purposes: (1) to conduct epidemiologic and environmental studies; (2) to apply appropriate preventive and control measures; (3) to inform parents of children with birth defects and problems of appropriate care and programs; and (4) to inform citizens of programs designed to prevent or reduce birth defects and problems. This statute remains in effect so there is a continued need for [410 IAC 21-3](#), which requires hospitals and designated healthcare professionals to report specific conditions to the Indiana Birth Defects and Problems Registry.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

No prior cost-benefit, economic impact, fiscal impact, or regulatory burden statements were prepared as [410 IAC 21-3](#) was promulgated in 1987. A new Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

There are technical advancements that could significantly reduce the reporting burden on hospitals and healthcare providers. However, those technical advancements, such as electronic case reporting or the use of data from the Indiana Health Information Exchange, would come at a substantial cost to implement.

VI. Complaints and Comments

The agency has not received any complaints or comments from the public, including small businesses, concerning the rules or the implementation of the rules.

VII. Difficulties Encountered

No difficulties have been encountered by the agency in administering the rule and IDOH is unaware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

Advancements in technology such as Health Level 7 (HL7), Fast Healthcare Interoperability Resources (FHIR), and electronic case reporting are available to reduce the burden on hospitals and healthcare providers to report. However, implementing technology advancements comes at a substantial cost.

IX. Other State or Federal Requirements

There are no federal regulations for birth problems registries. Of the four states contiguous to Indiana and Idaho and South Dakota, Idaho and South Dakota have less stringent regulations than Indiana because they do not have comprehensive birth problems registries. The four surrounding states have comparable birth problems registries. A difference between states is if registry reporting is exclusively electronic or if both paper and electronic registration

are allowed. Also, some states focus on reporting just at the time of birth, others report through age five, and Indiana reports through age three for most conditions.

X. Previous Amendments

There have been no amendments.

XI. Integration into Indiana Code

There have not been any previous substantial amendments; however, the Department of Health plans to amend the rules after readoption. The ICD-9 codes listed in the rules are no longer valid and need to be replaced with ICD-10 codes. It is critical to maintain the proper way to report as this will be changing along with the reportable conditions. The ICD-10 codes get updated every year, and it may be easier to update and maintain the reportable conditions list on the IDOH website.

XII. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Regulatory Analysis

LSA Document #25-758

[410 IAC 21-3](#) Birth Problems Registry

I. Description of Rule

a. History and Background of the Rule

The Indiana Department of Health (IDOH) is required by statute to establish a birth problems registry to record all cases of birth defects and other birth problems that occur at or soon after birth in Indiana. IDOH uses the information from the birth problems registry for the following purposes: (1) to conduct epidemiologic and environmental studies; (2) to apply appropriate preventive and control measures; (3) to inform parents of children with birth defects and problems of appropriate care and programs; and (4) to inform citizens of programs designed to prevent or reduce birth defects and problems.

[410 IAC 21-3](#) specifies that hospitals and designated healthcare professionals report specific conditions identified by IDOH to the birth problems registry.

The statute establishing the birth problems registry in Indiana was enacted as [IC 16-4-10-6](#) in 1986 and recodified as [IC 16-38-4](#) in 1993.

b. Scope of the Rule

The birth problems registry rule is comprised of definitions, a section identifying health care professionals and entities required to report to the registry, and a list of reportable birth problems. The rule expands on the general

outline of the registry program found in statute.

c. Statement of Need

IDOH is directed by [IC 16-38-4-7](#) to adopt rules to establish reporting requirements for birth problems. While the statute provides the registry scheme, the administrative rule provides additional detail. Specifically, [IC 16-38-4-7\(a\)\(5\)](#) calls for an administrative rule containing other health care providers designated as mandatory reporters by IDOH.

d. Statutory Authority for the Proposed Rule

IDOH may adopt reasonable rules to protect or improve public health in Indiana pursuant to [IC 16-19-3-4](#). [IC 16-38-4-7](#) directs IDOH to adopt rules that establish reporting requirements for various identified reporting sources.

e. Fees, Fines, and Civil Penalties - The rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government- The rule does not impact expenditures and revenues of state agencies or local government as the registry is required by statute and thus any fiscal impact on state government is imposed by statute.

Local health departments (LHD) must report cases diagnosed by staff in the provision of direct health service to consumers and are therefore required to spend minor amounts of staff time reporting to the registry.

c. Sources of Expenditures or Revenues Affected by the Rule- There is a dedicated fund (state fund 34610) to maintain the registry. Funds are expended primarily in the form of staff time. In the last biennium budget, \$73,517 was appropriated per year to this fund. There is no cost for reporters to submit or use registry data, so no revenues are realized. These sources of expenditures/revenues are required by the statute establishing the registry.

III. Impacted Parties

The following entities and professions are impacted parties as mandatory reporters to the birth problems registry under the rule:

Entity/Profession	Number (active) in Indiana*
Hospitals/Health facilities (with birthing centers)	74
Birthing Centers (independent)	1
Psychiatric Hospitals (state)	6
HMOs	6
Local Health Departments	95
Physicians (Ob/Gyn = about 1000)	15000
Dentists	3311
Oral Surgeons	100

Advanced Practice Registered Nurse (APRN)	570
Midwives	133
Optometrists	1500
Podiatrists	282
Chiropractors	2390
Physical Therapists	4840
Psychologists	1500

*IU Indianapolis ScholarWorks, <https://scholarworks.indianapolisiu.edu>

The total number of mandated reporting entities is 182.

The total number of mandated reporting medical/health professionals is 29,626.

IV. Changes in Proposed Rule

There are no proposed changes to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule- The rule provides direct benefits for public health.

The Centers for Disease Control and Prevention (CDC) estimates about 1 in 33 babies are born with birth a defect. With an estimated 80,000 births per year in Indiana, there are approximately 2,424 infants born with a birth defect each year. Maintaining a confidential registry of individuals with birth defects and birth problems provides IDOH with necessary information to monitor, prevent, and respond to conditions that affect infants at birth. The rule allows IDOH to identify trends and any potential areas of concern and guides prevention strategies, including public health recommendations such as folic acid usage to reduce the risk of neural tube defects. The information collected also helps in emergency response by helping public health officials monitor emerging threats to maternal and fetal health, such as the impact Zika virus infection had on mothers and babies.

b. Estimate of Secondary or Indirect Benefits of the Rule- The information contained within the confidential registry indirectly supports prevention and health promotion by generating data that informs public education campaigns (e.g., folic acid campaign) as well as policy decisions. Additionally, the information within the confidential registry allows researchers to investigate risk factors, evaluate interventions, and better understand long-term outcomes of children born with birth defects.

c. Estimate of Any Cost Savings to Regulated Industries- There are no current cost savings to regulated industries through this rule.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- The cost of compliance for regulated entities is incurred in the time it takes hospital personnel and healthcare providers to report information into the registry. IDOH estimates that it takes reporters about 15 minutes a month to submit information to the registry. The greater amount of facilities and medical/health care professionals classified as reporters under the rule, the

greater the administrative cost to be incurred. Ultimately, if public health measures successfully reduce birth defects and problems, the number of cases and compliance costs associated with reporting them would decrease.

b. Estimate of Administrative Expenses Imposed by the Rules- IDOH's costs include the maintenance of the data system to store registry information along with agency staff costs to monitor and utilize the information. The salaries for IDOH personnel to maintain public health monitoring of the registry currently total \$217,977 per year. No additional administrative expenses are caused by the rule that has not already been imposed by statute.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#)- The implementation and compliance costs of the rules for businesses, units, and individuals over any two (2) year period are negligible and therefore are not expected to exceed the statutory threshold.

VII. Sources of Information

a. Independent Verifications or Studies- A simulated estimate of the time associated with the reporting process was used in calculating the costs to regulated entities.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits- No outside sources were used to calculate costs and benefits.

VIII. Regulatory Analysis

The statute establishing Indiana's birth problems registry is detailed and leaves few matters to be covered by administrative rules other than specifying the health care facilities and professionals who must make reports. In this way, while there are about 15,000 practicing physicians in Indiana, reporting birth problems to the registry largely falls on Indiana's 1,000 practicing OB/GYNs. IDOH concludes that the number of medical and health care professionals that diagnose and report birth defects and problems is a fraction of the number of total professionals brought under the rule. The benefit to public health of having a complete birth problems registry outweighs the small amount of time such professionals (or their staff) must take to report birth problems as they are diagnosed.

IX. Contact Information of Staff to Answer Substantive Questions

Substantive questions should be directed to:

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Readoption Review

LSA Document # 25-758

[410 IAC 23-2](#) Health Care Professional Recruitment and Retention Program

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to administer and oversee the Health Care Professional Recruitment and Retention Program established under [410 IAC 23-2](#). The rule governs administration of state workforce incentive initiatives intended to improve recruitment and retention of health care professionals in underserved communities throughout Indiana. The rule governs eligibility requirements, participation obligations, and administration of workforce recruitment and retention incentives. Administrative consequences for failure to comply with program requirements may include repayment obligations or loss of eligibility under contractual agreements rather than punitive civil penalties.

II. Rationale for the Continued Need for the Rule

This rule remains necessary because Indiana continues to experience shortages of health care professionals in medically underserved areas and health professional shortage areas. These shortages affect access to primary care, behavioral health care, dental services, and other essential health care services, particularly in rural communities.

The program established under [410 IAC 23-2](#) supports public health objectives by encouraging health care professionals to practice in rural and underserved areas through recruitment and retention incentives. The need for state-supported workforce initiatives continues due to ongoing provider shortages, increasing health care demand, workforce turnover, and competition among states for qualified professionals.

The rule satisfies the standards established in [IC 4-22-2-19.5](#). It minimizes expenses by targeting limited resources toward areas of greatest workforce need. Indiana matches federal funds 1:1. The rule achieves its purpose in a reasonably least restrictive manner because participation is voluntary and based on program eligibility and contractual obligations. The rule does not unnecessarily duplicate federal law because state-level workforce programs supplement rather than replace federal recruitment and retention initiatives. The rule is sufficiently clear and administratively enforceable. There are some outdated portions that need to be updated. There are alternative programs that supplement this one. This is a state program that allows Indiana to invest in keeping professionals in Indiana.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule does not include any fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule does not have any previous statements. A new Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

Alternative methods include private-sector recruitment incentives or local recruitment initiatives. Maintaining a state-administered recruitment and retention program allows IDOH to respond more directly to public health needs and allows Indiana to invest in its workforce.

Administering this program through the grant provided by the Health Resources & Services Administration (HRSA) has lowered costs for IDOH due to the 1:1 match. Indiana does not require employers to contribute like some other state, but IDOH has started discussions with potential host sites about contributing to the 1:1 match.

VI. Complaints and Comments

Complaints have been received regarding full-time and part-time service requirements, specifically the allowable number of hours spent on administrative activities. Other complaints have been received regarding eligible disciplines. IDOH adheres to HRSA's guidelines regarding service requirements and eligible disciplines.

VII. Difficulties Encountered

Occasionally, program participants will have difficulty with adhering to service obligations, including but not limited to remaining at a contracted practice site, working required hours, completing Extension for Community Healthcare Outcomes (ECHO) learning projects, and adhering to reporting requirements.

VIII. Changes in Technology, Economic Conditions, or Other Factors

The transition from using paper/mailed applications, award notifications, and compliance documents to utilizing electronic methods for these activities has made program activities less costly.

Economic conditions, such as cost of tuition, student loan interest rates, and pay rates for health professionals have changed since the implementation of the rule. Many health professionals express that they are experiencing financial burden due to student loans incurred while obtaining their medical education.

IX. Other State or Federal Requirements

The **federal government** administers workforce recruitment and retention programs, including the National Health Service Corps (NHSC) authorized under 42 U.S.C. § 254d, which provides scholarships and loan repayment assistance for providers serving in Health Professional Shortage Areas. Federal programs establish baseline workforce support but are subject to federal funding limitations, national eligibility criteria, and federal prioritization decisions.

Illinois operates multiple state workforce recruitment and loan repayment programs through the Illinois Department of Public Health and the Illinois Student Assistance Commission. <https://dph.illinois.gov/topics-services/life-stages-populations/rural-underserved-populations/slrp.html?utm>, <https://www.isac.org/faas/other-programs/loan-repaymentforgiveness-programs/?utm>. Illinois also codified physician loan repayment authority into statute at 110 ILCS 947/15. The Community Behavioral Health Care Professional Loan Repayment Program Act is at 110 ILCS 996/1. The Human Services Professional Loan Repayment Program is at 110 ILCS 997. Illinois has also adopted multiple rules to implement the statutes which govern applicant eligibility, procedures, and administration. Ill. Admin. Code tit. 23.

Kentucky administers the Kentucky State Loan Repayment Program (KSLPR) and related workforce incentive programs through the University of Kentucky Center of Excellence in Rural Health. <https://medicine.uky.edu/centers/ruralhealth/state-loan-repayment-program?utm>. Kentucky also administers the Healthcare Worker Loan Relief Program of the Commonwealth. <https://medicine.uky.edu/centers/ruralhealth/healthcare-worker-loan-relief-program-commonwealth>. Kentucky does not have a standalone rule equivalent to Indiana's [410 IAC 23](#). Kentucky relies on contracts, program manuals, grant administration, and federal requirements.

Michigan administers its workforce repayment program through statutory authority by the Michigan Department of Health and Human Services (MDHHS). MCL 333.2705.

Ohio administers its workforce repayment programs through the Ohio Department of Health and other state agencies using statute and administrative code. Ohio Rev. Code Ann. § 3702.75, R.C. § 3702.85, R.C. § 3702.96, R.C. § 3702.98, R.C. § 4741.41, R.C. § 3333.28, OAC 3333-1-22, OAC 3701-6-02, OAC 3701-56-01, and OAC 3701-58-01.

South Dakota has recruitment and tuition programs that operate using South Dakota Codified Laws such as SDCL 34-12G-5. South Dakota Administrative Rules defines eligible health professionals and what they must do to qualify. ARSD 44:71:01:01 and ARSD 44:71:01:02.

Idaho has established several healthcare worker tuition repayment programs through statute, primarily targeting nurses and physicians practicing in rural and underserved areas of the state. [IC 39-2501](#), [IC 39-2502](#), [IC 39-2503](#), [IC 39-2505](#), [IC 39-2506](#).

X. Previous Amendments

This rule was promulgated in 2002 and amended in 2012 to update the requirements for the Health Care Professional Recruitment and Retention Program, to clarify part-time services under the rule, and to comply with [IC 16-46-5-9](#) and federal laws and regulations as set forth in Section 338B of the Public Health Service Act (42 U.S.C. 254l-1), as amended, and Section 331(i) of the Public Health Service Act (42 U.S.C. 254d(i)), as amended.

XI. Integration into Indiana Code

This rule should remain in the Administrative Code because it governs operational and administrative program requirements that may require periodic revision in response to workforce conditions, funding changes, and public health priorities.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 23-2](#) Health Care Professional Recruitment and Retention Program

I. Description of Rule

a. History and Background of the Rule- [410 IAC 23-2](#) establishes requirements and procedures for the administration of the Health Care Professional Recruitment and Retention Program by the Indiana Department of Health (IDOH). The rule governs participant eligibility, service obligations, application procedures, and administration of workforce incentive initiatives intended to increase the availability of health care professionals in underserved areas of Indiana. The rule was originally promulgated in 2002.

b. Scope of the Rule- The purpose of the rule is to improve access to health care services by supporting recruitment and retention of physicians, nurses, behavioral health providers, dentists, and other eligible health

care professionals in communities experiencing workforce shortages.

c. Statement of Need- Indiana has a shortage of rural healthcare providers. This rule implements an incentive for health care workers to provide necessary services in rural Indiana.

d. Statutory Authority for the Proposed Rule- IDOH administers the program under its authority relating to public health workforce initiatives and health care access under [IC 16-19-3-1](#).

e. Fees, Fines, and Civil Penalties- This rule does not add or increase any fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government- IDOH must match federal grants 1:1. This rule involves workforce incentive payments, administrative oversight, eligibility review, and compliance monitoring. These costs are part of the program's existing scope of work and IDOH cannot determine this cost. There were twenty-seven (27) awardees in the last cohort, whose services began August 1, 2025. Each awardee received \$40,000.

c. Sources of Expenditures or Revenues Affected by the Rule- For the fiscal year, IDOH has committed state funds from the Community Health Center operating fund. In future years, the program hopes to at least partially supplant Community Health Center funds with employer/host site contributions.

III. Impacted Parties

The rule impacts health care professionals who apply for or participate in the program, including physicians, nurses, dentists, behavioral health professionals, and other eligible providers. Health care facilities and communities located in underserved areas also benefit from the program.

Educational institutions, local health systems, and patients in shortage areas may be indirectly impacted through increased provider availability.

IV. Changes in Proposed Rule

There are no proposed changes to the rule.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule- The rule provides significant public health and workforce benefits by improving the recruitment and retention of health care professionals in Health Provider Shortage Areas (HPSAs). Increased provider availability improves access to preventive care, chronic disease management, behavioral health services, and emergency care.

Another benefit is support for rural hospitals, clinics, and community health centers that may otherwise struggle to recruit qualified providers.

Benefits for recipients include student loan repayment, tax-free benefit, and access to continuing education.

b. Estimate of Secondary or Indirect Benefits of the Rule- The rule also supports continuity of care and may reduce delays in obtaining medical services in shortage areas. Communities with improved provider access may experience broader economic and public health benefits, including improved population health outcomes and

increased stability in local health systems. Improved access also reduces travel times for emergencies, and fosters patient-provider relationships.

Better healthcare outcomes are significant, but IDOH cannot quantify them. Quantifying life or death or quality of life outcomes is labor intensive and requires a lot of data that IDOH does not have. IDOH also has multiple programs that address rural and underserved healthcare, and it is difficult to determine this grant's impact when it is part of an effort with many sources of input.

c. Estimate of Any Cost Savings to Regulated Industries- Underserved healthcare providers may save some on recruitment costs, and the healthcare professionals save on their student loan payments.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities- Participation in the program is voluntary and the rule imposes limited compliance costs on participants. Costs include application preparation, documentation of eligibility, and compliance with service obligations established through program agreements. IDOH does not have data regarding how long or how much it costs for healthcare professionals to apply for the program. The costs are most likely outweighed by the benefit of healthcare providers working in underserved communities.

b. Estimate of Administrative Expenses Imposed by the Rules- The primary costs associated with the program are on the state through incentive payments and program administration. These costs are tied directly to the program's purpose of improving provider recruitment and retention in underserved areas. IDOH's division staff spend time on the program in addition to their additional work. Before August 2025, there was an HRSA-funded SLPR. However, HRSA stopped providing funding for the administration of the program. Employers must keep documentation and ensure contract compliance. IDOH cannot quantify these expenses.

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#)- The rule does not add or increase a fee, fine, or civil penalty.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7](#)- The combined implementation and compliance costs associated with the rule are not expected to exceed the statutory threshold.

VII. Sources of Information

This analysis relied on program personnel's knowledge of running the program, review of federal workforce program guidance such as publications from the Health Resources & Services Administration (HRSA), and a review of comparable state workforce incentives.

VIII. Regulatory Analysis

The rule imposes minimal regulatory burdens because participation is voluntary and administrative requirements are limited. The costs associated with program administration are outweighed by the substantial benefits of improving access to health care services in underserved areas. IDOH cannot quantify the benefits of better health outcomes that result from access to care in underserved areas. Improved health outcomes and improvements to quality of life when populations can access healthcare are too vast for IDOH to quantify.

The program addresses ongoing workforce shortages that continue to affect Indiana communities and supports broader public health objectives. The benefits of maintaining the rule exceed the associated costs, and continued implementation is justified.

IX. Contact Information of Staff to Answer Substantive Questions

Kendra Harper

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Readoption Review

LSA Document #25-758

[410 IAC 40](#) Certificate of Need Program

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to administer the Certificate of Need Program under [IC 16-29-7](#). There have been no updates or changes in authority, policy, or legislation.

II. Rationale for the Continued Need for the Rule

There is a need for this rule for the orderly and accurate implementation of Indiana's Certificate of Need Program under [IC 16-29-7-6](#). The Certificate of Need Program was implemented by statutes to ensure the safe and effective management of comprehensive care beds in long term care facilities in Indiana. The Program ensures there is an appropriate number of beds per county according to the population needs of that county. This is an on-going need as Hoosiers age. The rule minimizes the expense to regulated facilities by charging only an application fee, and the rule has no increased expense to citizens, taxpayers, or other consumers utilizing comprehensive care beds.

The rule also acts to achieve the goal of managing the supply of beds in the least restrictive manner through an application process submitted directly to the IDOH and does not utilize any third-party contractors for review or implementation. This rule supports the statute does not duplicate any standards in state or federal law. The rule is written in plain language, designed to be easily understood by both citizens and professionals in this field. Enforcement of the rule is achieved in the most practical manner possible, allowing for applications not to be processed or reviewed unless the associated fee is collected.

The current method of implementation of application collection and review is the simplest and most efficient manner of processing. No other identified solution would prove to be less costly or intrusive.

Because IDOH is required to have rules for the orderly implementation of the Certificate of Need Program under [IC 16-29-7-6](#), the costs associated with the implementation of the Program are collected through the \$5,000 application fee established under this rule. The application fee funds a partial IDOH employee to process and review applications.

This fee is expected to have a minimal impact on businesses in the long-term care marketplace because the average revenue of a long-term care facility can exceed \$4 million. Given the average revenue for a long-term care facility, any facility that has the capital necessary to expand their operations would be able to pay the \$5,000

fee set by this rule. The administrative burden of application completion or gathering the information required by the application is also minimal, as the information is already required for other licensure needs for these entities. A 2023 journal article reviewing closure rates and outcomes for nursing homes (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10986232/>) noted residents in facilities that close experience trauma and stress from the disruption in their living situation and may have a delay in finding suitable replacement care. Notable one of the identified factors relating to a likelihood of closure is low occupancy rates.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

The rule includes a fee for the cost of the Certificate of Need application. The fee is intended for use in the administration of the Certificate of Need Program. The fee meets the requirements of [IC 4-22-2-19.6\(b\)](#) because it is in a specific dollar amount.

The fee complies with [IC 4-22-2-19.6\(c\)](#) because it reflects the amount of work that IDOH would need to perform to grant a Certificate of Need but is not so high that a health facility cannot pay the fee if needed. To grant a Certificate of Need, IDOH would have to review the existing occupancy rate for the intended county, along with a population study, and review the financial stability of the applicant. The \$5,000 fee funds this analysis. Given the expected time needed to evaluate a Certificate of Need application, IDOH believes this is a reasonable fee for the services required.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

The previous economic impact statement is located here: [410 19-685 | IARP](#). A new Regulatory Analysis is attached.

V. Alternative Methods of Achieving the Purpose of the Rule

[IC 16-29-7-6](#) established a comprehensive care health facility Certificate of Need Program for the purpose of permitting movement between counties of existing comprehensive care beds based upon demographic need. IDOH was charged with implementing and administering the Certificate of Need Program.

These rules were adopted pursuant to [IC 16-29-7-13\(f\)](#), [IC 16-29-7-14\(d\)](#) and [IC 16-29-7-19\(a\)](#) to help implement the administration of the Certificate of Need Program; IDOH was specifically authorized to establish a reasonable fee for filing an application for a certificate of need. Alternative methods were considered, but IDOH determined this program to be the most efficient process.

VI. Complaints and Comments

IDOH has not received any complaints or comments from the public, including small businesses concerning the rule or the implementation of the rule.

VII. Difficulties Encountered

IDOH has not encountered any difficulties by the agency in administering the rule and is unaware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

There have been no significant changes in technology, economic conditions, or other factors in the area affected by the rule since the rule was adopted.

IX. Other State or Federal Requirements

Illinois, Kentucky, Michigan, and Ohio have Certificate of Need Programs, but most of these programs are broader than Indiana's Program. Other state programs restrict more aspects of healthcare than comprehensive care facility beds. These programs can charge a higher application fee than the \$5,000 fee in Indiana.

Illinois: Illinois's Facilities Planning Act is broader than Indiana's and covers dialysis centers, ambulatory surgery centers, and birthing centers. Illinois has minimum expenditures before Certificate of Need requirements are triggered: currently \$17,787,538 for hospitals; \$10,053,816 for long-term care facilities; and \$4,640,230 for all other facilities.

The minimum fee required for Certificates of Need under Title 77 part 1130.230 of Illinois's Administrative Code are set to a minimum of \$5,000 and a maximum of 0.22% of the capital expenditure if the capital expenditure is over \$2,250,000, but not to exceed \$150,000.

Kentucky: Kentucky has a Certificate of Need Program in KRS 216B.010 that applies to health facilities and the purchase of healthcare equipment. Kentucky's fees range from a minimum of \$1,000 to a maximum of \$25,000.

Michigan: Michigan's Certificate of Need Program is much more expansive than Indiana's, impacting bed changes, any changes to covered clinical services, and purchase or change of ownership of healthcare facilities. Michigan also has a sliding scale of fees: \$3,000 for projects costing up to \$500,000; \$8,000 for projects costing up to \$3,999,999; \$11,000 for projects costing up to \$9,999,999; and \$15,000 for all other projects.

Ohio: Ohio's Certificate of Need Program applies to projects adding long-term care bedspace, including new facilities or expansions. For noncapital expenditures, the application fee is \$5,000. For capital expenditure, the fee is 1.5% of the expenditure but no higher than \$20,000.

South Dakota and **Idaho** do not have Certificate of Need Programs. South Dakota has an estimated population of 935,094 and an estimate of 18.8% of the population are persons 65 years and over.⁶ Idaho has an estimated population of 2,001,619 and an estimate of 17.7% of the population are persons 65 years and over.⁷ For comparison, Indiana has an estimated population of 6,973,333 and an estimate of 17.5% of the population are persons 65 years and over.⁸ Indiana has a larger population of persons 65 years and over than either South Dakota or Idaho.

X. Previous Amendments

The majority of [410 IAC 40](#) was adopted in 2019. [410 IAC 40-3-2](#) was adopted in 2020.

XI. Integration into Indiana Code

The substantive content in the rule has not been updated since 2020. This rule, including the application fee, may be more appropriately integrated into the Indiana Code.

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

410 IAC 40 Certificate of Need Program

I. Description of Rule

a. History and Background of the Rule - Indiana enacted Certificate of Need statutes in the 1980s but repealed them in 1999. The state reinstated the program in 2019 through SEA 190, shifting the primary regulatory focus to nursing homes. [IC 16-29-7](#) establishes the Indiana Certificate of Need Program. [IC 16-29-7-19](#) requires the Indiana Department of Health (IDOH) to promulgate and implement rules related to the Certificate of Need Program.

b. Scope of the Rule - The purpose of this rule is to clarify standards in [IC 16-29-7](#), including definitions, establishing the application process, the procedure for public comment, review of applications, and fees required for the review of the application.

c. Statement of Need - This rule is needed to implement [IC 16-29-7](#) for the management of comprehensive care beds in Indiana. Without this rule, there would be no methodology to collect application fees or score certificate of need applications. The Certificate of Need Program is necessary to control healthcare costs, evaluate community needs, and efficiently allocate healthcare resources.

d. Statutory Authority for the Proposed Rule - [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana. [IC 16-29-7-13](#) requires IDOH to adopt rules to implement a system for the submission of public comments, [IC 16-29-7-14](#) requires IDOH to establish and implement a certificate of need application point system for comparative review of applications, and [IC 16-29-7-19](#) requires IDOH to adopt rules establishing a reasonable fee for filing an application.

e. Fees, Fines, and Civil Penalties - There is an application fee of \$5,000 imposed by [410 IAC 40-5-1](#). The application fee meets the requirements of [IC 4-22-2-19.6](#) because it is in a specific amount. The fee is necessary to grant a Certificate of Need. In order to review a Certificate of Need application, IDOH would have to assess the existing occupancy rate for the intended county, complete a population study, and review the financial stability of the applicant. The \$5,000 fee was determined to be a reasonable fee for the services required to complete an application review.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule- January 1, 2027

b. Estimated Fiscal Impact on State and Local Government -The rule does not impact expenditures of state agencies or local governments because the fee imposed under this rule compensates IDOH for the work necessary to grant a Certificate of Need application. There would be no reason for a state or local government agency to submit a Certificate of Need application.

c. Sources of Expenditures or Revenues Affected by the Rule - There are no expenditures or revenues affected by this rule. The \$5,000 fee collected pays for IDOH's work evaluating a Certificate of Need application, so there is no expenditure or revenue affected by the rule.

III. Impacted Parties

The parties impacted by the rule include currently existing long-term care facilities that own comprehensive care beds in Indiana, of which there are approximately 700-800, as well as all prospective long term care facilities that wish to do business in Indiana. Additional impacted parties include all residents of existing long-term care facilities, as well as prospective residents seeking a bed in a facility. While the exact number is unknown, Indiana has roughly 49,000 beds with an occupancy rate of approximately 65%.

IV. Changes in Proposed Rule

There are no proposed changes.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule - The primary benefits of the Certificate of Need Program rules are for the orderly and predictable review of applications for entities considering adding beds to their facility. The clarity of the application process saves time and employee costs for both those submitting applications and IDOH reviewing applications received. By reducing ambiguity in application requirements and how the needs review is completed, the costs of complying with the rule are decreased for all parties.

Another primary benefit of the rule is the availability of beds for Hoosiers requiring care in a facility. The Certificate of Need Program controls healthcare costs by maintaining an appropriate number of beds and availability in each county. By ensuring that the market is balanced and supply does not vastly outweigh demand, residents living in long-term care settings are less likely to be disrupted or forced to find another facility by a failing long-term care business.

b. Estimate of Secondary or Indirect Benefits of the Rule - An indirect benefit of the Certificate of Need Program is the protection and stabilization of revenue streams for existing healthcare facilities. By limiting market saturation and duplicate services, facilities gain predictable operating margins.

c. Estimate of Any Cost Savings to Regulated Industries - There are no known cost savings to regulated industry provided by the rule.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities -The only cost to regulated industries is the \$5,000 Certificate of Need application fee. All other compliance costs are required to comply with [IC 16-29-7](#).

b. Estimate of Administrative Expenses Imposed by the Rules -There are no administrative costs associated with this rule because [410 IAC 40](#) implements the requirements of [IC 16-29-7](#).

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) - The rule includes a fee for the cost of the Certificate of Need application. The fee is intended for use in the administration of the Certificate of Need Program. The fee meets the requirements of [IC 4-22-2-19.6\(b\)](#) because it is in a specific dollar amount and is reasonably based on the amount necessary to carry out the purpose for which the fee is imposed.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) -The implementation cost is not expected to exceed \$5,000 per entity seeking a Certificate of Need. IDOH cannot state categorically how many entities will request a Certificate of Need in the next two years. However, the application fees collected, and implementation costs can reasonably be expected to be under \$500,000 because over ten percent of the long-term care facilities in the state would need to apply for Certificates of Need to meet the statutory threshold. It is extremely unlikely that even one percent of facilities will apply for a Certificate of Need given the amount of capital needed to construct the additions or perform the modifications subject to this rule.

VII. Sources of Information

a. Independent Verifications or Studies - IDOH did not rely on independent verifications or studies as part of this analysis. However, a study by Hughes et al referenced below on nursing home closures identifies a public health benefit to this rule.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits - Information for this analysis was obtained from IDOH databases regarding comprehensive care bed utilization.

VIII. Regulatory Analysis

The costs associated with this rule relate primarily to the \$5,000 application fee for the processing and review of Certificate of Need applications. The benefits of the rule include such intangibles as the prevention of disruption to residents in facilities that cannot remain viable in a marketplace where supply far exceeds demand. While the benefit to long term care residents gained from stable housing and healthcare is not easily quantifiable, a 2023 journal article reviewing closure rates and outcomes for nursing homes (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10986232/>) noted residents in facilities that close experience trauma and stress from the disruption in their living situation and may have a delay in finding suitable replacement care. This disruption is likely to negatively impact health outcomes, thus driving up the cost of healthcare for those affected residents. The benefits of the rule outweigh the cost of the application fee.

IX. Contact Information of Staff to Answer Substantive Questions

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Readoption Review

LSA Document #25-758

[410 IAC 41](#) Abortion Complications Reporting

I. Statement Whether the Subject Matter Covered by the Rule Remains Carried out by the Agency

The Indiana Department of Health (IDOH) continues to obtain abortion complication reporting data. There have been no changes in authority or policy affecting this rule. [IC 16-34-2-4.7](#) was amended in 2019 and 2022. [IC 16-](#)

[34-2-5](#) has been amended multiple times since 1993.

II. Rationale for the Continued Need for the Rule

There is a need for this rule to ensure IDOH receives accurate and timely abortion complication reports under [IC 16-34-2-4.7](#) and [IC 16-34-2-5](#). IDOH is obligated under [IC 16-34-2-4.7](#)(c) to develop a process for submission of reports and the rule details who is required to make a report, how the report should be submitted, and the content required in the report. This rule minimizes the expenses to regulated entities because it clarifies the minimum requirements for parties to comply with [IC 16-34-2](#) but does not mandate a specific method of submission for reports or a specific level of security necessary to submit reports. By clarifying requirements without adding unnecessary barriers, this rule minimizes expenses. This rule is written for ease of comprehension and practical enforcement, and IDOH has not received complaints showing potential confusion.

III. Analysis of fees, fines, and civil penalties under [IC 4-22-2-19.6](#)

There are no fees, fines, or civil penalties.

IV. Cost-Benefit, Economic Impact, Fiscal Impact, or Regulatory Burden Statements

This rule was adopted in 2022 and there was a prior Economic Impact Statement linked below. A new Regulatory Analysis is attached. [20220518-IR-410220074EIA](#)

V. Alternative Methods of Achieving the Purpose of the Rule

There are no known alternatives to achieve the purpose of this rule. [IC 16-34-2-4.7](#) required IDOH to establish a process for abortion complication reporting.

VI. Complaints and Comments

IDOH has not received any complaints or comments from the public, including small businesses concerning the rule or the implementation of the rule.

VII. Difficulties Encountered

IDOH has not encountered any difficulties by the agency in administering the rule and is unaware of any difficulties encountered by small businesses or other regulated parties in complying with the rule.

VIII. Changes in Technology, Economic Conditions, or Other Factors

There have been no significant changes in technology, economic conditions, or other factors in the area affected by the rule since the rule was adopted.

IX. Other State or Federal Requirements

All OMB identified states, except Michigan, require reporting of abortion complications.

Illinois: 77 Ill. Adm. Code 505.40 requires medical facilities and physicians submit Induced Termination of Pregnancy Reports and Reports of Subsequent Complications.

Ohio: Ohio Revised Code section 3701.79 requires individual abortion reports.

South Dakota: South Dakota Code 34-23A-34 requires abortion complication reports.

Idaho: Idaho Code 39-9504 requires hospitals, healthcare facilities, and attending medical practitioners to file a report on the abortion complication that occurred and whether the mother has a follow-up appointment scheduled.

Kentucky: Kentucky Code section 311.7741 requires attending physicians, hospital staff or facility staff to file the report of abortion complications, but the code specifically states that no identifying information may be included in the report.

Michigan: Michigan previously had an abortion complication reporting law, Act 208 of 1999, MCL 333.2837, but the law was repealed in 2024.

X. Previous Amendments

The rule was promulgated in 2022. There have been no amendments.

XI. Integration into Indiana Code

The substantive content in the rule has not been updated since promulgation. The substance of this rule can be incorporated into Indiana Code since the rule clarifies the reporting requirements in [IC 16-34-2](#).

XII. Contact Information of Staff to Answer Substantive Questions

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Regulatory Analysis

LSA Document #25-758

[410 IAC 41](#) Abortion Complications Reporting

I. Description of Rule

a. History and Background of the Rule- The Abortion Complications Reporting rule clarifies the process for abortion complications reporting requirements found in [IC 16-34-2-4.7](#).

b. Scope of the Rule- The rule requires licensed physicians or facilities to report each case in which a patient is treated for an abortion complication to IDOH. The rule states that the report must be submitted to IDOH within thirty (30) days of the onset of treatment for the reported complication. The rule also requires that the report be submitted on the form prescribed by IDOH and must include the information required by [IC 16-34-2-4.7](#).

c. Statement of Need- There is a need for this rule because this rule clarifies [IC 16-34-2-4.7](#) and creates the submission process for reports. [IC 16-34-2-4.7](#) states what needs to be reported, but the rule clarifies how the information must be reported.

d. Statutory Authority for the Proposed Rule- [IC 16-19-3-4](#) gives IDOH the authority to generally protect or to improve the public health in Indiana. [IC 16-34-2-4.7\(j\)](#) requires IDOH to adopt rules to implement abortion complication reporting.

e. Fees, Fines, and Civil Penalties- There are no fees, fines, or civil penalties.

II. Fiscal Impact Analysis

a. Anticipated Effective Date of the Rule - January 1, 2027

b. Estimated Fiscal Impact on State and Local Government - This rule does not have any fiscal impact on state and local government. The rule only clarifies reporting requirements for certain health care providers established in [IC 16-34-2-4.7](#) to ensure consistency in reporting. Local government is not involved in the reporting process, and the state is required to obtain reports under [IC 16-34-2](#).

c. Sources of Expenditures or Revenues Affected by the Rule - IDOH does not expect expenditures or revenues to be affected because this rule clarifies reporting requirements for providers that already exist in state law.

III. Impacted Parties

This rule applies to all the statutorily required reporters, such as physicians, hospital facilities, or ambulatory outpatient surgical centers. There are an estimated ten (10) hospitals that may qualify as small businesses. There may be many physician offices that are small businesses, but they are indeterminable for IDOH.

IV. Changes in Proposed Rule

There are no changes to the rules.

V. Benefit Analysis

a. Estimate of Primary and Direct Benefits of the Rule - The primary benefit of this rule is to provide IDOH with epidemiological data regarding the frequency, type, and treatment of complications arising from abortions. Accurate complication reporting information can allow IDOH to monitor trends in abortion complication rates and identify potential safety concerns requiring regulatory or clinical intervention. Data from this rule is also used for vital records purposes and is provided to the CDC for its Vital Statistics Report.

b. Estimate of Secondary or Indirect Benefits of the Rule - There are no known indirect benefits of this rule.

c. Estimate of Any Cost Savings to Regulated Industries - There are no known cost savings to regulated industries from this rule.

VI. Cost Analysis

a. Estimate of Compliance Costs for Regulated Entities - There are no costs to the regulated entities due to the implementation of this rule because it is only a clarification of statutorily required reporting. The benefit is additional clarity for the regulated entities required to report abortion complications. This rule will also provide more consistent reporting of complications, making IDOH data collection more reliable.

b. Estimate of Administrative Expenses Imposed by the Rules - There are no administrative expenses imposed by this rule because the reporting requirement in [410 IAC 41-2-2](#) clarifies the statutorily mandated reporting requirements found in [IC 16-34-2-4.7](#).

c. The fees, fines, and civil penalties analysis required by [IC 4-22-2-19.6](#) - The rule does not add or increase any fees, fines, or civil penalties.

d. If the implementation costs of the proposed rule are expected to exceed the threshold set in [IC 4-22-2-22.7\(c\)\(6\)](#) - The implementation cost is not expected to exceed \$500,000 in any two-year period because the rule implements reporting requirements are set forth in Indiana Code.

VII. Sources of Information

a. Independent Verifications or Studies - IDOH did not rely on any studies to calculate the costs and benefits of this rule.

b. Sources Relied Upon in Determining and Calculating Costs and Benefits -IDOH did not use any outside sources to calculate the costs and benefits of this rule. IDOH relied on its databases of information and experience in administering the rule.

VIII. Regulatory Analysis

There are no costs imposed by this rule because this rule implements reporting requirements from [IC 16-34-2-4.7](#) and [IC 16-34-2-5](#).

IX. Contact Information of Staff to Answer Substantive Questions

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1. ^ <https://idahonews.com/news/local/think-before-you-ink-idahos-tattoo-industry-not-regulated>
 2. ^ [Projections show significant growth for Indiana's elderly population \(Nov-Dec 2024\)](#).
 3. ^ [Idaho Population 2026](#)
 4. ^ [South Dakota Population 2026](#)
 5. ^ <https://www.longtermcarelink.net/article-2016-2-16-What-Should-I-Expect-to-Pay-for-Funeral-and-Burial-Expenses.htm>
 6. ^ <https://www.census.gov/quickfacts/fact/table/SD/PST045224>
 7. ^ <https://www.census.gov/quickfacts/fact/table/ID/PST045224>
 8. ^ <https://www.census.gov/quickfacts/fact/table/IN/PST045224>

Notice of Public Comment Period for Rule Readoption: [20260909-IR-410250758RNA](#)

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