

PROPOSED AMENDMENT

HB 1462 # 1

DIGEST

Substance abuse plans. Amends the requirements for a physician to provide office based opioid treatment. Removes the requirement that an emergency room's continuing education and training program must be implemented after December 31, 2023. Requires managed care organizations to consider services provided to an individual under a substance use disorder treatment plan that is provided to the department of health (department) as medically necessary in both an inpatient facility of a hospital and an emergency department. Removes the department's authority to adopt rules to implement the substance use disorder treatment plan requirements.

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- 1 Page 1, between the enacting clause and line 1, begin a new
2 paragraph and insert:
3 "SECTION 1. IC 12-23-20-2, AS AMENDED BY P.L.32-2021,
4 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2023]: Sec. 2. (a) This section does not apply to a health care
6 provider providing services in any of the following:
7 (1) An adult or juvenile correctional facility operated by the state
8 or a local unit.
9 (2) A hospital licensed under IC 16-21-2.
10 (3) A facility that is certified by the division.
11 (4) An opioid treatment program that has been certified or
12 licensed by the division under IC 12-23-18.
13 (5) A state institution.
14 (6) A health facility licensed under IC 16-28.
15 (7) The Indiana Veterans' Home.
16 (b) A physician who is providing office based opioid treatment or
17 who is acting in a supervisory capacity to other health care providers
18 that are providing office based opioid treatment must:
19 (1) have ~~both~~:
20 (A) ~~a waiver from the federal Substance Abuse and Mental~~
21 Health Services Administration (SAMHSA) and meet the
22 qualifying standards required to treat opioid addicted patients
23 in an office based setting; and

- 1 ~~(B)~~ a valid federal Drug Enforcement Administration
 2 registration number and identification number; ~~that~~
 3 ~~specifically authorizes treatment in an office based setting;~~ and
 4 (2) abide by all:
 5 (A) federal; and
 6 (B) state;
 7 laws and regulations concerning the prescribing of medications.
 8 (c) A health care provider that prescribes for a patient in an office
 9 based opioid treatment setting shall do and document the following:
 10 (1) Determine the patient's age.
 11 (2) Perform an initial assessment and a physical examination as
 12 appropriate for the patient's condition and the health care
 13 provider's scope of practice and obtain a medical history of the
 14 patient before treatment begins.
 15 (3) Obtain substance use history and any substance use disorder
 16 diagnosis of the patient.
 17 (4) Perform a mental health assessment.
 18 (5) Obtain informed consent for treatment and establish a
 19 treatment agreement with the patient that meets the requirements
 20 set forth in subsection (d).
 21 (6) If determined appropriate, prescribe office based opioid
 22 treatment for the patient and require office visits of the patient in
 23 person throughout treatment.
 24 (7) Evaluate the patient's progress and compliance with the
 25 treatment agreement and document the patient's progress with the
 26 treatment plan.
 27 (8) Perform toxicology screening for the following in accordance
 28 with rules adopted under IC 25-22.5-2-7(a)(14) in order to assess
 29 medication adherence and to screen for other substances:
 30 (A) Stimulants.
 31 (B) Alcohol.
 32 (C) Opioids, including:
 33 (i) oxycodone;
 34 (ii) methadone; and
 35 (iii) buprenorphine.
 36 (D) Tetrahydrocannabinol.
 37 (E) Benzodiazepines.
 38 (F) Cocaine.
 39 (9) Review INSPECT (as defined in IC 25-26-24-7) concerning
 40 controlled substance information for the patient before induction

- 1 and at least four (4) times per year during treatment.
- 2 (10) If the patient is a female and has child bearing potential:
- 3 (A) perform a pregnancy test at the onset of treatment;
- 4 (B) counsel the patient about the risks of treatment to a fetus,
- 5 including fetal opioid dependency and neonatal abstinence
- 6 syndrome; and
- 7 (C) provide for or refer the patient to prenatal care, if the
- 8 pregnancy test performed under clause (A) is positive.
- 9 (11) Prescribe an overdose intervention drug and education on
- 10 how to fill the prescription when buprenorphine is initiated on the
- 11 patient.
- 12 (12) Provide for an ongoing component of psychosocial
- 13 supportive therapy, with direction from the health care provider
- 14 on the amount of the therapy.
- 15 (d) The treatment agreement required in subsection (c)(5) must
- 16 include at least the following:
- 17 (1) The goals of the treatment.
- 18 (2) The patient's consent to drug monitoring testing.
- 19 (3) The prescriber's prescribing policies that include at least the
- 20 following:
- 21 (A) A requirement that the patient take the medication as
- 22 prescribed.
- 23 (B) A prohibition on sharing or selling the medication.
- 24 (C) A requirement that the patient inform the prescriber about
- 25 any:
- 26 (i) other controlled substances or other medication
- 27 prescribed or taken by the patient; and
- 28 (ii) alcohol consumed by the patient.
- 29 (4) The patient's consent to allow the prescriber to conduct
- 30 random pill counts for prescriptions.
- 31 (5) Reasons that the office based opioid treatment of the patient
- 32 may be changed or discontinued by the prescriber.
- 33 The provider shall maintain a copy of the informed consent for
- 34 treatment in the patient's medical record.
- 35 (e) During the examinations required by subsection (c)(6), the
- 36 prescriber shall do the following:
- 37 (1) Evaluate and document patient progress and compliance with
- 38 the patient's treatment plan.
- 39 (2) Document in the patient's medical record whether the patient
- 40 is meeting treatment goals.

1 (3) Discuss with the patient the benefits and risks, if relevant, of
2 ongoing buprenorphine treatment.

3 (f) If a toxicology screening described in subsection (c)(8) shows an
4 absence of a prescribed drug, the provider must discuss and implement
5 a plan with the patient to optimize medication adherence and schedule
6 an earlier follow up appointment with the patient. The provider shall
7 document the discussion in the patient's medical record.

8 (g) If a toxicology screening described in subsection (c)(8) shows
9 a presence of an illegal or nonprescribed drug, the provider shall assess
10 the risk of the patient to be successfully treated and document the
11 results in the patient's medical record.

12 (h) The provider may perform a subsequent confirmation toxicology
13 screening of the patient if the provider considers it medically necessary
14 or to clarify an inconsistent or unexpected toxicology screening
15 result."

16 Page 1, delete lines 16 through 17.

17 Page 2, delete lines 1 through 21, begin a new line block indented
18 and insert:

19 **"(1) An incorporation of the screening, brief intervention, and**
20 **referral to treatment screening tool.**

21 **(2) An analysis of the emergency department's ability to and**
22 **a plan to:**

23 **(A) begin initiation of medication before discharge; and**

24 **(B) coordinate outpatient medication referrals upon**
25 **discharge.**

26 **(3) A procedure to initiate or connect substance use patients**
27 **to medication assisted treatment for addiction disorders,**
28 **including:**

29 **(A) treatment for opioid use disorder and alcohol use**
30 **disorder; and**

31 **(B) providing immediate access to:**

32 **(i) naloxone;**

33 **(ii) an opioid antagonist that can reverse opioid**
34 **overdoses; and**

35 **(iii) all federal Food and Drug Administration approved**
36 **medications for the treatment of opioid use disorder and**
37 **alcohol use disorder.**

38 **(4) A detailed protocol to connect patients with substance use**
39 **disorders to treatment, prevention, recovery, peer support**
40 **services, and harm reduction services upon discharge from**

- 1 **the emergency department.**
- 2 **(5) The emergency department's plan to implement a**
- 3 **continuing education and training program to emergency**
- 4 **department personnel on:**
- 5 **(A) substance use disorder; and**
- 6 **(B) best practices for emergency medical care delivery for**
- 7 **patients who are most at risk of dying after emergency**
- 8 **room discharge.".**
- 9 Page 2, line 28, delete "necessary." and insert "**necessary in both**
- 10 **an inpatient facility of a hospital and an emergency department.".**
- 11 Page 2, delete lines 29 through 37.
- 12 Renumber all SECTIONS consecutively.
(Reference is to HB 1462 as introduced.)