



# COMMITTEE REPORT

**MADAM PRESIDENT:**

**The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1462, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:**

- 1           Page 4, line 15, delete "IC 16-21-2-18" and insert "IC 16-21-2-19".
- 2           Page 4, line 17, delete "18." and insert "19."
- 3           Page 4, line 29, after "include" insert "**an overall analysis and**
- 4 **evaluation of the emergency department's ability to implement"**.
- 5           Page 4, delete lines 30 through 42, begin a new line block indented
- 6 and insert:
- 7           **"(1) Screening, providing a brief intervention, and referring**
- 8           **to a treatment screening tool.**
- 9           **(2) Initiating medication when deemed necessary before**
- 10 **discharge and coordinating outpatient medication referrals**
- 11 **upon discharge.**
- 12           **(3) Initiating or connecting substance use patients to**
- 13 **medication assisted treatment for addiction disorders when**
- 14 **deemed necessary, including:**
- 15           **(A) treatment for opioid use disorder and alcohol use**
- 16 **disorder; and**
- 17           **(B) providing immediate access to:**
- 18           **(i) naloxone;**
- 19           **(ii) an opioid antagonist that can reverse opioid**

- 1 overdoses; and
- 2 (iii) all federal Food and Drug Administration approved
- 3 medications for the treatment of opioid use disorder and
- 4 alcohol use disorder.
- 5 (4) Connecting patients with substance use disorders to
- 6 treatment, prevention, recovery, peer support services, and
- 7 harm reduction services upon discharge from the emergency
- 8 department.
- 9 (5) Connecting patients who have both a substance use
- 10 disorder and a mental illness (as defined in IC 12-7-2-130)
- 11 with counseling and medication, if deemed appropriate,
- 12 including any federal Food and Drug Administration
- 13 approved medications for the treatment of a mental illness.
- 14 (6) Referring pregnant patients with substance use disorders
- 15 to the Indiana Pregnancy Promise Program or the 9-8-8
- 16 suicide and crisis lifeline.
- 17 (7) Implementing a continuing education and training
- 18 program to emergency department personnel on:
- 19 (A) substance use disorder; and
- 20 (B) best practices for emergency medical care delivery for
- 21 patients who are most at risk of dying after emergency
- 22 room discharge.".

23 Page 5, delete lines 1 through 20.

24 Page 5, line 21, after "(d)" insert "A substance use disorder

25 treatment plan under this section may not be considered to be the

26 standard of care for a physician or other practitioner in the

27 treatment of a patient.

28 (e)".

29 Page 5, line 24, delete "(e)" and insert "(f)".

30 Page 5, line 27, after "a" insert "mental illness and a

31 person-centered care plan, and a".

32 Page 5, line 28, after "necessary" insert "and reimbursable".

33 Page 5, line 29, delete "department." and insert "department,

34 including services to preserve the health and safety of the

35 individual and protect other people and property.".

36 Page 5, between lines 29 and 30, begin a new paragraph and insert:

- 1        **"(g) This section expires January 1, 2028."**
- 2        Page 7, line 3, after "under the" strike "state" and insert "**Indiana**".
- 3        Page 8, line 16, strike "subsection" and insert "**subsections**".  
(Reference is to HB 1462 as reprinted February 23, 2023.)

**and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.**

Committee Vote: Yeas 10, Nays 0.

**Charbonneau**

**Chairperson**