Updated February 1, 2023 (1:35pm)

HOUSE BILL No. 1462

AM146201 has been incorporated into introduced printing.

Synopsis: Emergency department substance use plans.

Merged

2023 IN 1462—LS 7300/DI 77

Introduced

First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type.~~

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~*this style type*~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE BILL No. 1462

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 12-23-20-2, AS AMENDED BY P.L.32-2021, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) This section does not apply to a health care provider providing services in any of the following:

(1) An adult or juvenile correctional facility operated by the state or a local unit.

(2) A hospital licensed under IC 16-21-2.

(3) A facility that is certified by the division.

(4) An opioid treatment program that has been certified or licensed by the division under IC 12-23-18.

(5) A state institution.

(6) A health facility licensed under IC 16-28.

(7) The Indiana Veterans' Home.

(b) A physician who is providing office based opioid treatment or who is acting in a supervisory capacity to other health care providers that are providing office based opioid treatment must:

(1) have ~~both:~~

~~(A) a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and meet the qualifying standards required to treat opioid addicted patients in an office based setting; and~~

~~(B)~~ a valid federal Drug Enforcement Administration registration number and identification number; ~~that specifically authorizes treatment in an office based setting;~~ and

(2) abide by all:

(A) federal; and

(B) state;

laws and regulations concerning the prescribing of medications.

(c) A health care provider that prescribes for a patient in an office based opioid treatment setting shall do and document the following:

(1) Determine the patient's age.

(2) Perform an initial assessment and a physical examination as appropriate for the patient's condition and the health care provider's scope of practice and obtain a medical history of the patient before treatment begins.

(3) Obtain substance use history and any substance use disorder diagnosis of the patient.

(4) Perform a mental health assessment.

(5) Obtain informed consent for treatment and establish a treatment agreement with the patient that meets the requirements set forth in subsection (d).

(6) If determined appropriate, prescribe office based opioid treatment for the patient and require office visits of the patient in person throughout treatment.

(7) Evaluate the patient's progress and compliance with the treatment agreement and document the patient's progress with the treatment plan.

(8) Perform toxicology screening for the following in accordance with rules adopted under IC 25-22.5-2-7(a)(14) in order to assess medication adherence and to screen for other substances:

(A) Stimulants.

(B) Alcohol.

(C) Opioids, including:

(i) oxycodone;

(ii) methadone; and

(iii) buprenorphine.

(D) Tetrahydrocannabinol.

(E) Benzodiazepines.

(F) Cocaine.

(9) Review INSPECT (as defined in IC 25-26-24-7) concerning controlled substance information for the patient before induction and at least four (4) times per year during treatment.

(10) If the patient is a female and has child bearing potential:

(A) perform a pregnancy test at the onset of treatment;

(B) counsel the patient about the risks of treatment to a fetus, including fetal opioid dependency and neonatal abstinence syndrome; and

(C) provide for or refer the patient to prenatal care, if the pregnancy test performed under clause (A) is positive.

(11) Prescribe an overdose intervention drug and education on how to fill the prescription when buprenorphine is initiated on the patient.

(12) Provide for an ongoing component of psychosocial supportive therapy, with direction from the health care provider on the amount of the therapy.

(d) The treatment agreement required in subsection (c)(5) must include at least the following:

(1) The goals of the treatment.

(2) The patient's consent to drug monitoring testing.

(3) The prescriber's prescribing policies that include at least the following:

(A) A requirement that the patient take the medication as prescribed.

(B) A prohibition on sharing or selling the medication.

(C) A requirement that the patient inform the prescriber about any:

(i) other controlled substances or other medication prescribed or taken by the patient; and

(ii) alcohol consumed by the patient.

(4) The patient's consent to allow the prescriber to conduct random pill counts for prescriptions.

(5) Reasons that the office based opioid treatment of the patient may be changed or discontinued by the prescriber.

The provider shall maintain a copy of the informed consent for treatment in the patient's medical record.

(e) During the examinations required by subsection (c)(6), the prescriber shall do the following:

(1) Evaluate and document patient progress and compliance with the patient's treatment plan.

(2) Document in the patient's medical record whether the patient is meeting treatment goals.

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

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

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

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

SECTION 2. IC 16-21-2-18 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 18. (a) This section applies to an emergency department that is owned or operated by hospital licensed under IC 16-21.**

(b) As used in this section, "substance use disorder" includes:

(1) opioid use disorder;

(2) alcohol use disorder; and

(3) any other substance use disorder determined by the state department.

(c) Before December 31 of each year, an emergency department must submit a substance use disorder treatment plan with the state department for the subsequent year to initiate interventions with patients who have a substance use related emergency department visit. The plan must include the following:

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

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

(A) begin initiation of medication before discharge; and

(B) coordinate outpatient medication referrals upon discharge.

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

(A) treatment for opioid use disorder and alcohol use disorder; and

(B) providing immediate access to:

(i) naloxone;

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

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

(4) A detailed protocol to connect patients with substance use disorders to treatment, prevention, recovery, peer support services, and harm reduction services upon discharge from the emergency department.

(5) The emergency department's plan to implement a continuing education and training program to emergency department personnel on:

(A) substance use disorder; and

(B) best practices for emergency medical care delivery for patients who are most at risk of dying after emergency room discharge.

(d) The services provided to a patient under a substance use disorder treatment plan provided to the state department under this section are considered to be medically necessary.

(e) The office of the secretary of family and social services shall require managed care organizations to consider services provided to an individual under a substance use disorder treatment plan that is provided to the state department as medically necessary in both an inpatient facility of a hospital and an emergency department.