Updated February 1, 2023 (1:35pm)

# HOUSE BILL No. 1462

AM146201 has been incorporated into introduced printing.

Synopsis: Emergency department substance use plans.





# 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:

1	SECTION 1. IC 12-23-20-2, AS AMENDED BY P.L.32-2021,
2	SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2023]: Sec. 2. (a) This section does not apply to a health care
4	provider providing services in any of the following:
5	(1) An adult or juvenile correctional facility operated by the state
6	or a local unit.
7	(2) A hospital licensed under IC 16-21-2.
8	(3) A facility that is certified by the division.
9	(4) An opioid treatment program that has been certified or
10	licensed by the division under IC 12-23-18.
11	(5) A state institution.
12	(6) A health facility licensed under IC 16-28.
13	(7) The Indiana Veterans' Home.
14	(b) A physician who is providing office based opioid treatment or
15	who is acting in a supervisory capacity to other health care providers
16	that are providing office based opioid treatment must:



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1	(1) have t	<del>ooth:</del>
2		waiver from the federal Substance Abuse and Mental
3		th Services Administration (SAMHSA) and meet the
4		fying standards required to treat opioid addicted
5	-	nts in an office based setting; and
6	•	a valid federal Drug Enforcement Administration
7		tration number and identification number; that
8	-	fically authorizes treatment in an office based setting;
9	and	5
10	(2) abide	by all:
11		ederal; and
12	(B) s	
13	laws and i	egulations concerning the prescribing of medications.
14		care provider that prescribes for a patient in an office
15		atment setting shall do and document the following:
16	-	nine the patient's age.
17	(2) Perfor	m an initial assessment and a physical examination as
18	appropria	te for the patient's condition and the health care
19	provider's	scope of practice and obtain a medical history of the
20	patient be	fore treatment begins.
21	(3) Obtain	n substance use history and any substance use disorder
22	diagnosis	of the patient.
23	(4) Perfor	m a mental health assessment.
24	(5) Obtai	n informed consent for treatment and establish a
25	treatment	agreement with the patient that meets the requirements
26	set forth i	n subsection (d).
27	(6) If det	ermined appropriate, prescribe office based opioid
28	treatment	for the patient and require office visits of the patient in
29	•	oughout treatment.
30		ate the patient's progress and compliance with the
31		agreement and document the patient's progress with
32	the treatm	-
33		m toxicology screening for the following in accordance
34		adopted under IC 25-22.5-2-7(a)(14) in order to assess
35		n adherence and to screen for other substances:
36		timulants.
37		Alcohol.
38		Dpioids, including:
39		(i) oxycodone;
40		(ii) methadone; and
41		(iii) buprenorphine.
42	(D) 7	Fetrahydrocannabinol.
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1(E) Benzodiazepines.2(F) Cocaine.3(9) Review INSPECT (as defined in IC 25-26-24-7) concerning4controlled substance information for the patient before induction5and at least four (4) times per year during treatment.6(10) If the patient is a female and has child bearing potential:7(A) perform a pregnancy test at the onset of treatment;8(B) counsel the patient about the risks of treatment to a9fetus, including fetal opioid dependency and neonatal10abstinence syndrome; and11(C) provide for or refer the patient to prenatal care, if the12pregnancy test performed under clause (A) is positive.13(11) Prescribe an overdose intervention drug and education on14how to fill the prescription when buprenorphine is initiated on15the patient.16(12) Provide for an ongoing component of psychosocial17supportive therapy, with direction from the health care provider18on the amount of the therapy.19(d) The treatment agreement required in subsection (c)(5) must20include at least the following:21(1) The goals of the treatment.22(2) The patient's consent to drug monitoring testing.23(3) The prescriber's prescribing policies that include at least the
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23 (3) The prescriber's prescribing policies that include at least the
24 following:
25 (A) A requirement that the patient take the medication as
26 prescribed.
27 (B) A prohibition on sharing or selling the medication.
28 (C) A requirement that the patient inform the prescriber
29 about any:
30 (i) other controlled substances or other medication
31 prescribed or taken by the patient; and (ii) clockel common hut the patient
32 (ii) alcohol consumed by the patient.
33 (4) The patient's consent to allow the prescriber to conduct
<ul> <li>random pill counts for prescriptions.</li> <li>(5) Prescriptions descriptions of the patient</li> </ul>
35 (5) Reasons that the office based opioid treatment of the patient
36 may be changed or discontinued by the prescriber.
<ul><li>The provider shall maintain a copy of the informed consent for</li><li>treatment in the patient's medical record.</li></ul>
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<ul> <li>39 (e) During the examinations required by subsection (c)(6), the</li> <li>40 prescriber shall do the following:</li> </ul>
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12 the patient's treatment plan.



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1	(2) Document in the patient's medical record whether the patient
2	is meeting treatment goals.
3	(3) Discuss with the patient the benefits and risks, if relevant, of
4	ongoing buprenorphine treatment.
5	(f) If a toxicology screening described in subsection (c)(8) shows
6	an absence of a prescribed drug, the provider must discuss and
7	implement a plan with the patient to optimize medication adherence
8	and schedule an earlier follow up appointment with the patient. The
9	provider shall document the discussion in the patient's medical record.
10	(g) If a toxicology screening described in subsection (c)(8) shows
11	a presence of an illegal or nonprescribed drug, the provider shall assess
12	the risk of the patient to be successfully treated and document the
13	results in the patient's medical record.
14	(h) The provider may perform a subsequent confirmation
15	toxicology screening of the patient if the provider considers it
16	medically necessary or to clarify an inconsistent or unexpected
17	toxicology screening result.
18	SECTION 2. IC 16-21-2-18 IS ADDED TO THE INDIANA
19	CODE AS A NEW SECTION TO READ AS FOLLOWS
20	[EFFECTIVE JULY 1, 2023]: Sec. 18. (a) This section applies to an
21	emergency department that is owned or operated by hospital
22	licensed under IC 16-21.
23	(b) As used in this section, "substance use disorder" includes:
24	(1) opioid use disorder;
25	(2) alcohol use disorder; and
26	(3) any other substance use disorder determined by the state
27	department.
28	(c) Before December 31 of each year, an emergency
29 30	department must submit a substance use disorder treatment plan with the state department for the subsequent year to initiate
31	interventions with patients who have a substance use related
32	emergency department visit. The plan must include the following:
33	(1) An incorporation of the screening, brief intervention, and
34	referral to treatment screening tool.
35	(2) An analysis of the emergency department's ability to and
36	a plan to:
37	(A) begin initiation of medication before discharge; and
38	(B) coordinate outpatient medication referrals upon
39	discharge.
40	(3) A procedure to initiate or connect substance use patients
41	to medication assisted treatment for addiction disorders,
42	including:
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2disorder; and3(B) providing immediate access to:4(i) naloxone;5(ii) an opioid antagonist that can reverse opioid6overdoses; and7(iii) all federal Food and Drug Administration8approved medications for the treatment of opioid9use disorder and alcohol use disorder.10(4) A detailed protocol to connect patients with substance use11disorders to treatment, prevention, recovery, peer support12services, and harm reduction services upon discharge from13the emergency department.14(5) The emergency department's plan to implement a15continuing education and training program to emergency16department personnel on:17(A) substance use disorder; and18(B) best practices for emergency medical care delivery19for patients who are most at risk of dying after20emergency room discharge.21(d) The services provided to a patient under a substance use22disorder treatment plan provided to the state department under23this section are considered to be medically necessary.24(e) The office of the secretary of family and social services25shall require managed care organizations to consider services26provided to an individual under a substance use disorder treatment27plan that is provided to the state department as medically28necessary in both an inpatient facility of a hospital and an29emergency departmen	1	(A) treatment for opioid use disorder and alcohol use
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