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HOUSE BILL No. 1462

Proposed Changes to introduced printing by AM146201

DIGEST OF PROPOSED AMENDMENT

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.

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.



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

3 (5) A state institution.

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

5 (7) The Indiana Veterans' Home.

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

9 (1) have both:

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

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

18 (2) abide by all:

19 (A) federal; and

20 (B) state;

21 laws and regulations concerning the prescribing of medications.

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

24 (1) Determine the patient's age.

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

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

31 (4) Perform a mental health assessment.

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

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

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

41 (8) Perform toxicology screening for the following in accordance
 42 with rules adopted under IC 25-22.5-2-7(a)(14) in order to assess



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1 medication adherence and to screen for other substances:

2 (A) Stimulants.

3 (B) Alcohol.

4 (C) Opioids, including:

5 (i) oxycodone;

6 (ii) methadone; and

7 (iii) buprenorphine.

8 (D) Tetrahydrocannabinol.

9 (E) Benzodiazepines.

10 (F) Cocaine.

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

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

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

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

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

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

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

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

29 (1) The goals of the treatment.

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

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

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

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

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

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

40 (ii) alcohol consumed by the patient.

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



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- 1 (5) Reasons that the office based opioid treatment of the patient
- 2 may be changed or discontinued by the prescriber.
- 3 The provider shall maintain a copy of the informed consent for
- 4 treatment in the patient's medical record.
- 5 (e) During the examinations required by subsection (c)(6), the
- 6 prescriber shall do the following:
- 7 (1) Evaluate and document patient progress and compliance with
- 8 the patient's treatment plan.
- 9 (2) Document in the patient's medical record whether the patient
- 10 is meeting treatment goals.
- 11 (3) Discuss with the patient the benefits and risks, if relevant, of
- 12 ongoing buprenorphine treatment.
- 13 (f) If a toxicology screening described in subsection (c)(8) shows
- 14 an absence of a prescribed drug, the provider must discuss and
- 15 implement a plan with the patient to optimize medication adherence
- 16 and schedule an earlier follow up appointment with the patient. The
- 17 provider shall document the discussion in the patient's medical record.
- 18 (g) If a toxicology screening described in subsection (c)(8) shows
- 19 a presence of an illegal or nonprescribed drug, the provider shall assess
- 20 the risk of the patient to be successfully treated and document the
- 21 results in the patient's medical record.
- 22 (h) The provider may perform a subsequent confirmation
- 23 toxicology screening of the patient if the provider considers it
- 24 medically necessary or to clarify an inconsistent or unexpected
- 25 toxicology screening result.
- 26 SECTION 2.] IC 16-21-2-18 IS ADDED TO THE INDIANA
- 27 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 28 [EFFECTIVE JULY 1, 2023]: Sec. 18. (a) This section applies to an
- 29 emergency department that is owned or operated by hospital
- 30 licensed under IC 16-21.
- 31 **(b) As used in this section, "substance use disorder" includes:**
- 32 **(1) opioid use disorder;**
- 33 **(2) alcohol use disorder; and**
- 34 **(3) any other substance use disorder determined by the state**
- 35 **department.**
- 36 **(c) Before December 31 of each year, an emergency**
- 37 **department must submit a substance use disorder treatment plan**
- 38 **with the state department for the subsequent year to initiate**
- 39 **interventions with patients who have a substance use related**
- 40 **emergency department visit. The plan must include the following: <**
- 41 **~~(1) A detailed protocol to connect patients with substance use~~**
- 42 **~~disorders to treatment, prevention, recovery, peer support~~**

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- 1 ~~services, and harm reduction services upon discharge from~~
 2 ~~the emergency department.~~
 3 ~~(2)~~ [
 4 (1) An incorporation of the screening, brief intervention,
 5 and referral to treatment screening tool.
 6 [(2) An analysis of the emergency department's ability to and
 7 a plan to:
 8 (A) begin initiation of medication before discharge; and
 9 (B) coordinate outpatient medication referrals upon
 10 discharge.
 11 [(3) A procedure to initiate or connect substance use patients
 12 to medication assisted treatment for addiction disorders,
 13 including:
 14 (A) treatment for opioid use disorder and alcohol use
 15 disorder; and
 16 (B) providing immediate access to:
 17 (i) naloxone;
 18 (ii) an opioid antagonist that can reverse opioid
 19 overdoses; and
 20 (iii) all federal Food and Drug Administration
 21 approved medications for the treatment of opioid
 22 use disorder and alcohol use disorder.
 23 (4) ~~<An analysis of>~~ [A detailed protocol to connect patients
 24 with substance use disorders to treatment, prevention,
 25 recovery, peer support services, and harm reduction services
 26 upon discharge from] the emergency ~~<department's ability~~
 27 ~~to and a plan to:~~
 28 ~~(A) begin initiation of medication before discharge; and~~
 29 ~~(B) coordinate outpatient medication referrals upon~~
 30 ~~discharge.~~
 31 ~~(d) The services provided to a patient under a substance use~~
 32 ~~disorder treatment plan provided to the state department under~~
 33 ~~this section are considered to be medically necessary.~~
 34 ~~(e) The office of the secretary of family and social services~~
 35 ~~shall require managed care organizations to consider services~~
 36 ~~provided to an individual under a substance use disorder treatment~~
 37 ~~plan that is provided to the state department as medically~~
 38 ~~necessary.~~
 39 ~~(f) After December 31, 2023, an~~ [department.
 40 (5) The] emergency department ~~<must>~~ [s plan to
 41 implement a continuing education and training program to
 42 emergency department personnel on:

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1 I (~~<A>~~[A]) substance use disorder; and
 2 I (~~~~[B]) best practices for emergency medical care
 3 delivery for patients who are most at risk of dying after
 4 emergency room discharge.]
 5 ~~<(g) The>~~ [(d) The services provided to a patient under a
 6 substance use disorder treatment plan provided to the] state
 7 department ~~<may adopt rules under IC 4-22-2 to implement this~~
 8 ~~chapter>~~ [under this section are considered to be medically
 9 necessary.
 10 (e) The office of the secretary of family and social services
 11 shall require managed care organizations to consider services
 12 provided to an individual under a substance use disorder treatment
 13 plan that is provided to the state department as medically
 14 necessary in both an inpatient facility of a hospital and an
 15 emergency department.]

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