HOUSE BILL No. 1462

AM146202 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.

Merged

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 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) 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.

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

(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) 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.

(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.

(f) After December 31, 2023, an emergency department must implement a continuing education and training program to emergency department personnel on:

(1) substance use disorder; and

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

(g) The state department may adopt rules under IC 4-22-2 to implement this chapter.

SECTION 2. IC 25-26-24-19, AS ADDED BY P.L.51-2019, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2023]: Sec. 19. (a) Information received by the INSPECT program under section 17 of this chapter is confidential.

(b) The board shall carry out a program to protect the confidentiality of the information described in subsection (a). The board may disclose the information to another person only under subsection (c), (d), or (g).

(c) The board may disclose confidential information described in subsection (a) to any person who is authorized to engage in receiving, processing, or storing the information.

(d) Except as provided in subsections (e) and (f), the board may release confidential information described in subsection (a) to the following persons:

(1) A member of the board or another governing body that licenses practitioners and is engaged in an investigation, an adjudication, or a prosecution of a violation under any state or federal law that involves ephedrine, pseudoephedrine, or a controlled substance.

(2) An investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general, who is engaged in:

(A) an investigation;

(B) an adjudication; or

(C) a prosecution;

of a violation under any state or federal law that involves ephedrine, pseudoephedrine, or a controlled substance.

(3) A law enforcement officer who is an employee of:

(A) a local, state, or federal law enforcement agency; or

(B) an entity that regulates ephedrine, pseudoephedrine, or controlled substances or enforces ephedrine, pseudoephedrine, or controlled substances rules or laws in another state;

that is certified to receive ephedrine, pseudoephedrine, or controlled substance prescription drug information from the INSPECT program.

(4) A practitioner or practitioner's agent certified to receive information from the INSPECT program.

(5) An ephedrine, pseudoephedrine, or controlled substance monitoring program in another state with which Indiana has established an interoperability agreement.

(6) The state toxicologist.

(7) A certified representative of the Medicaid retrospective and prospective drug utilization review program.

(8) A substance abuse assistance program for a licensed health care provider who:

(A) has prescriptive authority under this title; and

(B) is participating in the assistance program.

(9) An individual who holds a valid temporary medical permit issued under IC 25-22.5-5-4 or a noneducational commission for foreign medical graduates certified graduate permit issued under IC 25-22.5-5-4.6.

(10) A county coroner conducting a medical investigation of the cause of death.

(11) The management performance hub established by IC 4-3-26-8.

(12) The state epidemiologist under the state department of health.

(e) Information provided to a person under:

(1) subsection (d)(3) is limited to information:

(A) concerning an individual or proceeding involving the unlawful diversion or misuse of a schedule II, III, IV, or V controlled substance; and

(B) that will assist in an investigation or proceeding;

(2) subsection (d)(4) may be released only for the purpose of:

(A) providing medical or pharmaceutical treatment; or

(B) evaluating the need for providing medical or pharmaceutical treatment to a patient; and

(3) subsection (d)(11) must be released to the extent disclosure of the information is not prohibited by applicable federal law.

(f) Before the board releases confidential information under subsection (d), the applicant must be approved by the INSPECT program in a manner prescribed by the board.

(g) The board may release to:

(1) a member of the board or another governing body that licenses practitioners;

(2) an investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general; or

(3) a law enforcement officer who is:

(A) authorized by the state police department to receive ephedrine, pseudoephedrine, or controlled substance

prescription drug information; and

(B) approved by the board to receive the type of information released;

confidential information generated from computer records that identifies practitioners who are prescribing or dispensing large quantities of a controlled substance.

(h) The information described in subsection (g) may not be released until it has been reviewed by:

(1) a member of the board who is licensed in the same profession as the prescribing or dispensing practitioner identified by the data; or

(2) the board's designee;

and until that member or the designee has certified that further investigation is warranted. However, failure to comply with this subsection does not invalidate the use of any evidence that is otherwise admissible in a proceeding described in subsection (i).

(i) An investigator or a law enforcement officer receiving confidential information under subsection (c), (d), or (g) may disclose the information to a law enforcement officer or an attorney for the office of the attorney general for use as evidence in the following:

(1) A proceeding under IC 16-42-20.

(2) A proceeding under any state or federal law.

(3) A criminal proceeding or a proceeding in juvenile court.

(j) The board may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies any practitioner, ultimate user, or other person administering ephedrine, pseudoephedrine, or a controlled substance. Statistical reports compiled under this subsection are public records.

(k) Except as provided in subsection (q) **and (r),** and in addition to any requirements provided in IC 25-22.5-13, the following practitioners shall obtain information about a patient from the data base either directly or through the patient's integrated health record before prescribing an opioid or benzodiazepine to the patient:

(1) A practitioner who has had the information from the data base integrated into the patient's electronic health records.

(2) A practitioner who provides services to the patient in:

(A) the emergency department of a hospital licensed under IC 16-21; or

(B) a pain management clinic.

(3) Beginning January 1, 2020, a practitioner who provides services to the patient in a hospital licensed under IC 16-21.

(4) Beginning January 1, 2021, all practitioners.

However, a practitioner is not required to obtain information about a patient who is subject to a pain management contract from the data base more than once every ninety (90) days.

(l) A practitioner who checks the INSPECT program either directly through the data base or through the patient's integrated health record for the available data on a patient is immune from civil liability for an injury, death, or loss to a person solely due to a practitioner:

(1) seeking information from the INSPECT program; and

(2) in good faith using the information for the treatment of the patient.

The civil immunity described in this subsection does not extend to a practitioner if the practitioner receives information directly from the INSPECT program or through the patient's integrated health record and then negligently misuses this information. This subsection does not apply to an act or omission that is a result of gross negligence or intentional misconduct.

(m) The board may review the records of the INSPECT program. If the board determines that a violation of the law may have occurred, the board shall notify the appropriate law enforcement agency or the relevant government body responsible for the licensure, regulation, or discipline of practitioners authorized by law to prescribe controlled substances.

(n) A practitioner who in good faith discloses information based on a report from the INSPECT program either directly through the data base or through the patient's integrated health record to a law enforcement agency is immune from criminal or civil liability. A practitioner that discloses information to a law enforcement agency under this subsection is presumed to have acted in good faith.

(o) A practitioner's agent may act as a delegate and check INSPECT program reports on behalf of the practitioner.

(p) A patient may access a report from the INSPECT program that has been included in the patient's medical file by a practitioner.

(q) A practitioner is not required under subsection (k) to obtain information about a patient from the data base or through the patient's integrated health record before prescribing an opioid or benzodiazepine if any of the following apply:

(1) The practitioner has obtained a waiver from the board because the practitioner does not have access to the Internet at the practitioner's place of business.

(2) The patient is:

(A) recovering; or

(B) in the process of completing a prescription that was prescribed by another practitioner;

while still being treated as an inpatient or in observation status.

(3) The data base described in section 18 of this chapter is suspended or is not operational if the practitioner documents in writing or electronically the date and time in the patient's medical record that the practitioner, dispenser, or delegate attempted to use the data base.

(r) A practitioner is not required under subsection (k) to obtain information about a patient from the data base or through the patient's integrated health record before prescribing an opioid or benzodiazepine if the patient is enrolled in a hospice program (as defined in IC 16-25-1.1-4).