

SENATE BILL No. 262

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-26-24.

Synopsis: INSPECT program. Amends the definition of "dispense" for purposes of the INSPECT program. Allows the board of pharmacy to disclose prescription drug monitoring program data to a representative of the Indiana department of health and the office of the secretary of family and social services in certain circumstances.

Effective: July 1, 2026.

Crider

January 8, 2026, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 124th General Assembly (2026)

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 2025 Regular Session of the General Assembly.

SENATE BILL No. 262

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

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

- 1 SECTION 1. IC 25-26-24-3, AS ADDED BY P.L.51-2019,
2 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 3. (a) As used in this chapter, "dispense" means
4 to deliver a controlled substance to an ultimate user or research subject
5 by or pursuant to the lawful order of a practitioner and includes the
6 prescribing, administering, packaging, labeling, or compounding
7 necessary to prepare the substance for that delivery.
8 (b) The term does not ~~apply to~~ **include the provision of** the
9 following:
10 (1) A drug administered directly to a patient.
11 (2) A drug ~~dispensed~~ **delivered** by a **veterinary** practitioner, if
12 the quantity dispensed is not more than a seventy-two (72) hour
13 supply of a controlled substance listed in schedule II, III, IV, or V
14 as set forth in IC 35-48-3-9.
15 SECTION 2. IC 25-26-24-12.5 IS ADDED TO THE INDIANA
16 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
17 [EFFECTIVE JULY 1, 2026]: **Sec. 12.5. "Prescription drug**



1 **monitoring program data", for purposes of section 19 of this**
 2 **chapter, means the following:**

3 **(1) Information received under section 17 of this chapter,**
 4 **including clinical or required alerts as defined by the board.**

5 **(2) Any other information determined by the board,**
 6 **including:**

7 **(A) a report concerning controlled substance poisonings or**
 8 **overdoses; and**

9 **(B) information concerning a conviction for a violation of**
 10 **a controlled substance or prescription drug law.**

11 SECTION 3. IC 25-26-24-19, AS AMENDED BY P.L.81-2025,
 12 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2026]: Sec. 19. (a) Information received by the INSPECT
 14 program under section 17 of this chapter is confidential.

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

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

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

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

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

34 (A) an investigation;

35 (B) an adjudication; or

36 (C) a prosecution;

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

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

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

41 (B) an entity that regulates ephedrine, pseudoephedrine, or
 42 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 Indiana department of
health.

(13) A supervisor of the department of child services who is
engaged in:

(A) an investigation; or

(B) an adjudication;

of child abuse or neglect.

(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 subsections (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.



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

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

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

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

12 (2) The patient is:

13 (A) recovering; or

14 (B) in the process of completing a prescription that was
15 prescribed by another practitioner;
16 while still being treated as an inpatient or in observation status.

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

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

27 **(s) The board may disclose prescription drug monitoring**
28 **program data to a representative of the Indiana department of**
29 **health and the office of the secretary of family and social services**
30 **to do the following:**

31 **(1) Aid in an active investigation concerning a controlled**
32 **substance.**

33 **(2) Prevent overdose events.**

