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SENATE BILL No. 262

Proposed Changes to introduced printing by AM026201

DIGEST OF PROPOSED AMENDMENT

Information. Modifies the definition of "prescription drug monitoring program data" concerning the data included.

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
14 V 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**
18 **monitoring program data", for purposes of section 19 of this**
19 **chapter, means the following:**

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

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

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

(B) information concerning ~~a conviction for a violation of a controlled substance or prescription drug law~~ [participation in an opioid treatment program (as defined in IC 12-7-2-135.6)].

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

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

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

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

38 (A) a local, state, or federal law enforcement agency; or
39 (B) an entity that regulates ephedrine, pseudoephedrine, or
40 controlled substances or enforces ephedrine,
41 pseudoephedrine, or controlled substances rules or laws in
42 another state;

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

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

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

9 (6) The state toxicologist.

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

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

14 (A) has prescriptive authority under this title; and
15 (B) is participating in the assistance program.

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

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

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

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

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

28 (A) an investigation; or
29 (B) an adjudication;
30 of child abuse or neglect.

31 (e) Information provided to a person under:

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

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

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

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

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

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



4 (g) The board may release to:

5 (1) a member of the board or another governing body that
6 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

11 (3) a law enforcement officer who is:

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

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

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

25 (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).

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

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

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

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

37 (j) The board may compile statistical reports from the information
38 described in subsection (a). The reports must not include information
39 that identifies any practitioner, ultimate user, or other person
40 administering ephedrine, pseudoephedrine, or a controlled substance.

41 Statistical reports compiled under this subsection are public records.

42 (k) Except as provided in subsections (q) and (r), and in addition

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1 to any requirements provided in IC 25-22.5-13, the following
2 practitioners shall obtain information about a patient from the data base
3 either directly or through the patient's integrated health record before
4 prescribing an opioid or benzodiazepine to the patient:

5 (1) A practitioner who has had the information from the data
6 base integrated into the patient's electronic health records.
7 (2) A practitioner who provides services to the patient in:
8 (A) the emergency department of a hospital licensed under
9 IC 16-21; or
10 (B) a pain management clinic.
11 (3) Beginning January 1, 2020, a practitioner who provides
12 services to the patient in a hospital licensed under IC 16-21.
13 (4) Beginning January 1, 2021, all practitioners.

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

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

21 (1) seeking information from the INSPECT program; and
22 (2) in good faith using the information for the treatment of the
23 patient.

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

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

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

42 (o) A practitioner's agent may act as a delegate and check



1 INSPECT program reports on behalf of the practitioner.

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

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

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

11 (2) The patient is:

12 (A) recovering; or

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

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

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

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

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

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

32 (2) **Prevent overdose events.I**

