

SENATE BILL No. 141

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-23-20-2; IC 25-22.5-2-7.

Synopsis: Office based opioid treatment providers. Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient. Requires the medical licensing board of Indiana, in consultation with the state department of health and the office of the secretary of family and social services, to adopt rules or protocols concerning office based opioid treatment providers and: (1) treatment agreements; (2) periodic scheduled patient visits; (3) urine toxicology screenings; (4) HIV, hepatitis B, and hepatitis C testing; and (5) the medical record documentation required for the prescribing of buprenorphine over a specified dosage.

Effective: July 1, 2019.

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January 3, 2019, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

SENATE BILL No. 141

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

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

1 SECTION 1. IC 12-23-20-2 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2019]: **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
6 state 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
15 or who is acting in a supervisory capacity to other health care
16 providers that are providing office based opioid treatment must:
17 (1) have both:**



- 1 (A) a waiver from the federal Substance Abuse and Mental
 2 Health Services Administration (SAMHSA) and meet the
 3 qualifying standards required to treat opioid addicted
 4 patients in an office based setting; and
 5 (B) a valid federal Drug Enforcement Administration
 6 registration number and identification number that
 7 specifically authorizes treatment in an office based setting;
 8 and
 9 (2) abide by all:
 10 (A) federal; and
 11 (B) state;
 12 laws and regulations concerning the prescribing of medications.
 13 (c) A health care provider that prescribes for a patient in an
 14 office based opioid treatment setting shall do and document the
 15 following:
 16 (1) Determine the patient's age.
 17 (2) Perform an initial assessment and a physical examination
 18 as appropriate for the patient's condition and the health care
 19 provider's scope of practice and obtain a medical history of
 20 the patient before treatment begins.
 21 (3) Obtain substance use history and any substance use
 22 disorder diagnosis of the patient.
 23 (4) Perform a mental health assessment.
 24 (5) Obtain informed consent for treatment and establish a
 25 treatment agreement with the patient that meets the
 26 requirements set forth in subsection (d).
 27 (6) If determined appropriate, prescribe office based opioid
 28 treatment for the patient and require office visits of the
 29 patient in person throughout treatment.
 30 (7) Evaluate the patient's progress and compliance with the
 31 treatment agreement and document the patient's progress
 32 with the treatment plan.
 33 (8) Perform toxicology screening for the following in
 34 accordance with rules adopted under IC 25-22.5-2-7(a)(14) in
 35 order to assess medication adherence and to screen for other
 36 substances:
 37 (A) Stimulants.
 38 (B) Alcohol.
 39 (C) Opioids, including:
 40 (i) oxycodone;
 41 (ii) methadone; and
 42 (iii) buprenorphine.



- 1 (D) Tetrahydrocannabinol.
 2 (E) Benzodiazepines.
 3 (F) Cocaine.
 4 (9) Review INSPECT (as defined in IC 35-48-7-5.2)
 5 concerning controlled substance information for the patient
 6 before induction and at least four (4) times per year during
 7 treatment.
 8 (10) If the patient is a female and has child bearing potential:
 9 (A) perform a pregnancy test at the onset of treatment;
 10 and
 11 (B) counsel the patient about the risks of treatment to a
 12 fetus, including fetal opioid dependency and neonatal
 13 abstinence syndrome.
 14 (11) Prescribe an overdose intervention drug and education
 15 on how to fill the prescription when buprenorphine is initiated
 16 on the patient.
 17 (d) The treatment agreement required in subsection (c)(5) must
 18 include at least the following:
 19 (1) The goals of the treatment.
 20 (2) The patient's consent to drug monitoring testing.
 21 (3) The prescriber's prescribing policies that include at least
 22 the following:
 23 (A) A requirement that the patient take the medication as
 24 prescribed.
 25 (B) A prohibition on sharing or selling the medication.
 26 (C) A requirement that the patient inform the prescriber
 27 about any:
 28 (i) other controlled substances or other medication
 29 prescribed or taken by the patient; and
 30 (ii) alcohol consumed by the patient.
 31 (4) The patient's consent to allow the prescriber to conduct
 32 random pill counts for prescriptions.
 33 (5) Reasons that the office based opioid treatment of the
 34 patient may be changed or discontinued by the prescriber.
 35 The provider shall maintain a copy of the informed consent for
 36 treatment in the patient's medical record.
 37 (e) During the examinations required by subsection (c)(6), the
 38 prescriber shall do the following:
 39 (1) Evaluate and document patient progress and compliance
 40 with the patient's treatment plan.
 41 (2) Document in the patient's medical record whether the
 42 patient is meeting treatment goals.



- 1 **(3) Discuss with the patient the benefits and risks, if relevant,**
 2 **of ongoing buprenorphine treatment.**
- 3 **(f) If a toxicology screening described in subsection (c)(8) shows**
 4 **an absence of a prescribed drug, the provider must discuss and**
 5 **implement a plan with the patient to optimize medication**
 6 **adherence and schedule an earlier follow up appointment with the**
 7 **patient. The provider shall document the discussion in the patient's**
 8 **medical record.**
- 9 **(g) If a toxicology screening described in subsection (c)(8) shows**
 10 **a presence of an illegal or nonprescribed drug, the provider shall**
 11 **assess the risk of the patient to be successfully treated and**
 12 **document the results in the patient's medical record.**
- 13 **(h) The provider may perform a subsequent confirmation**
 14 **toxicology screening of the patient if the provider considers it**
 15 **medically necessary or to clarify an inconsistent or unexpected**
 16 **toxicology screening result.**
- 17 SECTION 2. IC 25-22.5-2-7, AS AMENDED BY P.L.78-2016,
 18 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2019]: Sec. 7. (a) The board shall do the following:
- 20 (1) Adopt rules and forms necessary to implement this article that
 21 concern, but are not limited to, the following areas:
- 22 (A) Qualification by education, residence, citizenship,
 23 training, and character for admission to an examination for
 24 licensure or by endorsement for licensure.
- 25 (B) The examination for licensure.
- 26 (C) The license or permit.
- 27 (D) Fees for examination, permit, licensure, and registration.
- 28 (E) Reinstatement of licenses and permits.
- 29 (F) Payment of costs in disciplinary proceedings conducted by
 30 the board.
- 31 (2) Administer oaths in matters relating to the discharge of the
 32 board's official duties.
- 33 (3) Enforce this article and assign to the personnel of the agency
 34 duties as may be necessary in the discharge of the board's duty.
- 35 (4) Maintain, through the agency, full and complete records of all
 36 applicants for licensure or permit and of all licenses and permits
 37 issued.
- 38 (5) Make available, upon request, the complete schedule of
 39 minimum requirements for licensure or permit.
- 40 (6) Issue, at the board's discretion, a temporary permit to an
 41 applicant for the interim from the date of application until the
 42 next regular meeting of the board.



- 1 (7) Issue an unlimited license, a limited license, or a temporary
 2 medical permit, depending upon the qualifications of the
 3 applicant, to any applicant who successfully fulfills all of the
 4 requirements of this article.
- 5 (8) Adopt rules establishing standards for the competent practice
 6 of medicine, osteopathic medicine, or any other form of practice
 7 regulated by a limited license or permit issued under this article.
- 8 (9) Adopt rules regarding the appropriate prescribing of Schedule
 9 III or Schedule IV controlled substances for the purpose of weight
 10 reduction or to control obesity.
- 11 (10) Adopt rules establishing standards for office based
 12 procedures that require moderate sedation, deep sedation, or
 13 general anesthesia.
- 14 (11) Adopt rules or protocol establishing the following:
 15 (A) An education program to be used to educate women with
 16 high breast density.
 17 (B) Standards for providing an annual screening or diagnostic
 18 test for a woman who is at least forty (40) years of age and
 19 who has been determined to have high breast density.
- 20 As used in this subdivision, "high breast density" means a
 21 condition in which there is a greater amount of breast and
 22 connective tissue in comparison to fat in the breast.
- 23 (12) Adopt rules establishing standards and protocols for the
 24 prescribing of controlled substances.
- 25 (13) Adopt rules as set forth in IC 25-23.4 concerning the
 26 certification of certified direct entry midwives.
- 27 **(14) In consultation with the state department of health and**
 28 **the office of the secretary of family and social services, adopt**
 29 **rules under IC 4-22-2 or protocols concerning the following**
 30 **for providers that are providing office based opioid**
 31 **treatment:**
 32 **(A) Requirements of a treatment agreement (as described**
 33 **in IC 12-23-20-2) concerning the proper referral and**
 34 **treatment of mental health and substance use.**
 35 **(B) Parameters around the frequency and types of visits**
 36 **required for the periodic scheduled visits required by**
 37 **IC 12-23-20-2.**
 38 **(C) Conditions on when the following should be ordered or**
 39 **performed:**
 40 **(i) A urine toxicology screening.**
 41 **(ii) HIV, hepatitis B, and hepatitis C testing.**
 42 **(D) Required documentation in a patient's medical record**



1 **when buprenorphine is prescribed over a specified dosage.**
2 (b) The board may adopt rules that establish:
3 (1) certification requirements for child death pathologists;
4 (2) an annual training program for child death pathologists under
5 IC 16-35-7-3(b)(2); and
6 (3) a process to certify a qualified child death pathologist.
7 (c) The board may adopt rules under IC 4-22-2 establishing
8 guidelines for the practice of telemedicine in Indiana. Adoption of rules
9 under this subsection may not delay the implementation and provision
10 of telemedicine services by a provider under IC 25-1-9.5.

