

# SENATE BILL No. 310

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## DIGEST OF INTRODUCED BILL

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

**Synopsis:** Outpatient 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.

**Effective:** July 1, 2019.

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## Merritt

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January 7, 2019, read first time and referred to Committee on Health and Provider Services.

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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. 310

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 12-7-2-165, AS AMENDED BY P.L.143-2011,  
2 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2019]: Sec. 165. "Residential facility", for purposes of  
4 **IC 12-23-20-2**, IC 12-28-4, and IC 12-28-5, refers to a residential  
5 facility for individuals with a developmental disability.

6 SECTION 2. IC 12-7-2-166, AS AMENDED BY P.L.99-2007,  
7 SECTION 50, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
8 JULY 1, 2019]: Sec. 166. "Residential facility for individuals with a  
9 developmental disability", for purposes of **IC 12-23-20-2**, IC 12-28-4,  
10 and IC 12-28-5, means a facility that provides residential services for  
11 individuals with a developmental disability in a program described in  
12 IC 12-11-1.1-1(e)(1) or IC 12-11-1.1-1(e)(2).

13 SECTION 3. IC 12-23-20-2 IS ADDED TO THE INDIANA CODE  
14 AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY  
15 1, 2019]: **Sec. 2. (a) This section does not apply to a health care  
16 provider providing services in any of the following:**

17 **(1) An adult or juvenile correctional facility operated by the**



- 1 state or a local unit.
- 2 (2) A hospital licensed under IC 16-21-2 that provides
- 3 inpatient services.
- 4 (3) A:
- 5 (A) residential facility; or
- 6 (B) residential facility for individuals with a developmental
- 7 disability.
- 8 (4) An opioid treatment program that meets the following:
- 9 (A) Has been certified by the federal Substance Abuse and
- 10 Mental Health Services Administration (SAMHSA).
- 11 (B) Is accredited by an independent SAMHSA-approved
- 12 accrediting body.
- 13 (5) A state institution.
- 14 (b) A physician who is acting in a supervisory capacity to other
- 15 health care providers that are providing office based opioid
- 16 treatment must have the following:
- 17 (1) A waiver from the federal Substance Abuse and Mental
- 18 Health Services Administration (SAMHSA) and meets the
- 19 qualifying standards required to treat opioid addicted
- 20 patients in an office based setting.
- 21 (2) A valid federal Drug Enforcement Administration
- 22 registration number and identification number that
- 23 specifically authorizes treatment in an office based setting.
- 24 (c) A health care provider that prescribes for a patient in an
- 25 office based opioid treatment setting shall do the following:
- 26 (1) Educate and inform the patient of the benefits and risks of
- 27 the following:
- 28 (A) Available therapies to treat an opioid use disorder.
- 29 (B) Buprenorphine treatment.
- 30 (2) Perform an initial assessment and physical as appropriate
- 31 and obtain a medical history of a patient before treatment
- 32 begins, including, unless the patient is past the withdrawal
- 33 period, obtaining a clinical opiate withdrawal scale (COWS)
- 34 or equivalent in order to document withdrawal and safely
- 35 initiate treatment.
- 36 (3) Inform the patient of the health care provider's scope of
- 37 practice in providing treatment to the patient.
- 38 (4) Obtain substance use history and any substance use
- 39 disorder diagnosis of the patient.
- 40 (5) Offer and be able to provide or refer the patient to
- 41 substance use disorder counseling or supportive treatment. A
- 42 referral must include the nearest provider that can offer the



- 1 counseling or treatment.
- 2 (6) Perform a mental health assessment, and if determined
- 3 necessary, provide the mental health services needed or
- 4 provide a referral for the mental health services.
- 5 (7) Obtain informed consent for treatment that meets the
- 6 requirements set forth in subsection (d).
- 7 (8) Examine the patient in person throughout treatment and
- 8 at least:
- 9 (A) monthly until the patient is stable in treatment; and
- 10 (B) every three (3) months upon stabilization.
- 11 (9) Perform toxicology screening before beginning treatment
- 12 and at least four (4) times per year during treatment for the
- 13 following:
- 14 (A) Stimulants.
- 15 (B) Alcohol.
- 16 (C) Opioids, including:
- 17 (i) oxycodone;
- 18 (ii) methadone; and
- 19 (iii) buprenorphine.
- 20 (D) Tetrahydrocannabinol.
- 21 (E) Benzodiazepines.
- 22 (F) Cocaine.
- 23 (10) Review INSPECT (as defined in IC 35-48-7-5.2)
- 24 concerning controlled substance information for the patient
- 25 before induction and at least four (4) times per year during
- 26 treatment.
- 27 (11) If the patient is a female and of child bearing age:
- 28 (A) perform a pregnancy test at the onset of treatment;
- 29 and
- 30 (B) counsel the patient about the risks of treatment to a
- 31 fetus, including fetal opioid dependency and neonatal
- 32 abstinence syndrome.
- 33 (12) If the patient discloses that the patient participated in
- 34 intravenous drug use or sexual activity for payment,
- 35 recommend and offer the following tests:
- 36 (A) HIV.
- 37 (B) Hepatitis B.
- 38 (C) Hepatitis C.
- 39 (D) Syphilis.
- 40 (13) Periodically provide education on overdose intervention
- 41 drugs, including:
- 42 (A) the indication for use of an overdose intervention drug;



- 1                   **(B) how to obtain an overdose intervention drug;**  
 2                   **(C) how to administer the overdose intervention drug; and**  
 3                   **(D) a prescription for the overdose intervention drug if the**  
 4                   **prescription would help the patient acquire the overdose**  
 5                   **intervention drug.**  
 6           **(d) The informed consent for treatment required in subsection**  
 7           **(c)(7) must include at least the following:**  
 8                   **(1) The goals of the treatment.**  
 9                   **(2) The patient's consent to drug monitoring testing.**  
 10                  **(3) The patient's consent to allow the prescriber to conduct**  
 11                  **random pill counts for prescriptions.**  
 12                  **(4) Acknowledgment that the patient will be referred to a**  
 13                  **local opioid treatment program or other appropriate higher**  
 14                  **level care if the patient does not have an adequate response or**  
 15                  **progress in treatment.**  
 16                  **(5) The prescriber's prescribing policies that include at least**  
 17                  **the following:**  
 18                          **(A) A requirement that the patient take the medication as**  
 19                          **prescribed.**  
 20                          **(B) A prohibition on sharing or selling the medication.**  
 21                          **(C) A requirement that the patient agrees to safe storage**  
 22                          **and safe disposal of medication.**  
 23                          **(D) A requirement that the patient inform the prescriber**  
 24                          **about any:**  
 25                                  **(i) other controlled substances or other medication**  
 26                                  **prescribed or taken by the patient; and**  
 27                                  **(ii) alcohol consumed by the patient.**  
 28                  **(6) Reasons that the office based opioid treatment of the**  
 29                  **patient may be changed or discontinued by the prescriber.**  
 30           **The provider shall maintain a copy of the informed consent for**  
 31           **treatment in the patient's medical record.**  
 32           **(e) During the examinations required by subsection (c)(8), the**  
 33           **prescriber shall do the following:**  
 34                          **(1) Evaluate and document patient progress and compliance**  
 35                          **with the patient's treatment plan.**  
 36                          **(2) Document in the patient's medical record whether the**  
 37                          **patient is meeting treatment goals.**  
 38                          **(3) Discuss with the patient the benefits and risks, if relevant,**  
 39                          **of ongoing buprenorphine treatment.**  
 40           **(f) If a toxicology screening described in subsection (c)(9) is**  
 41           **inconsistent with showing an absence of a prescribed drug, the**  
 42           **provider must discuss and implement a plan with the patient to**



1       **optimize medication adherence and schedule an earlier follow up**  
2       **appointment with the patient. The provider shall document the**  
3       **discussion in the patient's medical record.**

4       **(g) If a toxicology screening described in subsection (c)(9) is**  
5       **inconsistent with showing an absence of an illegal or**  
6       **non-prescribed drug, the provider shall assess the risk of the**  
7       **patient to successfully be treated and document the results in the**  
8       **patient's medical record.**

9       **(h) The provider may perform a subsequent confirmation**  
10       **toxicology screening of the patient if the provider deems medically**  
11       **necessary or to clarify an inconsistent or unexpected toxicology**  
12       **screening result.**

