

# HOUSE BILL No. 1218

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-7-2-67.5; IC 12-23-18; IC 25-22.5-13-6; IC 35-48-7.

**Synopsis:** Drug treatment and reporting. Requires the division of mental health and addiction (division) to establish standards and protocols for opioid treatment programs to do the following: (1) Assess new opioid treatment program patients to determine the most effective but least addictive opioid treatment drugs to start the patient's opioid treatment. (2) Transition appropriate opioid treatment program patients who are receiving methadone for opioid treatment to less addictive opioid treatment drugs. Allows the division to grant a modification or waiver of the standards and protocols for a patient based on an evaluation and the treatment needs of that patient. Requires an opioid treatment program to follow the standards and protocols adopted by the division for each opioid treatment program patient. Provides a list of the drugs that may be used by an opioid treatment program as a less addictive replacement for methadone. Requires the dispenser at an opioid treatment program to transmit certain information to the division. Provides that the information is subject to federal patient confidentiality regulations. Requires the division to report on the information collected. Requires the medical licensing board to adopt rules to establish standards and protocols for the prescribing of methadone for pain management. Requires that the board of pharmacy (board) adopt a rule requiring a practitioner and opioid treatment program to check the Indiana scheduled prescription electronic collection and tracking program (INSPECT) before initially prescribing a controlled substance to a patient and periodically during the course of treatment that uses a controlled substance. Provides that beginning January 1, 2015, the board shall provide for the modification of the  
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**Effective:** Upon passage; July 1, 2014.

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## Davisson, Clere

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January 14, 2014, read first time and referred to Committee on Public Health.

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Digest Continued

controlled substance prescription monitoring program to: (1) accept prescription drug information; and (2) monitor all prescription drugs; in the same manner as controlled substances. Provides that beginning January 1, 2015, any person who is required by the central repository for controlled substances data law to transmit controlled substance information to the INSPECT program must submit all prescription drug information to the INSPECT program in the same manner as controlled substance information is transmitted. Provides that the prescription drug information is confidential and may not be released to a law enforcement officer or law enforcement agency, except for controlled substances. (The introduced version of this bill was prepared by the commission on mental health and addiction.)



Introduced

Second Regular Session 118th General Assembly (2014)

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 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

## HOUSE BILL No. 1218

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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 12-7-2-67.5 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 2014]: **Sec. 67.5. "Dispense", for purposes of IC 12-23-18-8, has**  
4 **the meaning set forth in IC 12-23-18-8(a).**  
5 SECTION 2. IC 12-23-18-7 IS ADDED TO THE INDIANA CODE  
6 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
7 1, 2014]: **Sec. 7. (a) The division shall adopt rules under IC 4-22-2**  
8 **to establish standards and protocols for opioid treatment programs**  
9 **to do the following:**  
10 (1) **Assess new opioid treatment program patients to**  
11 **determine the most effective but least addictive opioid**  
12 **treatment drugs to start the patient's opioid treatment.**  
13 (2) **Have appropriate opioid treatment program patients who**  
14 **are receiving methadone for opioid treatment move to**



1 receiving less addictive opioid treatment drugs.

2 The division may grant an opioid treatment program a  
3 modification or waiver of the standards and protocols for an opioid  
4 treatment program patient based on an evaluation and the  
5 treatment needs of that patient.

6 (b) An opioid treatment program shall follow the standards and  
7 protocols adopted under subsection (a) for each opioid treatment  
8 program patient.

9 (c) Subject to subsection (a), an opioid treatment program may  
10 use any of the following drugs as a less addictive replacement for  
11 methadone for opioid treatment:

12 (1) Buprenorphine.

13 (2) Buprenorphine combination products containing  
14 naloxone.

15 (3) Any other drug that has been approved by:

16 (A) the federal Food and Drug Administration for use in  
17 the treatment of opioid addiction; and

18 (B) the division under subsection (e).

19 (d) Before starting a patient on a new opioid treatment drug, the  
20 opioid treatment program shall explain to the patient the potential  
21 side effects of the new drug.

22 (e) The division may adopt rules under IC 4-22-2 to provide for  
23 other drugs that are less addictive than methadone that may be  
24 used under subsection (a).

25 SECTION 3. IC 12-23-18-8 IS ADDED TO THE INDIANA CODE  
26 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
27 1, 2014]: Sec. 8. (a) As used in this section, "dispense" means to  
28 deliver a controlled substance to an ultimate user.

29 (b) Subject to the federal patient confidentiality requirements  
30 under 42 CFR Part 2, when a controlled substance designated by  
31 the Indiana board of pharmacy under IC 35-48-2-5 through  
32 IC 35-48-2-10 is dispensed at an opioid treatment program, the  
33 dispenser shall provide the division with the following information:

34 (1) An identification number or phrase designated by the  
35 division for the controlled substance recipient.

36 (2) The controlled substance recipient's date of birth.

37 (3) The national drug code number of the controlled  
38 substance dispensed.

39 (4) The date the controlled substance is dispensed.

40 (5) The quantity of the controlled substance dispensed.

41 (6) The number of days of supply dispensed.

42 (7) The dispenser's United States Drug Enforcement Agency



1 registration number.

2 **(8) The prescriber's United States Drug Enforcement Agency**  
3 **registration number.**

4 **(9) Other data required by the division.**

5 **(c) An opioid treatment program is required to provide the**  
6 **information required under this section to the division in a manner**  
7 **prescribed by the division.**

8 **(d) The division shall annually report the information collected**  
9 **under this section to the:**

10 **(1) commission on mental health and addiction; and**

11 **(2) health finance committee.**

12 SECTION 4. IC 25-22.5-13-6 IS ADDED TO THE INDIANA  
13 CODE AS A NEW SECTION TO READ AS FOLLOWS  
14 [EFFECTIVE UPON PASSAGE]: **Sec. 6. (a) Consistent with**  
15 **standard medical practices in pain management treatment, the**  
16 **medical licensing board shall:**

17 **(1) before November 1, 2014, adopt emergency rules in the**  
18 **manner provided under IC 4-22-2-37.1; and**

19 **(2) before November 1, 2015, adopt rules under IC 4-22-2;**  
20 **to establish standards and protocols for the prescribing of**  
21 **methadone for pain management.**

22 **(b) An emergency rule adopted under subsection (a)(1) remains**  
23 **in effect until the effective date of the permanent rule adopted**  
24 **under subsection (a)(2).**

25 SECTION 5. IC 35-48-7-12.1, AS AMENDED BY P.L.42-2011,  
26 SECTION 77, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
27 JULY 1, 2014]: **Sec. 12.1. (a) The board shall adopt rules under**  
28 **IC 4-22-2 to implement this chapter, including the following:**

29 **(1) Information collection and retrieval procedures for the**  
30 **INSPECT program, including the controlled substances to be**  
31 **included in the program required under section 8.1 of this chapter.**

32 **(2) Design for the creation of the data base required under section**  
33 **10.1 of this chapter.**

34 **(3) Requirements for the development and installation of online**  
35 **electronic access by the board to information collected by the**  
36 **INSPECT program.**

37 **(4) Identification of emergency situations or other circumstances**  
38 **in which a practitioner may prescribe, dispense, and administer a**  
39 **prescription drug specified in section 8.1 of this chapter without**  
40 **a written prescription or on a form other than a form specified in**  
41 **section 8.1(a)(4) of this chapter.**

42 **(5) Requirements for a practitioner and an opioid treatment**



1           **program operating under IC 12-23-18 to check the INSPECT**  
 2           **program:**

3           **(A) before initially prescribing a controlled substance to a**  
 4           **patient; and**

5           **(B) periodically during the course of treatment that uses a**  
 6           **controlled substance.**

7           (b) The board may:

8           (1) set standards for education courses for individuals authorized  
 9           to use the INSPECT program;

10          (2) identify treatment programs for individuals addicted to  
 11          controlled substances monitored by the INSPECT program; and

12          (3) work with impaired practitioner associations to provide  
 13          intervention and treatment.

14          SECTION 6. IC 35-48-7-16 IS ADDED TO THE INDIANA CODE  
 15          AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 16          1, 2014]: **Sec. 16. (a) Notwithstanding any other provision of this**  
 17          **chapter, beginning January 1, 2015, the board shall provide for the**  
 18          **modification of the controlled substance prescription monitoring**  
 19          **program to:**

20               (1) **accept prescription drug information; and**

21               (2) **monitor all prescription drugs;**

22          **in the same manner as controlled substances.**

23          **(b) Notwithstanding any other provision of this chapter,**  
 24          **beginning January 1, 2015, any person who is required to transmit**  
 25          **controlled substance information to the INSPECT program under**  
 26          **this chapter must submit all prescription drug information to the**  
 27          **INSPECT program in the same manner as controlled substance**  
 28          **information is transmitted.**

29          **(c) Prescription drug information collected under this section is**  
 30          **subject to the confidentiality requirements under section 11.1 of**  
 31          **this chapter. However, prescription drug information, except for**  
 32          **controlled substances, may not be released to a law enforcement**  
 33          **officer or law enforcement agency.**

34          SECTION 7. **An emergency is declared for this act.**

