

First Regular Session 111th General Assembly (1999)

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 1998 General Assembly.

## SENATE ENROLLED ACT No. 507

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AN ACT to amend the Indiana Code concerning criminal law and procedure.

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

SECTION 1. IC 35-48-3-11 IS ADDED TO THE INDIANA CODE AS NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 11. (a) Only a physician licensed under IC 25-22.5 may treat a patient with a Schedule III or Schedule IV controlled substance for the purpose of weight reduction or to control obesity.**

**(b) A physician licensed under IC 25-22.5 may not prescribe, dispense, administer, supply, sell, or give any amphetamine, sympathomimetic amine drug, or compound designated as a Schedule III or Schedule IV controlled substance under IC 35-48-2-8 and IC 35-48-2-10 for a patient for purposes of weight reduction or to control obesity, unless the physician does the following:**

**(1) Determines:**

**(A) through review of:**

- (i) the physician's records of prior treatment of the patient; or**
- (ii) the records of prior treatment of the patient provided by a previous treating physician or weight loss program; that the physician's patient has made a reasonable effort to lose weight in a treatment program using a regimen of**

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weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise without using controlled substances; and

(B) that the treatment described in clause (A) has been ineffective for the physician's patient.

(2) Obtains a thorough history and performs a thorough physical examination of the physician's patient before initiating a treatment plan using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity.

(c) A physician licensed under IC 25-22.5 may not begin and shall discontinue using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity after the physician determines in the physician's professional judgment that:

(1) the physician's patient has failed to lose weight using a treatment plan involving the controlled substance;

(2) the controlled substance has provided a decreasing contribution toward further weight loss for the patient unless continuing to take the controlled substance is medically necessary or appropriate for maintenance therapy;

(3) the physician's patient:

(A) has a history of; or

(B) shows a propensity for;

alcohol or drug abuse; or

(4) the physician's patient has consumed or disposed of a controlled substance in a manner that does not strictly comply with a treating physician's direction.

(d) A physician licensed under IC 25-22.5 may not prescribe, order, dispense, administer, supply, sell, or give any:

(1) amphetamine;

(2) sympathomimetic amine drug; or

(3) compound;

designated as a Schedule III or Schedule IV controlled substance as provided in IC 35-48-2-8 and IC 35-48-2-10 for purposes of weight reduction or to control obesity for a patient for more than three (3) nonrefillable thirty (30) calendar day supplies in any three hundred sixty-five (365) day period. The physician shall reevaluate the patient before prescribing, ordering, dispensing, administering, supplying, selling, or giving the second or third nonrefillable thirty (30) calendar day supply of a controlled substance as provided in this subsection.



SECTION 2. IC 35-48-3-10 IS REPEALED [EFFECTIVE UPON PASSAGE].

SECTION 3. P.L.177-1997, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: SECTION 11. (a) Only a physician licensed under IC 25-22.5 may treat a patient **with a Schedule III or Schedule IV controlled substance** for the purpose of weight reduction or to control obesity. ~~with a Schedule III or Schedule IV controlled substance.~~

(b) A physician licensed under IC 25-22.5 may not prescribe, dispense, administer, supply, sell, or give any amphetamine, sympathomimetic amine drug, or compound designated as a Schedule III or Schedule IV controlled substance under IC 35-48-2-8 and IC 35-48-2-10 for a patient for purposes of weight reduction or to control obesity, unless the physician does the following:

(1) Determines:

(A) through review of:

(i) the physician's records of prior treatment of the patient; or

(ii) the records of prior treatment of the patient provided by a previous treating physician or weight loss program; that the physician's patient has made a reasonable effort to lose weight in a treatment program using a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without using controlled substances; and

(B) that the treatment described in clause (A) has been ineffective.

(2) Obtains a thorough history and performs a thorough physical examination of the physician's patient before initiating a treatment plan using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity.

(c) A physician licensed under IC 25-22.5 may not begin and shall discontinue using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity after the physician determines in the physician's professional judgment that:

(1) the physician's patient has failed to lose weight using a treatment plan involving the controlled substance;

(2) the controlled substance has provided a decreasing contribution toward further weight loss for the patient, unless continuing to take the controlled substance is medically necessary or appropriate for maintenance therapy;

(3) the physician's patient:

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- (A) has a history of; or
  - (B) shows a propensity for;  
alcohol or drug abuse; or
  - (4) the physician's patient has consumed or disposed of a  
controlled substance in a manner that does not strictly comply  
with a treating physician's direction.
- (d) This SECTION expires July 1, ~~1999~~ **2001**.
- SECTION 4. An emergency is declared for this act.**

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