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## SENATE BILL No. 272

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### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-23-18; IC 25-22.5-2-7.

**Synopsis:** Opioid treatment program and controlled substances. Requires an opioid treatment program to transmit specified information concerning a patient to the Indiana scheduled prescription electronic collection and tracking program (INSPECT) before dispensing or administering a controlled substance to the patient. Requires the division of mental health and addiction to adopt rules concerning opioid treatment programs and weaning a patient off of a controlled substance within 24 months of initial treatment in a program. Requires drug testing of opioid treatment program patients at least one time every three months. Requires the medical licensing board of Indiana to adopt rules establishing standards and protocols in the prescribing of controlled substances.

**Effective:** July 1, 2013.

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**Miller Patricia**

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January 8, 2013, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 118th General Assembly (2013)

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 2012 Regular Session of the General Assembly.

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## SENATE BILL No. 272



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 12-23-18-0.5, AS AMENDED BY P.L.1-2009,  
2 SECTION 108, IS AMENDED TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2013]: Sec. 0.5. (a) An opioid treatment  
4 program shall not operate in Indiana unless:

- 5 (1) the opioid treatment program is specifically approved and the  
6 opioid treatment facility is certified by the division; and
- 7 (2) the opioid treatment program is in compliance with state and  
8 federal law.

9 (b) Separate specific approval and certification under this chapter  
10 is required for each location at which an opioid treatment program is  
11 operated.

12 (c) **Before dispensing or administering a controlled substance to**  
13 **a patient, an opioid treatment program shall transmit to the**  
14 **Indiana scheduled prescription electronic collection and tracking**  
15 **program (INSPECT) established by IC 25-1-13-4 the following**  
16 **information:**

- 17 (1) **The patient's name.**



- 1           **(2) The patient's date of birth.**
- 2           **(3) The national drug code number of the controlled**
- 3           **substance dispensed or administered.**
- 4           **(4) The date the controlled substance is dispensed or**
- 5           **administered.**
- 6           **(5) The quantity of the controlled substance dispensed or**
- 7           **administered.**
- 8           **(6) The United States Drug Enforcement Agency registration**
- 9           **number of the dispenser or prescriber.**
- 10          **(7) Other data required by the program.**

11          **The opioid treatment program shall also check INSPECT for a**  
 12          **patient's data before administering or dispensing a controlled**  
 13          **substance to the patient.**

14          SECTION 2. IC 12-23-18-1, AS AMENDED BY P.L.116-2008,  
 15          SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16          JULY 1, 2013]: Sec. 1. (a) Subject to federal law and consistent with  
 17          standard medical practice in opioid treatment of drug abuse, the  
 18          division shall adopt rules under IC 4-22-2 to establish and administer  
 19          an opioid treatment diversion control and oversight program to identify  
 20          individuals who divert opioid treatment medications from legitimate  
 21          treatment use and to terminate the opioid treatment of those  
 22          individuals.

23          (b) Rules adopted under subsection (a) must include provisions  
 24          relating to the following matters concerning opioid treatment programs  
 25          and patients who receive opioid treatment:

- 26               (1) Regular clinic attendance by the patient.
- 27               (2) Specific counseling requirements for the opioid treatment
- 28               program.
- 29               (3) Serious behavior problems of the patient.
- 30               (4) Stable home environment of the patient.
- 31               (5) Safe storage capacity of opioid treatment medications within
- 32               the patient's home.
- 33               (6) Medically recognized testing protocols to determine legitimate
- 34               opioid treatment medication use.
- 35               (7) The opioid treatment program's medical director and
- 36               administrative staff responsibilities for preparing and
- 37               implementing a diversion control plan.

38          **(8) Weaning a patient off of opioid treatment no later than**  
 39          **twenty-four (24) months after the patient's initial**  
 40          **participation in an opioid treatment program.**

41          SECTION 3. IC 12-23-18-2.5, AS ADDED BY P.L.116-2008,  
 42          SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 JULY 1, 2013]: Sec. 2.5. (a) An opioid treatment program must  
 2 periodically and randomly test **a patient at least one (1) time every**  
 3 **three (3) months**, including before receiving treatment, ~~a patient~~ for  
 4 the following during the patient's treatment by the program:

- 5 (1) Methadone.
- 6 (2) Cocaine.
- 7 (3) Opiates.
- 8 (4) Amphetamines.
- 9 (5) Barbiturates.
- 10 (6) Tetrahydrocannabinol.
- 11 (7) Benzodiazepines.
- 12 (8) Any other suspected or known drug that may have been  
 13 abused by the patient.

14 (b) If a patient tests positive under a test described in subsection (a)  
 15 for:

- 16 (1) a controlled substance other than a drug for which the patient  
 17 has a prescription or that is part of the patient's treatment plan at  
 18 the opioid treatment program; or
- 19 (2) an illegal drug other than the drug that is part of the patient's  
 20 treatment plan at the opioid treatment program;

21 the opioid treatment program and the patient must comply with the  
 22 requirements under subsection (c).

23 (c) If a patient tests positive under a test for a controlled substance  
 24 or illegal drug that is not allowed under subsection (b), the following  
 25 conditions must be met:

- 26 (1) The opioid treatment program must refer the patient to the  
 27 onsite physician for a clinical evaluation that must be conducted  
 28 not more than ten (10) days after the date of the patient's positive  
 29 test. The physician shall consult with medical and behavioral staff  
 30 to conduct the evaluation. The clinical evaluation must  
 31 recommend a remedial action for the patient that may include  
 32 discharge from the opioid treatment program or amending the  
 33 treatment plan to require a higher level of supervision.
- 34 (2) The opioid treatment program may not allow the patient to  
 35 take any opioid treatment medications from the treatment facility  
 36 until the patient has completed a clinical assessment under  
 37 subdivision (1) and has passed a random test. The patient must  
 38 report to the treatment facility daily, except when the facility is  
 39 closed, until the onsite physician, after consultation with the  
 40 medical and behavioral staff, determines that daily treatment is no  
 41 longer necessary.
- 42 (3) The patient must take a weekly random test until the patient

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- 1 passes a test under subsection (b).
- 2 (d) An opioid treatment program must conduct all tests required
- 3 under this section in an observed manner to assure that a false sample
- 4 is not provided by the patient.
- 5 SECTION 4. IC 25-22.5-2-7, AS AMENDED BY P.L.225-2007,
- 6 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 7 JULY 1, 2013]: Sec. 7. (a) The board shall do the following:
- 8 (1) Adopt rules and forms necessary to implement this article that
- 9 concern, but are not limited to, the following areas:
- 10 (A) Qualification by education, residence, citizenship,
- 11 training, and character for admission to an examination for
- 12 licensure or by endorsement for licensure.
- 13 (B) The examination for licensure.
- 14 (C) The license or permit.
- 15 (D) Fees for examination, permit, licensure, and registration.
- 16 (E) Reinstatement of licenses and permits.
- 17 (F) Payment of costs in disciplinary proceedings conducted by
- 18 the board.
- 19 (2) Administer oaths in matters relating to the discharge of its
- 20 official duties.
- 21 (3) Enforce this article and assign to the personnel of the agency
- 22 duties as may be necessary in the discharge of the board's duty.
- 23 (4) Maintain, through the agency, full and complete records of all
- 24 applicants for licensure or permit and of all licenses and permits
- 25 issued.
- 26 (5) Make available, upon request, the complete schedule of
- 27 minimum requirements for licensure or permit.
- 28 (6) Issue, at the board's discretion, a temporary permit to an
- 29 applicant for the interim from the date of application until the
- 30 next regular meeting of the board.
- 31 (7) Issue an unlimited license, a limited license, or a temporary
- 32 medical permit, depending upon the qualifications of the
- 33 applicant, to any applicant who successfully fulfills all of the
- 34 requirements of this article.
- 35 (8) Adopt rules establishing standards for the competent practice
- 36 of medicine, osteopathic medicine, or any other form of practice
- 37 regulated by a limited license or permit issued under this article.
- 38 (9) Adopt rules regarding the appropriate prescribing of Schedule
- 39 III or Schedule IV controlled substances for the purpose of weight
- 40 reduction or to control obesity.
- 41 (10) Adopt rules establishing standards for office based
- 42 procedures that require moderate sedation, deep sedation, or

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- 1           general anesthesia.
- 2           **(11) Adopt rules establishing standards and protocols for the**
- 3           **prescribing of controlled substances.**
- 4           (b) The board may adopt rules that establish:
- 5           (1) certification requirements for child death pathologists;
- 6           (2) an annual training program for child death pathologists under
- 7           IC 16-35-7-3(b)(2); and
- 8           (3) a process to certify a qualified child death pathologist.

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