Members

Sen. Patricia Miller, Chairperson
Sen. Lindel Hume
Rep. Steve Davisson
Rep. Charlie Brown
Kathleen O'Connell
Margie Payne
Ronda Ames
Valerie N. Markley
Bryan Lett
Caroline Doebbling
Kurt Carlson
Chris Taelman
Jane Horn
Rhonda Boyd-Alstott
Dr. Danita Johnson Hughes
Dr. Brenna McDonald

COMMISSION ON MENTAL HEALTH AND ADDICTION

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Authority: IC 12-21-6.5

MEETING MINUTES[1]

Meeting Date:	**October 21, 2013**
Meeting Time:	**1:00 P.M.**
Meeting Place:	**State House, 200 W. Washington St., the Senate Chambers**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**4**

Members Present: **Sen. Patricia Miller, Chairperson; Sen. Lindel Hume; Rep. Steve Davisson; Rep. Charlie Brown; Kathleen O'Connell; Margie Payne; Ronda Ames; Valerie N. Markley; Caroline Doebbling; Kurt Carlson; Chris Taelman; Rhonda Boyd-Alstott; Dr. Danita Johnson Hughes; Dr. Brenna McDonald.**

Members Absent: **Bryan Lett; Jane Horn.**

Senator Miller (Chairperson) called the meeting of the Commission on Mental Health and Addiction (Commission) to order at 1:00 p.m.

The Chairperson called the first witness to discuss recommendations by the Indiana Prescription Drug Abuse Prevention Task Force.

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[1] These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at http://www.in.gov/legislative Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for hard copies.

Natalie Robinson, Education Program Director, Office of the Attorney General

Ms. Robinson delivered a PowerPoint presentation concerning legislative recommendations on prescription drug epidemic issues by the Indiana Prescription Drug Abuse Prevention Task Force. (Exhibit #1) Ms. Robinson's presentation included the following:

- Three areas need to be addressed:
    - The escalating problem with neonatal abstinence syndrome (NAS).
    - The shortage of treatment available for mental health and addiction issues.
    - The INSPECT program needs to be enhanced.
- In 2013, Tennessee enacted a Safe Harbor law to encourage pregnant women who are addicted to prescription pain medicines to seek treatment during their pregnancy by allowing them to receive care without risking loss of custody of their newborn child.
- Recommendations included:
    - Require NAS data to be reported to the Indiana State Department of Health (ISDH).
    - Expand prenatal care and treatment services for pregnant women with addictions to controlled substances.
    - Require ISDH to build a foundation for more education and training on NAS for physicians and treatment providers, and to establish a partnership to allow for seamless prenatal care for pregnant women with addictions.
    - Enhance the student loan repayment program for mental health and addiction professionals.
    - Require near real-time reporting of controlled substance dispensing to the INSPECT program.
    - Require that health information exchange systems explore integrating INSPECT data into their systems so that clinical decision support tools, such as NarxCheck, can be used.
    - Change the classification of Ultram to be a controlled substance so that the drug will have to be reported in the INSPECT repository.

Ms. Robinson stated the following in response to questions by members of the Commission:

- If Indiana adopted a Safe Harbor law, ISDH would be responsible to make sure a safety net of treatment was available for pregnant women.
- Addicted pregnant women are addicted to many different types of drugs. Many addicted women mix the types of drugs they are addicted to.
- Addicted pregnant women receive about 70% of their drugs from medicines that are prescribed to them. The Indiana Medical Licensing Board is adopting rules to address excessive prescribing.
- Medicaid provides coverage for prenatal care.
- There is a need to educate women who are of childbearing age about the dangers of prescription medication addiction.

John Kansky, Executive Director, Indiana Health Information Exchange

Mr. Kansky delivered a PowerPoint presentation on the value of INSPECT program expansion and the health information exchange in Indiana. (Exhibit #2) Mr. Kansky's presentation included the following:

- The Indiana Health Information Exchange (IHIE) connects various healthcare providers to make sure patient information is available when and where it is needed. Patients often see more than one healthcare provider, IHIE aggregates all the available data for the patient's healthcare provider to use.
- IHIE collaborates with the INSPECT program.
- Benefits of IHIE include improving healthcare quality, enhancing safety, and reducing costs.
- The INSPECT program efficiently and securely aggregates medication data and makes it available to support patient care.
- The proposed expansion would broaden the types of medications that are reported to INSPECT so that more comprehensive and reliable information is available to doctors.

In response to questions by members of the Commission, Mr. Kansky stated the following:

- Patient information is confidential and is only delivered to practices that have a relationship with the patient.
- The federal Affordable Healthcare act does not hinder operation of IHIE.

Commission members noted that the INSPECT report is cumbersome to read and poorly utilized by physicians. Wishard Hospital has developed a screening tool that provides a score for each patient to help pre-screen patients that may be abusing drugs.

Ben Evans, Legislative Director, Professional Licensing Agency

Mr. Evans explained that the individuals who are instrumental in running the INSPECT program were attending a national conference concerning similar programs that electronically collect and track prescription information. Mr. Evans provided a brief overview of the INSPECT program and distributed materials concerning the program and its development. (Exhibit #3) He stated that more detailed information would be mailed to the Commission members.

Marianne Halbert, Criminal Justice Director, NAMI of Indiana

Ms. Halbert spoke on a proposal to expand crisis intervention teams (CITs) in Indiana. (Exhibit #4) Ms. Halbert's remarks included the following information:

- Indiana has isolated CIT programs. Many states have had good results by establishing a statewide coordinator.
- An excellent report on the topic of CITs was released in 2012. The report is entitled "Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives" and it examines statewide initiatives in several states where different agencies took the lead coordination role.
- CITs have been shown to reduce injuries to both the police officer and the person in crisis. CITs also reduce arrests and increase referrals for mental health treatment.

Final Actions of the Commission

The Commission adopted the Final Report, noting that the report would be amended to reflect the current meeting, by a vote of 14-0.

The Chairperson had the Commission's staff attorney summarize the content of the preliminary drafts (PDs).

PD 3305 - Methadone pain management protocol. Adopted 14-0.

Requires the medical licensing board to adopt rules to establish standards and protocols for the prescribing of methadone for pain management.

PD 3307 - Addiction psychiatry development programs. Adopted 14-0.

Adds addiction psychiatrists to the list of professionals who may participate in certain mental health services development programs. Provides that addiction psychiatrists may receive loan forgiveness grants for not more than five years. Requires the mental health services development programs board to give priority to annually funding two addiction psychiatric residency positions. Provides that an addiction psychiatric residency participant must agree to establish a new practice in Indiana for at least five years upon completion of the addiction psychiatric residency position.

PD 3309 - Opioid treatment programs. Adopted, as amended, 14-0.

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; and (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.
The amendment requires patients to be informed of the effects of the new drugs.

PD 3312 - Addiction program for women. Adopted 14-0.
Requires the division of mental health and addiction, in cooperation with the state department of health, to develop and implement a program that does the following: (1) Provides a manner of identifying the aggregate number of pregnant women in Indiana who are addicted to a controlled substance. (2) Provides for an effective means of intervention to eliminate the addiction of pregnant women to controlled substances prior to the birth of their children. (3) Provides for the continued monitoring of women, after the birth of their children, who were addicted to a controlled substance during their pregnancies, and provides for the availability of treatment and rehabilitation for those women.

PD 3343 - Mental heath and addictions programs. Adopted 14-0.

Changes the name of the mental health services development programs board to the mental health and addiction services development programs board (board). Adds three members to the board. Requires that the psychiatrist member of the board be certified in addiction psychiatry. Provides for the annual election of the chairperson and vice chairperson of the board. (Currently the dean of the Indiana

University School of Medicine or the dean's designee serves as chairperson.) Requires the board to meet at least quarterly each year. (Currently the board must meet at least twice a year.) Requires the board to take action concerning the integrated behavioral health and addiction treatment development program with dual diagnoses treatment settings or the integrated behavioral health and addiction treatment psychiatry residency training track program. (Current law requires the board to take action concerning the public sector psychiatry development program or the training track program.) Adds psychiatrists pursuing fellowship training and certification in addiction psychiatry and addiction counselors to persons eligible for the loan forgiveness program. Allows recipients to work in state funded addiction treatment centers. Changes the names of the accounts that fund the loan forgiveness and development programs. Requires the state department of health to provide administrative support for the integrated behavioral health and addiction treatment development program account and the board. Makes conforming changes.

PD 3345 - INSPECT program reporting. Adopted, as amended, 13-1.

Provides that beginning January 1, 2015, the Indiana state board of pharmacy shall provide for the modification of the 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 Indiana scheduled prescription electronic collection and tracking program (INSPECT) must submit all prescription drug information to the INSPECT program in the same manner as controlled substance information is transmitted.
The amendment provides that only controlled substances will be reported to the Indiana State Police.

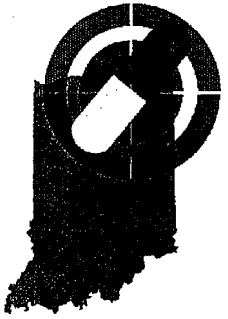
PD 3356 - Methadone clinic reporting. Adopted, as amended, 13-1.

Requires that each time a designated controlled substance is dispensed, the dispenser at an opioid treatment program shall transmit certain information to the Indiana scheduled prescription electronic collection and tracking program (INSPECT). Provides that the information is subject to federal patient confidentiality regulations. Requires the INSPECT program to receive the information from an opioid treatment program. Provides for the permissible uses of the information submitted by an opioid treatment program. Requires that the board of pharmacy adopt a rule requiring a practitioner to check the INSPECT program before initially prescribing a controlled substance to a patient and periodically during the course of treatment that uses a controlled substance.
The Commission's amendments: (1) removed language in the PD concerning the collection of data by the INSPECT program and required the data to be provided to the Division of Mental Health and Addiction; (2) required DMHA to report the information to the Commission and the Health Finance Committee; and (3) required opioid treatment programs to check the INSPECT program with the Indiana Board of Pharmacy to adopt rules concerning the frequency that INSPECT must be checked.

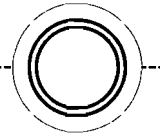
The Commission discussed combining, by topic, the preliminary drafts that were adopted by the Commission into final bill drafts for the legislators on the Commission to file.

The Chairperson adjourned the meeting at 3:15 p.m.

COMH 10/21/13
Exhibit #1

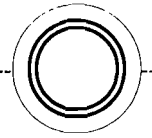


INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE



LEGISLATIVE RECOMMENDATIONS ON PRESCRIPTION DRUG EPIDEMIC ISSUES

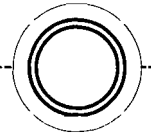
Overview of Topics



- Neonatal Abstinence Syndrome
- Mental Health & Addiction Treatment Shortage
- INSPECT Enhancements

INDIANA PRESCRIPTION
DRUG ABUSE

Neonatal Abstinence Syndrome (NAS)

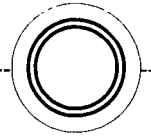


Definition:

Neonatal Abstinence Syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb.

INDIANA PRESCRIPTION DRUG ABUSE

Escalating NAS Problem

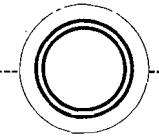


- The overall rate of newborns being diagnosed with NAS tripled over the past decade.
- In 2009, approximately one infant born per hour in the United States had signs of drug withdrawal.
- Newborns with NAS were 19% more likely than all other hospital births to have low birth weight and 30% more like to have respiratory complications.
- Mean hospital charges for births with a diagnosis of NAS increased from $39,400 in 2000 to $53,400 in 2009; 77.6% of charges for NAS were covered by state Medicaid programs.
- Between 2000 and 2009, total hospital charges for NAS cases, adjusted for inflation, are estimated to have increased from $190 million to $720 million.

Source: A 2012 study from the University of Michigan and the University of Pittsburgh published in the Journal of the American Medical Association, "Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009," analyzed information on 7.4 million discharges from 4,121 hospitals in 44 states, to measure trends and costs associated with NAS over the past decade.

INDIANA PRESCRIPTION DRUG ABUSE

Indiana Data on NAS



- NAS cases increased at a yearly rate of 0.32 per 1,000 births nationwide and 0.42 per 1,000 births in Indiana (p's < 0.01).
- Drastic increase in cases of NAS (one baby/year in 2001, now one/week 2012)
- Annual charges for NAS cases increased from $3,842,747 in 1997 to $90,455,522 in 2009 which was significant both for the Nation (p<0.05) and Indiana (p<0.01) cost data respectively, after adjusting for inflation using consumer price index.

Statistics Provided by Paul D. Winchester, M.D., Director of Neonatology , St Francis Hospital Clinical Professor Pediatrics/Neonatology, Indiana University School of Medicine. Indiana data from St. Francis Hospital, IU Neonatology Service, IN Dept. of Health.

INDIANA PRESCRIPTION DRUG ABUSE

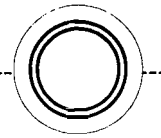
Prenatal Exposure to Controlled Substances During Pregnancy

Health Risks:

- Spontaneous Miscarriage
- Premature Birth
- Opioid Dependency
- Fetal Brain Development
- Prenatal/Postnatal Growth Restriction
- Birth Defects
- Low Birth Weight
- Neurodevelopment Deficits
- Perinatal Death

Statistics Provided from NAS Study Conducted by Paul D. Winchester, M.D., Director of Neonatology, St. Francis Hospital

NAS Signs & Symptoms

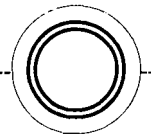


Signs can begin within 1 - 3 days after birth, or they may take 5 - 10 days to appear. They may include:

- Blotchy skin coloring (mottling)
- Diarrhea
- Excessive crying or high-pitched crying
- Excessive sucking (hyperphagia)
- Excoriation of skin due to constant rubbing (nose, knees, elbows, face)
- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding
- Rapid breathing
- Seizures
- Sleep problems
- Slow weight gain
- Stuffy nose, sneezing
- Sweating
- Trembling (tremors)
- Vomiting

INDIANA PRESCRIPTION DRUG ABUSE PREVENTION

Policy Considerations



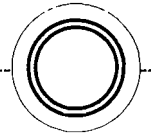
Require mandatory reporting of NAS to the Indiana State Department of Health

Purpose: To bring attention to the growing NAS problem in Indiana, to provide more information to physicians and to the general public, and to help develop lasting and meaningful solutions

Indiana Safe Prenatal Health Care Act

Purpose: To reduce the health risks attributable to both pregnant women addicted to prescription medications and the babies in utero by encouraging such women to seek appropriate prenatal care as well as treatment services for their addiction.

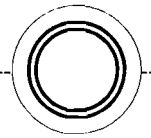
Intent of Policy Recommendations



- Put protections in place to reduce health risks associated with controlled substance abuse during pregnancy for both mothers & newborns.
- Provide a safe environment for pregnant women and physicians to identify addiction and to support referral of such women to appropriate addiction treatment services.
- Collect data to establish needed benchmark tracking.
- Reduce the escalating costs of NAS treatment.
- Allow health officials to identify cases more quickly and accurately.
- Save lives.

INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

Policy Obstacles



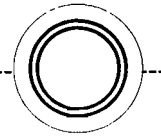
Challenges:

- Shortage of treatment services and addiction treatment professionals
- Lack of education and training for physicians on how to care for pregnant women with addiction
- Lack of Medicaid coverage for certain types of addiction treatment medications

Possible Solutions:

- Student Loan Repayment Program for Mental Health & Addiction Professionals (Workforce Development Bill)
- ISDH to build foundation for more education and training on NAS for physicians, treatment providers and a partnership to allow for seamless prenatal care for pregnant women with addictions

Collaborative Support



National

- American Medical Association
- American Academy of Pediatrics
- American Public Health Association
- American Nurses Association
- American Society on Addiction Medicine
- March of Dimes

Indiana

- Legislators
- Indiana Prosecuting Attorneys Council
- Indiana Department of Child Services
- Indiana Perinatal Network
- IN ACOG

INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

Recommendation to Help Prevent NAS in Indiana

- Request commission support for legislation that would require NAS to be to be reported to the ISDH.
  - Draft legislation to be submitted for consideration.
- Request commission to make a recommendation that NAS be addressed by the Indiana General Assembly this session with a focus on support of expanded treatment services and protections for pregnant women with addictions to controlled substances.

INDIANA PRESCRIPTION DRUG ABUSE

INSPECT Recommendations

- The Task Force recommends that the Indiana General Assembly enacts legislation to amend IC 12-21-6.5-2 to require near real-time reporting of controlled substance dispensing. The INSPECT Committee considers near real-time reporting to be within 24 hours of dispensing.
- The Task Force recommends that health information exchange systems explore integrating INSPECT data into their systems so that clinical decision support tools, such as NarxCheck, can be utilized. These tools will increase access to and utilization of INSPECT data.
- The Task Force recommends changing the classification of Ultram to be a controlled substance in the State of Indiana so that it will have to be reported in the INSPECT repository.

COMH 10/21/13
Exhibit #2

Indiana Health Information Exchange

Better Outcomes. Delivered.

The Value of INSPECT Program Expansion and Health Information Exchange in Indiana

October 2013

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Health Information Exchange (HIE) and the INSPECT Program

Agenda:

- The value of Health Information Exchange (HIE)
- INSPECT and HIE working together:
  - Proposed expansion of INSPECT program
  - Benefits to patients and healthcare in Indiana

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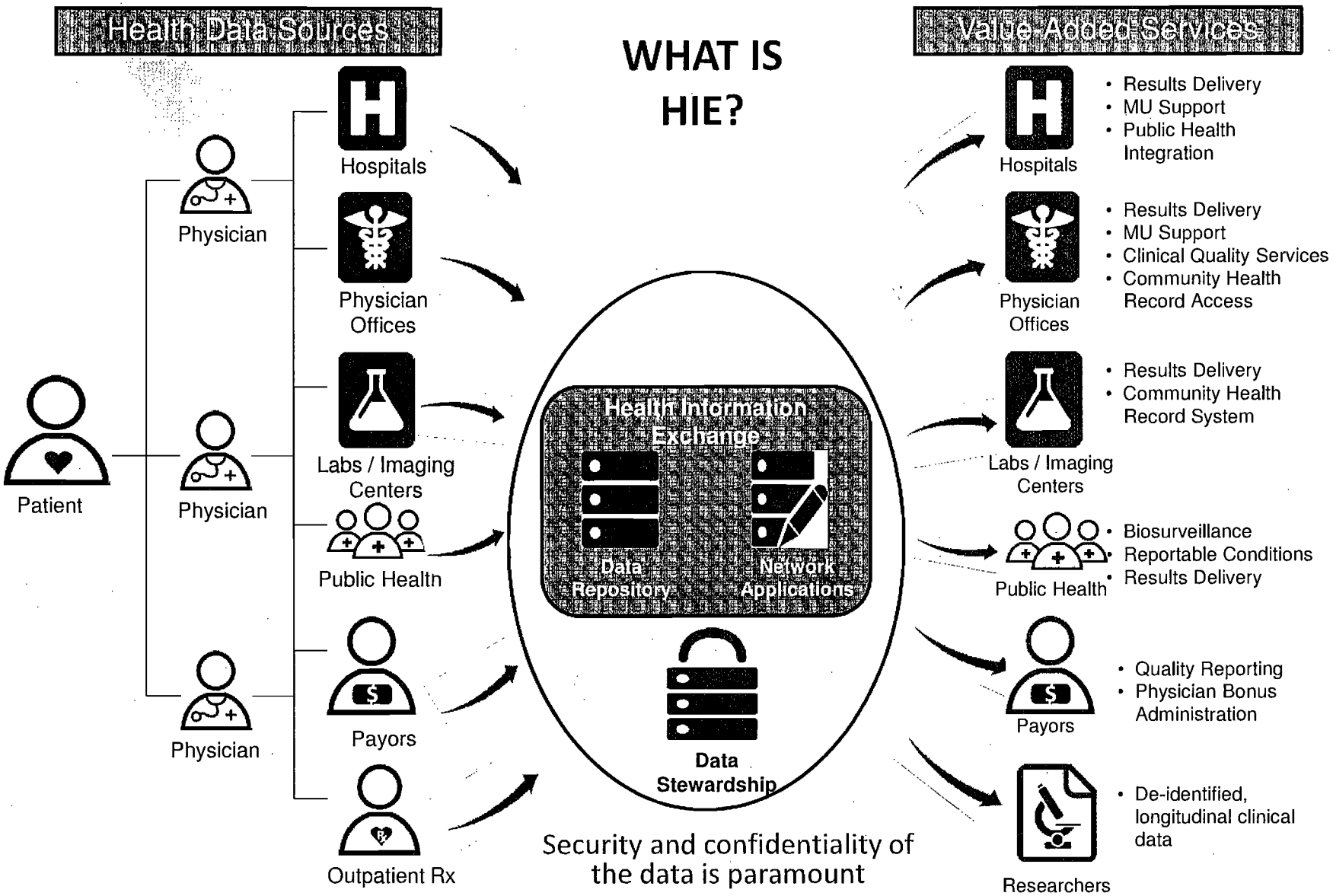
WHAT IS HIE?



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Indiana Health Information Exchange

Examples of HIE value

HIE improves healthcare quality

- Provides clinicians with a patient's clinical data at the point of care to support clinical decision-making
- Identifies for doctors which of their patients are due for mammograms

HIE enhances healthcare safety

- Informs emergency medical teams of a patient's medication allergies

HIE reduces healthcare cost

- Communicates lab results to doctors securely and electronically at a fraction of the previous cost
- Prevents repeating radiology or lab tests

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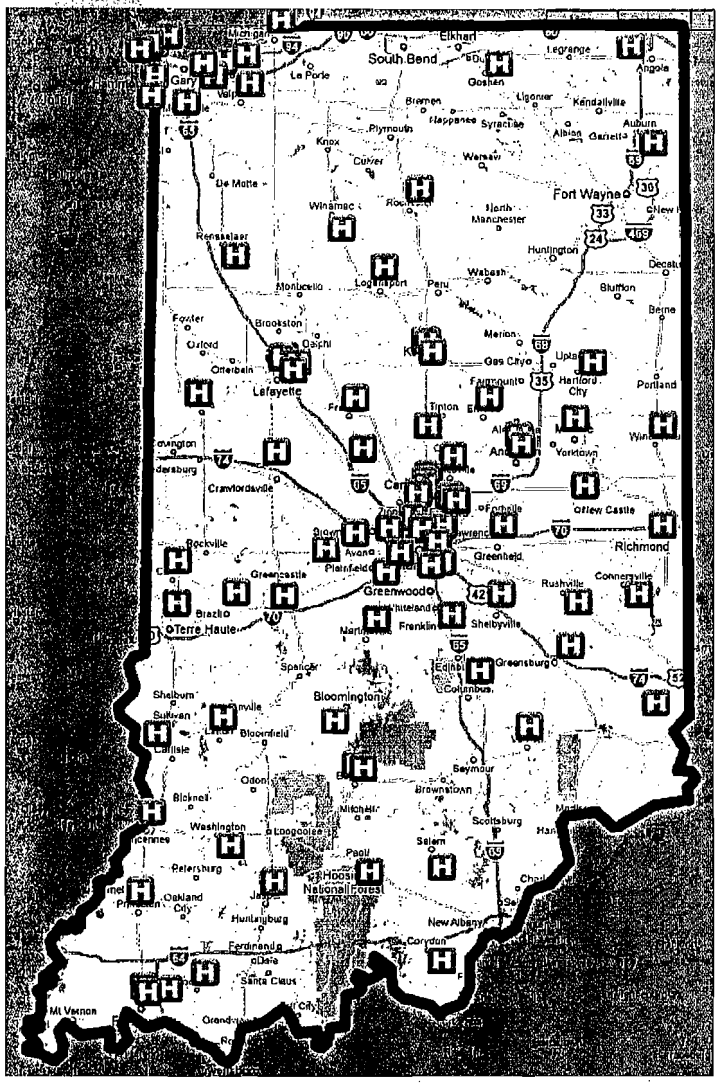
South Bend
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New Albany
Corydon
Huntingburg
Jasper
Washington
Vincennes
Princeton
Mt Vernon
Rockville
Greencastle
Plainfield
Franklin
Shelbyville
Greenfield
Connersville
Rushville
Portland
Hartford City
Gas City
Marion
Huntington
Wabash
Bluffton
Decatur
Angola
Kendallville
Auburn
Goshen
Warsaw
Plymouth
Knox
Culver
Winamac
North Manchester
Rensselaer
Monticello
Logansport
Peru
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Fowler
Oxford
Otterbein
Crawfordsville
Clinton
Tipton
Anderson
Yorktown
Muncie
Greenville
Brazil
Sullivan
Bloomfield
Washington
Petersburg
Oakland City
Huntingburg
Ferdinand
Santa Claus
Odon
Bicknell
Mitchell
Paoli
Hoosier National Forest
Scottsburg
Seymour
Columbus
Edinburgh
Greensburg
Shelbyville
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Greencastle
Plainfield
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Rushville
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Anderson
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Plymouth
Culver
North Manchester
Rensselaer
Monticello
Brookston
Delphi
Fowler
Oxford
Otterbein
Lafayette
Crawfordsville

INSPECT and HIE Working Together

Indiana Health Information Exchange

- Information on what medications a patient is taking is extremely valuable to physicians....*Quality of care, Safety, Cost*
- Medication information is notoriously difficult to obtain and aggregate
- The INSPECT program efficiently and securely aggregates medication data today and makes is available to support patient care
- HIE efficiently and securely provides patient information to physicians
- Proposed expansion simply broadens the types of medications that are reported to INSPECT so that more comprehensive and reliable information is available to doctors
- INSPECT leadership (IPLA) and IHIE have been working together for years to improve information access to clinicians
- We have involved and relied on Rep. Davisson

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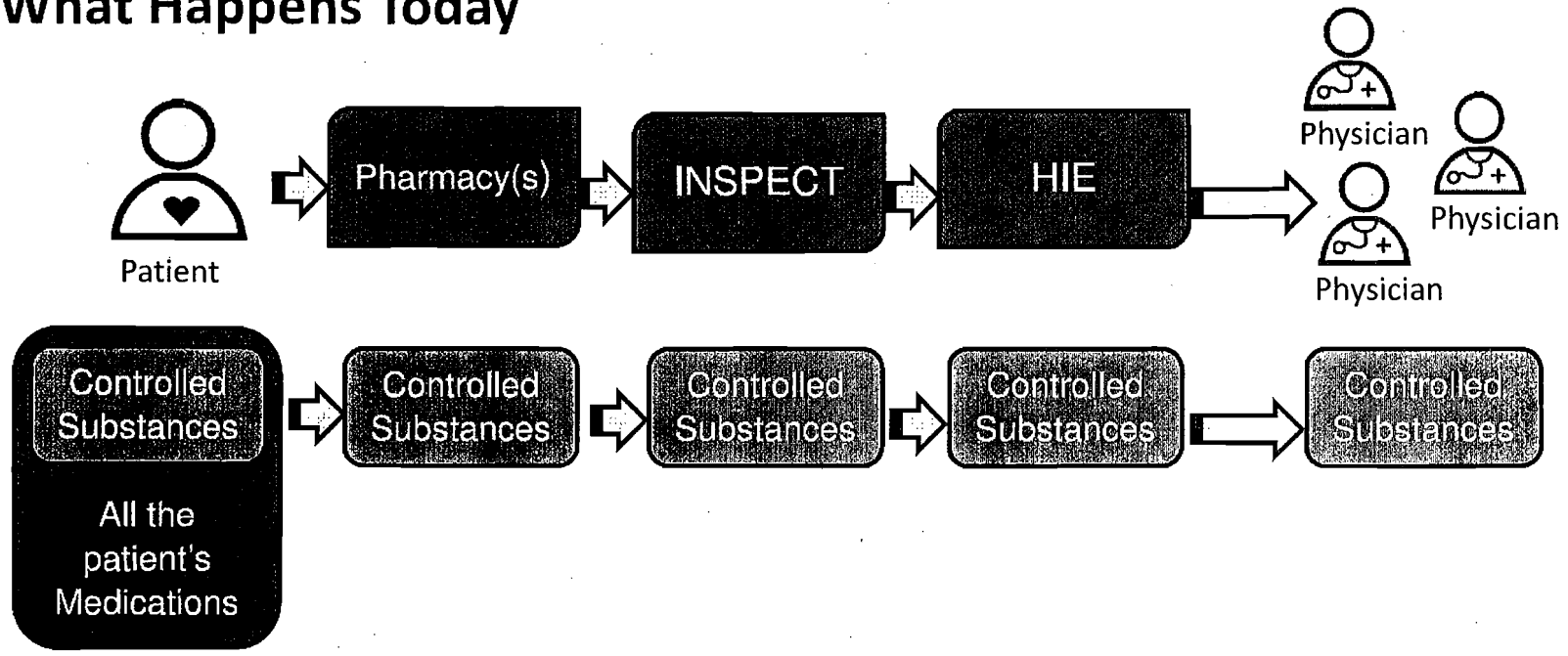
INSPECT and HIE Working Together

Indiana Health Information Exchange

What Happens Today



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INSPECT and HIE Working Together

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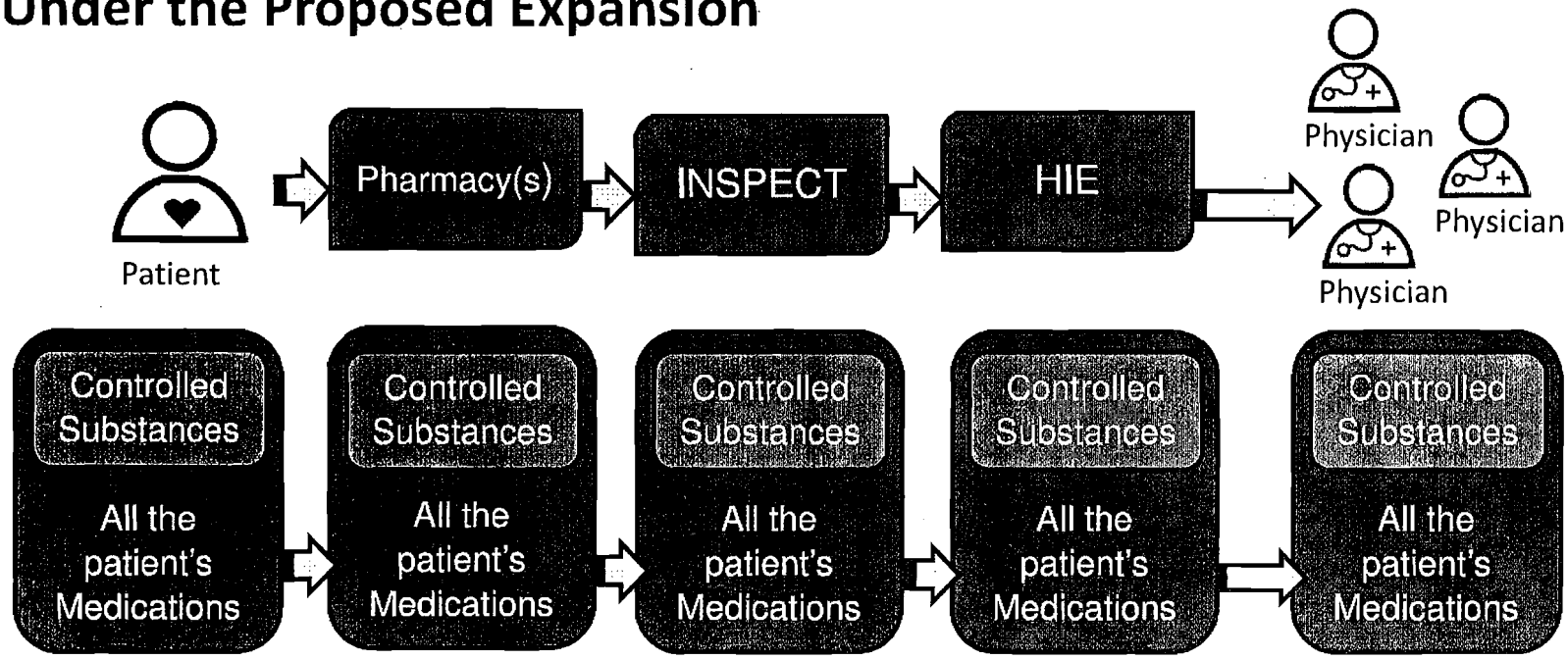
Under the Proposed Expansion



Indiana Health Information Exchange

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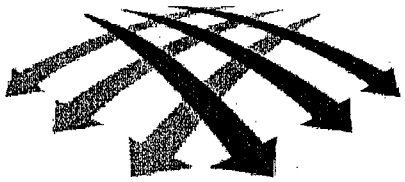

Indiana Health Information Exchange

Thank You

317.644.1750

www.ihie.org

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COMH 10/21/13
Exhibit #3

1994 Creation of Indiana's controlled substance monitoring program, INstep, housed in the Health Professions Bureau. Information collected is available only to law enforcement, and only contains Schedule II substances.

1999 With the passage of House Bill 1649, the funding and administration of the controlled substance monitoring program was moved from the Health Professions Bureau to the Indiana State Police, with CSAC (the Controlled Substances Advisory Committee) providing policy guidance and oversight.

2001 With the passage of House Bill 1808, a provision that would have allowed the central repository to expire in 2001 was repealed.

2003 With the passage of House Bill 1438, the administration for the controlled substance monitoring program was brought back under CSAC (previously administered by the Indiana State Police).The management of funding for the program returned to the Health Professions Bureau, as it had been under the 1994 law; likewise the costs associated with implementing the program was the responsibility of the Health Professions Bureau. As a result of the2003 law, 16% of controlled substance registration fees were to assist in the funding of the program.

2006 The program is moved to the Indiana Professional Licensing Agency, and is expanded to include Schedules II -V. INSPECT is created, replacing IN-step. Reporting timeline for dispensers was shortened from 15 days to 7 days. Allowed INSPECT to share confidential patient information with states that have established an interoperability agreement with Indiana. Allowed practitioners to begin accessing information maintained by INSPECT, in accordance with conditions outlined by statute. This would go into effect in July 2007.

2007 In May, the program has an approximate 70% compliance rate for all reporting pharmacies.User base is under 500, and all users are Law Enforcement. In July, the program expands to include access for all licensed healthare practitioners. Third full time employee is hired in October, with a fourth full time employee

2008 In April, the program has it's first disciplined case of non-compliance. The user base grows to 5,294 in May. In July, the program expands to include hospital pharmacy outpatient dispensing.

2009 INSPECT staff honored with the Governor's Public Service Achievement Award in May. In September, the program recieves a NASPER Grant to engage in interstate sharing of Rx data. Pharmacy reporting compliance reaches 97%.

2010 Program expanded statutorily to include unsolicited reporting. NASCSA Grant is received in February to automate unsolicited reporting. Currently in discussions with Indiana Health Information Exchange to provide an alternative pathway to INSPECT data for physicians based in the Clarian Health Network. Currently the most proactive Prescription Monitoring Program in the country. Reached 9,852 users in March.

INSPECT

WHAT IS INSPECT?

Indiana's Prescription Drug Monitoring Program

INSPECT is Indiana's prescription drug monitoring program which collects and tracks controlled substance dispensation data. This data is then made available to medical practitioners and law enforcement under certain conditions.

Each time a controlled substance is dispensed by a pharmacy to an Indiana resident, the pharmacy is required to report that data to INSPECT within seven days of the dispensation. Users of the INSPECT WebCenter can request Rx History Reports which show an individual's controlled substance history, including what products they obtained, the dates the prescription was written and filled, the prescriber and dispensing pharmacy.

INSPECT does not collect information on any drug that is not a controlled substance or any drugs that are administered in an inpatient or hospice setting. INSPECT also does not collect any information on a substance dispensed that is less than a 72-hour supply.

What is Doctor Shopping?

When a patient seeks to obtain controlled substances from multiple health care providers, often simultaneously, by either:

A. Witholding material facts regarding their past and/or present controlled substance treatment.

B. Engaging in deceptive practices meant to stymie attempts by their health care providers to better coordinate the provision of care.

Is Doctor Shopping Illegal?

Although **IC 16-42-19** does not use the term "doctor shopping" or "doctor shopping," it does clearly state that,

A person may not do any of the following:

1. Obtain or attempt to obtain a legend drug or procure or attempt to procure the administration of a legend drug by any of the following:

A. Fraud, deceit, misrepresentation, or subterfuge.

B. The concealment of a material fact.

2. Communicate information to a physician in an effort unlawfully to procure a legend drug or unlawfully to procure the administration of a legend drug. Such a communication is not considered a privileged communication.

What does INSPECT offer?

INSPECT is a completely free tool which has several program offerings to assist the medical community in providing patient care.

Rx History Reports

A patient's Rx History Report details all controlled substance activities over a given date range. Users registered with the INSPECT WebCenter can request Rx History Reports on their patients at anytime, from any internet connection. The conditions under which eligible users may obtain data from INSPECT are outlined in statute **IC 35-48-7-11.1**. To register with the WebCenter, please visit www.in.gov/inspect. A practitioner must hold a valid CSR license as well as an individual DEA number to be eligible for access to the INSPECT WebCenter. No information is provided without a WebCenter account. The contents of an Rx History Report should always be verified with the dispensing pharmacy if there are any questions.

Person Of Interest Notifications

INSPECT is required by statute to inform prescribers and dispensers of patients that meet a predetermined threshold of controlled substance dispensations. Patients who have exceeded that threshold become the subject of a Person of Interest (POI) alert which is then sent to every prescriber and dispenser of that patient. Recipients of a POI alert should request an Rx History Report on that patient via the WebCenter. POI alerts cover a 60-day period. POI alerts contain NO private health information, but do contain enough information for the recipient to perform a request for an Rx History Report.

Practitioner Self-Lookup

Registered users of the INSPECT WebCenter can perform a Practitioner Self-Lookup request if they are a prescriber. Similar to a credit report, this report will allow the prescriber access their full controlled substance prescribing history for a requested period of time. This can be a very helpful tool if a prescriber has been the victim of Rx pad theft or fraud.

Rx Watch Website

INSPECT launched a new companion site called Rx Watch which will provide information about pharmacy robberies and burglaries, license suspensions and revocations, and other pharmacy related news and announcements. Rx Watch also contains user-customizable analytic and GIS mapping tools as well as a video learning and training area. You can acess Rx Watch by going to the INSPECT homepage at www.in.gov/inspect and clicking the Rx Watch logo.

For more information please visit www.in.gov/inspect or email: inspect@pla.in.gov.

Registering for the INSPECT WebCenter

1. Begin by going to the general information page at www.in.gov/inspect and clicking the INSPECT logo which says "Click Here to Login to the WebCenter". Click "Register" once you are at the WebCenter Login screen.

2. Complete the online application and be sure to provide your secure, private email address when registering. It is against INSPECT's security policy to email a user's confidential login information to an office-wide or third party email address. It is important to note that just because the online registration has been submitted does not mean your application is complete. To process and approve the application, an account re-authentication form must be submitted to the INSPECT office. Please do not submit multiple online registrations.

3. Complete the re-authentication form with your personal information. You will be prompted to print this form when you register online. A copy of that form is available at www.in.gov/inspect. Every field on the form is required. If any part is left blank, your registration will not be processed. If you are a law enforcement registrant, you must also provide a letter of intent with a supervisory signature with your account re-authentication form.

4. Have your re-authentication form notarized when you sign it. (Notaries are available at every bank.)

5. Mail the notarized form (and letter of intent if necessary) to the INSPECT program at: 402 W. Washington Street Room W072, Indianapolis IN 46204. If the notary seal is a stamp and visible over fax or email transmission you may fax it to 317-233-4236 or email it as an attachment to inspect@pla.in.gov.

6. Upon receipt of the account re-authentication form in the INSPECT office your registration will be processed and you will receive login information at the email address provided on your re-authentication form. You can login to the INSPECT WebCenter by going to our general information page at www.in.gov/inspect and clicking the INSPECT logo which says "Click Here to Login to the WebCenter". Processing usually takes 1-2 business days.

INSPECT Users & Non-users: Ensure your email and mailing addresses are current with INSPECT staff (inspect@pla.in.gov) and the Medical Licensing Board ((317) 234-2060), Board of Pharmacy ((317) 234-2067), or Nursing Board ((317) 234-2043).

Proper Use of INSPECT

As a reminder, practitioners may only obtain information from INSPECT to provide treatment or evaluate the need for treatment to a patient. This includes patients who have made appointments for an initial office visit or persons who have presented a prescription to a pharmacist. Practitioners may not request a report on office/pharmacy staff, prospective employees, or anyone else for whom there is no medical chart/record available on-site for review at the practitioner's office/pharmacy location. Law Enforcement users must have an open, active investigation with a case number in order to obtain information from INSPECT. INSPECT usage policies and guidelines are available for review at www.in.gov/inspect .

Eligibility

Eligibility for access to INSPECT is limited to practitioners that hold an individual DEA number along with a valid CSR (controlled substance registration) license, and sworn law enforcement officials. However, a user may choose to designate an "agent" within their office to access the WebCenter on behalf of the registered user. Any misuse of an INSPECT WebCenter account will fall solely on the registered practitioner so both parties should be well aware of usage policies. For questions on agents please email inspect@pla.in.gov.

Indiana Code 35-48-7-5.8 defines a practitioner as, "...a Physician, Dentist, Veterinarians, Podiatrists, Nurse Practitioners, Scientific Investigators, Pharmacists, or any other institution or individual licensed, registered, or otherwise permitted to distribute, dispense or conduct research with respect to, or administer a controlled substance in the course of professional practice or research in the United States.

Links

INSPECT Homepage: www.in.gov/inspect

INSPECT WebCenter Login page:
https://extranet.pla.in.gov/PMPWebCenter/Login.aspx

Health Information Privacy & HIPAA:
http://www.hhs.gov/ocr/privacy/

IC 35-48-7:
http://www.in.gov/legislative/ic/code/title35/ar48/ch7.html

Indiana State Medical Association: http://www.ismanet.org/

National Alliance for Model State Drug Laws:
http://www.namsdl.org/home.htm

Please email inspect@pla.in.gov with any questions.

Testimonials

I routinely use INSPECT to check the prescription usage of patients. Everyday, I find at least one patient who is visiting a different physician to obtain narcotics, and I am then able to confront them and stop enabling their abuse/addiction problem. I've found patients who have obtained as many as 1,000 narcotic tablets in the previous 30 days! Prescription drug abuse is running rampant in this country, and INSPECT is helping to combat the problem in Indiana.
–James E. Holmes, M.D., Emergency Physician, Bloomington

I have found INSPECT to be a highly valuable tool. This web site, along with my practice of drug screening each new patient, has been very effective in keeping my office free of drug seekers and doctor shoppers.
-Mark K. Stine, M.D., Family Physician, Indianapolis

As a drug diversion investigator, INSPECT has become an invaluable resource. Before INSPECT, I was relegated to obtaining prescription purchase histories the old fashioned way – by contacting multiple pharmacies within my geographic area of responsibility. Because of manpower shortages and resource limitations, it was not always feasible to dedicate that much time to every case; so a major benefit of INSPECT is that it has allowed me to operate more by telephone, fax and email.
-Vinnie Gieselman, Detective, Indiana State Police, Evansville

I have come to love INSPECT and all that it offers. We have a real problem in this area with drug abuse and patients using the health care system to sustain their habits. This program gives us one more tool with which to make an educated decision regarding prescription use by patients.
-Anthony Hornaday, D.D.S, Oral & Maxillofacial Surgeon, Muncie

INSPECT has helped my pharmacy eliminate many of the drug abusers and diverters to whom we were previously dispensing. By utilizing INSPECT, we have been able to uncover patients who are visiting multiple doctors and pharmacies to obtain narcotic prescriptions they do not need. My hope is that more pharmacies and physician's offices will sign up for the program and help this state eliminate the abuse and diversion of prescription drugs for good.
-James Blanco, R.Ph, P.D., Pharmacist, Hobart

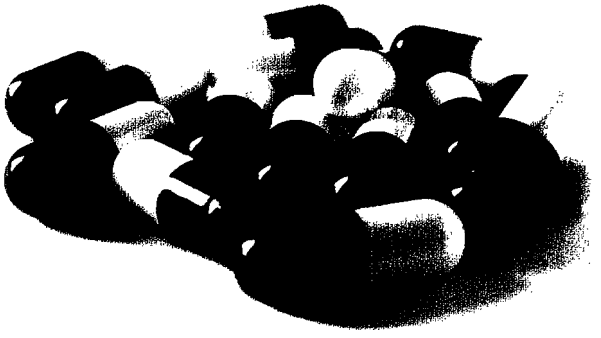
INSPECT's Affiliation with the State of Indiana
INSPECT is housed within the Indiana Professional Licensing Agency, under the direction of the Indiana Board of Pharmacy. Policy responsibility for INSPECT belongs to the Indiana Controlled Substance Advisory Committee (CSAC)—a 15 member committee comprised of health care and law enforcement professionals, all experts in the area of controlled substances. Program funding comes from a combination of state and federal dollars.

Rx INSPECT
Indiana Scheduled Prescription Electronic Collection & Tracking
402 W. Washington St. Rm W072
Indianapolis, IN 46204

WWW.IN.GOV/INSPECT

Rx INSPECT

Indiana Scheduled Prescription Electronic Collection & Tracking



Protecting Hoosiers.
One Prescription at a Time.

INDIANA'S PRESCRIPTION MONITORING PROGRAM

Mission of INSPECT:

To advance the health and safety of Hoosiers through the collection and secure maintenance of controlled substance prescription data.

What is INSPECT?

The INdiana Scheduled Prescription Electronic Collection and Tracking Program collects and monitors controlled substance prescription data.

All pharmacies licensed to do business in Indiana must report to INSPECT within 7 days from the date on which a drug is dispensed to an Indiana resident. Under certain conditions, as defined by Indiana law, health care practitioners and law enforcement officials may request information from INSPECT.

Who is Eligible for an INSPECT Account?

Health Care Practitioners –
INSPECT is committed to providing doctors, pharmacists and other health providers with information that both improves the quality of patient care and offers a means for spotting "doctor shopping" activity.
Eligible health providers include:

Physicians, Pharmacists, Dentists, Nurse Practitioners, Physician's Assistants

Law Enforcement & State, Federal Agencies –
INSPECT is committed to providing law enforcement and government agencies with the information they need to investigate individuals suspected of abusing, selling, or fraudulently obtaining controlled substances.
Those eligible for access include:

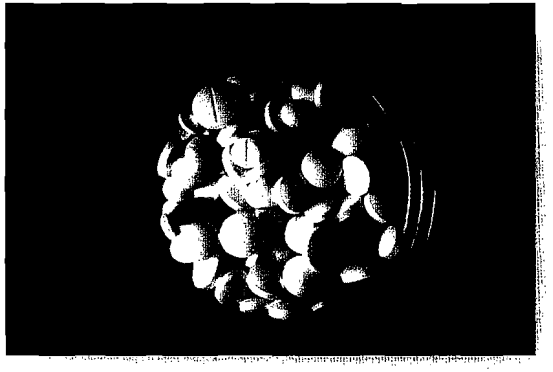
Local Police Departments, Professional Licensing Boards, Attorney General's Office, Drug Enforcement Administration

What Information is Contained in an INSPECT RX History Report?

An INSPECT Rx History Report provides users with a summary of the Schedule II, III, IV, and V controlled substances a patient has been prescribed. It also lists the practitioners who have prescribed to the patient, as well as the pharmacies that have dispensed to them. INSPECT users may request Rx History Reports 24/7. Most requests are automatically fulfilled, and the actual report is typically available for viewing within seconds.

"INSPECT has been a godsend to my practice, and I know it's helping to keep narcotics off the streets."

- Timothy Hodgini, D.O., Emergency Physician, Fort Wayne



How Accurate are the INSPECT RX History Reports?

INSPECT does not warrant any report to be accurate or fully complete. The information contained in our database comes directly from the dispensing pharmacy, and mistakes, while uncommon, are possible. As such, Rx History Reports should only be used to supplement a patient evaluation, to confirm a patient's drug history, to document compliance with a therapeutic regimen, or to assist law enforcement in an ongoing investigation.

How does INSPECT protect the confidentiality of medical information?

A number of safeguards have been put in place to protect the confidentiality of patient information. All authorized users of the system must be approved for access, and there are statutory requirements limiting how the system is used. Suspected abuse of the INSPECT system by users is subject to criminal prosecution.

How do I Register for an INSPECT Account?

INSPECT is an on-line service. Individuals must register for an account online before receiving their login credentials. Registration applications are typically processed within 1 to 3 business days. Please visit **www.in.gov/INSPECT** or call (317) 234-4458 for further information.

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WWW.IN.GOV/INSPECT

October 14, 2013

TO: Members of the Indiana Commission on Mental Health and Addiction

FROM: Marianne Halbert, JD, Criminal Justice Director, NAMI Indiana

RE: Expansion of Crisis Intervention Team (CIT) Programs throughout Indiana

Rationale:

Crisis Intervention Teams originated in Memphis, TN in 1988. Many communities throughout the world have adopted this model. Even the FBI has recognized the value of CIT:

"As a best practice, the implementation of a Crisis Intervention Team (CIT) plays an important role in responding to these [mental health crisis] situations...The primary goal of CIT involves calming persons with mental illness who are in crisis and referring them to mental health care services, rather than incarcerating them. This goal, based on five objectives, includes lessening injuries to officers, alleviating harm to the person in crisis, promoting decriminalization of individuals with mental illness, reducing the stigma associated with mental disorders, and using a team approach when responding to crises."[1]

Studies show that police-based diversions, and CIT especially, significantly reduce arrests of people with serious mental illnesses.[2,3] Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%.[4] In a one-year study of pre-booking jail diversion, including CIT, participants in jail diversion programs spent on average two more months in the community than non-diverted individuals. Individuals diverted through CIT and other programs receive more counseling, medication and other forms of treatment than individuals who are not diverted. CIT also reduces officer injuries, which in turn reduces the cost departments incur in worker's compensation, time off the job, medical expenses, etc.[5]

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[1] http://www.fbi.gov/stats-services/publications/law-enforcement-bulletin/crisis-intervention-teams-responding-to-mental-illness-crisis-calls

[2] Steadman, H., Deane, M.W., Borum, R., & Morrissey, J. (2001). Comparing outcomes of major models of police responses to mental health emergencies. Psychiatric Services, 51, 645-649

[3] Sheridan, E., & Teplin, L. (1981). Police-referred psychiatric emergencies: advantages of community treatment. Journal of Community Psychology, 9, 140-147.

[4] TAPA Center for Jail Diversion. (2004). "What can we say about the effectiveness of jail diversion programs for persons with co-occurring disorders?" The National GAINS Center. Accessed December 19, 2007 at: http://gainscenter.samhsa.gov/pdfs/jail_diversion/WhatCanWeSay.pdf

[5] Dupont, R., Cochran, S., & Bush, A. (1999) "Reducing criminalization among individuals with mental illness." Presented at the US Department of Justice and Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Conference on Forensics and Mental Illness, Washington, DC, July 1999.

Our Recommendation:

While some communities throughout Indiana have adopted and implemented CIT, there has not yet been an organized, coordinated statewide effort regarding this internationally-recognized, best-practice training. However, given the strength of Indiana's flagship CIT programs in Fort Wayne and Indianapolis, as well as other efforts around the state, we are well poised to provide structure, support, and fidelity to CIT in additional Indiana communities. Fortunately, we do not have to re-invent the wheel. States such as Ohio and Utah can provide blueprints from which we can draw in drafting our own plan.

Based on what other states have been able to accomplish, it appears that there are three key components of successful statewide expansion: 1) a centralized coordinator and technical assistance center, who would facilitate regional approaches to coalition-building and training, 2) a mini-grant program to help law enforcement agencies to help cover the costs of taking officers off the street, and 3) a legislative mandate that recognizes/endorses CIT as the state's preferred diversion model, and that asks the state legislature and state agencies to support it with funding.

A $200,000 annual budget could support the implementation of a statewide CIT effort. This would cover significant portions of salary/compensation costs for a Statewide Program Director and Statewide Program Coordinator, who are employed by and might have other duties within an appropriately positioned university, education/advocacy nonprofit, or law enforcement agency. The budget would also cover costs such as equipment, travel, training, mini-grants and other expenses similar to those allotted in the states of Ohio and Utah.

Statewide Coordination and Technical Assistance

Ohio has a Criminal Justice Coordinating Center of Excellence (CCoE). They receive a grant from the Ohio Department of Mental Health and Addiction Services in the amount of $190,000 for CIT dissemination and enhancement, in conjunction with NAMI Ohio, which also contributes from two philanthropic grants for the promotion of CIT work ($85,000 approximately). This brings the statewide support effort to roughly $275,000 roughly.

The CCoE's deliverables include coalition-building, local training implementation by coalitions, and number of officers trained. Other responsibilities of the CCoE include: maintaining a free lending library for CIT; managing an email distribution list; maintaining a website with resources, links, and some streamed training videos (including numerous *Hearing Distressing Voices* training kits); administering CIT mini-grants of $500-$750 for participating law enforcement agencies; supplying CIT pins and quick reference guides; organizing and implementing a one-day advanced training conference; and distributing statewide recognition awards for officers, programs, coordinators, and community champions.

Regional Approach and Funding Combinations

CIT Utah is a program of the Utah Division of Substance Abuse and Mental Health (DoSAMH). The Salt Lake City Police Department (SLCPD) is under contract to administer the program statewide. Part of the contract is for SLCPD to provide staff in the positions of CIT Utah Program Director and CIT Utah Program Coordinator. Both of these positions are partial FTEs with other SLCPD duties.

The program is administered regionally, with regions designed to align with the Utah's mental health centers. Within each regional coalition, a major law enforcement agency and the region's community mental health center provide in-kind staff time (often partial FTEs of existing employees) for the positions for CIT regional coordinators. They build and run regional CIT trainings, help to develop the program in communities throughout the region, and to address criminal justice/mental health services more broadly.

The statewide program receives its major funding through a contract with DoSAMH. The DoSAMH uses a combination of funds from its Federal Mental Health Block Grant and as of last year, state legislative funding. In 2011, Utah's governor and legislature passed a concurrent resolution that recognized the program and encouraged development of active programs throughout Utah. The program's annual budget is approximately $150,000, which covers partial state-level FTEs and the following: all materials used in all academies; training equipment used in all academies; part time office technician; overtime costs; travel and lodging ; attendance for the Program Director and Program Coordinator to annually attend the CIT International Conference, NAMI National Conference, NAMI State Conference and additional training for program development; Training and travel expenses for Regional Coordinators and the CIT Utah Officer of the Year (annual attendance at the CIT International Conference).

Increased Law Enforcement Academy Training in Mental Health

Ohio has also increased the number of mandatory hours of training on mental health for all new law enforcement officers in their law enforcement academy. Best-practice implementation of CIT is to recruit voluntary participation and certification by experienced officers interested in mental health and leadership. However, Ohio's CIT leaders assert that additional training for all new officers 1) also improves outcomes, and 2) provides a fertile group of trained officers from which to recruit.

Language:

In the wake of the tragic events which took place at Virginia Tech in April, 2007, the Virginia Legislature enacted new laws for the establishment and support of CIT programs. This law is regarded by leaders in the CIT community as the gold standard for broad creation and sustainability of statewide CIT expansion. The full text can be found at http://vacitcoalition.org/public_policy.

The following language, which is instructive of what a comprehensive statewide CIT plan could look like, comes from portions of Virginia's *Article 13: Crisis Intervention Teams.* (It has been condensed here, please see link for full text)

§ 9.1-187. Establishment of crisis intervention team programs.

A. ... the Department of Criminal Justice Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services, utilizing such federal or state funding as may be available for this purpose, shall support the development and establishment of crisis intervention team programs in areas throughout the Commonwealth. Areas may be composed of any combination of one or more counties, cities, towns, or colleges or universities contained therein that may have law-enforcement officers ... or campus police officers ...The crisis intervention teams shall assist law-enforcement officers in responding to crisis situations involving persons with mental illness, substance abuse problems, or both. The goals of the crisis intervention team programs shall be:

1. Providing immediate response by specially trained law-enforcement officers;
2. Reducing the amount of time officers spend out of service...;
3. Affording persons with mental illness, substance abuse problems, or both, a sense of dignity in crisis situations;
4. Reducing the likelihood of physical confrontation;
5. Decreasing arrests and use of force;
6. Identifying underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care;
7. Providing support and assistance for mental health treatment professionals;
8. Decreasing the use of arrest and detention of persons experiencing mental health and/or substance abuse crises by providing better access to timely treatment;
9. Providing a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law-enforcement or jail facility;
10. Increasing public recognition and appreciation for the mental health needs of a community;
11. Decreasing injuries to law-enforcement officers during crisis events;
12. Reducing inappropriate arrests of individuals with mental illness in crisis situations; and
13. Decreasing the need for mental health treatment in jail.

B. [RE: criteria for the development of crisis intervention teams that shall include assessment of the effectiveness of the area's plan. See link for full text]

C. [RE: a report outlining the status of the CIT programs. See link for full text]
§ 9.1-188. Crisis intervention team training. [See link for full text]
§ 9.1-189. Crisis intervention team protocol. [See link for full text]
§ 9.1-190. Crisis intervention team program assessment. [See link for full text]