

HOUSE BILL No. 1137

DIGEST OF INTRODUCED BILL

Citations Affected: IC 11-10; IC 11-12; IC 11-13; IC 12-15-44.5-3.5; IC 12-23; IC 16-35-10-4; IC 16-41-7.5-6; IC 16-42-27-2; IC 31-26-3.5-1.5; IC 33-23-16-24.5; IC 33-33-2-46; IC 33-39-1-8; IC 35-38-2-2.3.

Synopsis: Addiction treatment medications. Requires that a substance abuse medication in various treatment programs be a long acting medication. (Current law requires the medication be a long acting, nonaddictive medication.) Provides for a uniform definition of the term "medication assisted treatment". Makes technical corrections.

Effective: July 1, 2020.

Barrett

January 8, 2020, read first time and referred to Committee on Public Health.



Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1137

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 11-10-4-6, AS AMENDED BY P.L.209-2015,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2020]: Sec. 6. The administration of a drug by the department
4 for the purpose of controlling a mental or emotional disorder is subject
5 to the following requirements:
6 (1) The particular drug must be prescribed by a physician who has
7 examined the offender.
8 (2) The drug must be administered by either a physician or
9 qualified medical personnel under the direct supervision of a
10 physician.
11 (3) The offender must be periodically observed, during the
12 duration of the drug's effect, by qualified medical personnel.
13 (4) A drug may be administered for a period longer than
14 seventy-two (72) hours only if the administration is part of a
15 psychotherapeutic program of treatment prescribed and detailed
16 in writing by a physician.
17 (5) A drug may be administered for the purpose of controlling



1 substance abuse, including a federal Food and Drug
 2 Administration approved long acting ~~nonaddictive~~ medication for
 3 the treatment of opioid or alcohol dependence.

4 SECTION 2. IC 11-10-11.5-11, AS AMENDED BY P.L.209-2015,
 5 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2020]: Sec. 11. (a) While assigned to a community transition
 7 program, a person must comply with:

8 (1) the rules concerning the conduct of persons in the community
 9 transition program, including rules related to payments described
 10 in section 12 of this chapter, that are adopted by the community
 11 corrections advisory board establishing the program or, in
 12 counties that are not served by a community corrections program,
 13 that are jointly adopted by the courts in the county with felony
 14 jurisdiction; and

15 (2) any conditions established by the sentencing court for the
 16 person.

17 (b) As a rule of the community transition program, a person
 18 convicted of a sex offense (as defined in IC 11-8-8-5.2) may not use a
 19 social networking web site (as defined in IC 35-31.5-2-307) or an
 20 instant messaging or chat room program (as defined in
 21 IC 35-31.5-2-173) to communicate, directly or through an intermediary,
 22 with a child less than sixteen (16) years of age. However, the rules of
 23 the community transition program may permit the offender to
 24 communicate using a social networking web site or an instant
 25 messaging or chat room program with:

26 (1) the offender's own child, stepchild, or sibling; or

27 (2) another relative of the offender specifically named in the rules
 28 applicable to that person.

29 (c) As a rule of the community transition program, an individual
 30 may be required to receive:

31 (1) addiction counseling;

32 (2) inpatient detoxification;

33 (3) case management;

34 (4) daily living skills; and

35 (5) medication assisted treatment **including (as defined by**
 36 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 37 Administration approved long acting ~~nonaddictive~~ medication for
 38 the treatment of opioid or alcohol dependence.

39 SECTION 3. IC 11-12-1-2.5, AS AMENDED BY P.L.209-2015,
 40 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2020]: Sec. 2.5. (a) The community corrections programs
 42 described in section 2 of this chapter shall use evidence based services,



1 programs, and practices that reduce the risk for recidivism among
2 persons who participate in the community corrections programs.

3 (b) The community corrections board may also coordinate or
4 operate:

- 5 (1) educational;
- 6 (2) mental health;
- 7 (3) drug or alcohol abuse counseling; and
- 8 (4) housing;

9 programs. In addition, the board may provide supervision services for
10 persons described in section 2 of this chapter.

11 (c) Drug or alcohol abuse counseling programs under subsection (b)
12 may include:

- 13 (1) addiction counseling;
- 14 (2) inpatient detoxification; and
- 15 (3) medication assisted treatment ~~including~~ **(as defined by**
16 **IC 12-7-2-128.7) that includes** a federal Food and Drug
17 Administration approved long acting ~~nonaddictive~~ medication for
18 the treatment of opioid or alcohol dependence.

19 SECTION 4. IC 11-12-2-1, AS AMENDED BY P.L.65-2018,
20 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2020]: Sec. 1. (a) For the purpose of encouraging counties to
22 develop a coordinated local corrections-criminal justice system and
23 providing effective alternatives to imprisonment at the state level, the
24 commissioner shall, out of funds appropriated for such purposes, make
25 grants:

- 26 (1) to counties for the establishment and operation of community
27 corrections programs and court supervised recidivism reduction
28 programs; and
- 29 (2) to support a probation department, pretrial diversion program,
30 or jail treatment program.

31 Appropriations intended for this purpose may not be used by the
32 department for any other purpose. Money appropriated to the
33 department of correction for the purpose of making grants under this
34 chapter and any financial aid payments suspended under section 6 of
35 this chapter do not revert to the state general fund at the close of any
36 fiscal year, but remain available to the department of correction for its
37 use in making grants under this chapter.

38 (b) Before March 1 of each year, the department shall estimate the
39 amount of any operational cost savings that will be realized in the state
40 fiscal year ending June 30 from a reduction in the number of
41 individuals who are in the custody or made a ward of the department
42 of correction (as described in IC 11-8-1-5) that is attributable to the



1 sentencing changes made in HEA 1006-2014 as enacted in the 2014
 2 session of the general assembly. The department shall make the
 3 estimate under this subsection based on the best available information.
 4 If the department estimates that operational cost savings described in
 5 this subsection will be realized in the state fiscal year, the following
 6 apply to the department:

7 (1) The department shall certify the estimated amount of
 8 operational cost savings that will be realized to the budget agency
 9 and to the auditor of state.

10 (2) The department may, after review by the budget committee
 11 and approval by the budget agency, make additional grants as
 12 provided in this chapter to:

13 (A) county jails to provide evidence based mental health and
 14 addiction forensic treatment services; and

15 (B) counties for the establishment and operation of pretrial
 16 release programs, diversion programs, community corrections
 17 programs, and court supervised recidivism reduction
 18 programs;

19 from funds appropriated to the department for the department's
 20 operating expenses for the state fiscal year.

21 (3) The maximum aggregate amount of additional grants and
 22 transfers that may be made by the department under subdivision
 23 (2) for the state fiscal year may not exceed the lesser of:

24 (A) the amount of operational cost savings certified under
 25 subdivision (1); or

26 (B) eleven million dollars (\$11,000,000).

27 Notwithstanding P.L.205-2013 (HEA 1001-2013), the amount of funds
 28 necessary to make any additional grants authorized and approved under
 29 this subsection and for any transfers authorized and approved under
 30 this subsection, and for providing the additional financial aid to courts
 31 from transfers authorized and approved under this subsection, is
 32 appropriated for those purposes for the state fiscal year, and the amount
 33 of the department's appropriation for operating expenses for the state
 34 fiscal year is reduced by a corresponding amount.

35 (c) The commissioner shall coordinate with the division of mental
 36 health and addiction in issuing community corrections and court
 37 supervised recidivism reduction program grants to programs that
 38 provide alternative sentencing projects for persons with mental illness,
 39 addictive disorders, intellectual disabilities, and developmental
 40 disabilities. Programs for addictive disorders may include:

41 (1) addiction counseling;

42 (2) inpatient detoxification; and



1 (3) medication assisted treatment ~~including~~ **(as defined by**
 2 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 3 Administration approved long acting ~~nonaddictive~~ medication for
 4 the treatment of opioid or alcohol dependence.

5 (d) Grants awarded under this chapter:

6 (1) must focus on funding evidence based programs, including
 7 programs that address cognitive behavior, that have as a primary
 8 goal the purpose of reforming offenders; and

9 (2) may be used for technology based programs, including an
 10 electronic monitoring program.

11 (e) Before the tenth day of each month, the department shall
 12 compile the following information with respect to the previous month:

13 (1) The number of persons committed to the department.

14 (2) The number of persons:

15 (A) confined in a department facility;

16 (B) participating in a community corrections program; and

17 (C) confined in a local jail under contract with or on behalf of
 18 the department.

19 (3) For each facility operated by the department:

20 (A) the number of beds in each facility;

21 (B) the number of inmates housed in the facility;

22 (C) the highest felony classification of each inmate housed in
 23 the facility; and

24 (D) a list of all felonies for which persons housed in the
 25 facility have been sentenced.

26 (f) The department shall:

27 (1) quarterly submit a report to the budget committee; and

28 (2) monthly submit a report to the justice reinvestment advisory
 29 council (as established in IC 33-38-9.5-2);

30 of the information compiled by the department under subsection (e).

31 The report to the budget committee must be submitted in a form
 32 approved by the budget committee, and the report to the advisory

33 council must be in a form approved by the advisory council.

34 SECTION 5. IC 11-12-3.7-11, AS AMENDED BY P.L.209-2015,
 35 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 36 JULY 1, 2020]: Sec. 11. (a) A person is eligible to participate in a
 37 pre-conviction forensic diversion program only if the person meets the
 38 following criteria:

39 (1) The person has an intellectual disability, a developmental
 40 disability, an autism spectrum disorder, a mental illness, an
 41 addictive disorder, or a combination of those conditions.

42 (2) The person has been charged with an offense that is:



- 1 (A) not a violent offense; and
 2 (B) a Class A, B, or C misdemeanor, or a Level 6 felony that
 3 may be reduced to a Class A misdemeanor in accordance with
 4 IC 35-50-2-7.
- 5 (3) The person does not have a conviction for a violent offense in
 6 the previous ten (10) years.
- 7 (4) The court has determined that the person is an appropriate
 8 candidate to participate in a pre-conviction forensic diversion
 9 program.
- 10 (5) The person has been accepted into a pre-conviction forensic
 11 diversion program.
- 12 (b) Before an eligible person is permitted to participate in a
 13 pre-conviction forensic diversion program, the court shall advise the
 14 person of the following:
- 15 (1) Before the individual is permitted to participate in the
 16 program, the individual will be required to enter a guilty plea to
 17 the offense with which the individual has been charged.
- 18 (2) The court will stay entry of the judgment of conviction during
 19 the time in which the individual is successfully participating in
 20 the program. If the individual stops successfully participating in
 21 the program, or does not successfully complete the program, the
 22 court will lift its stay, enter a judgment of conviction, and
 23 sentence the individual accordingly.
- 24 (3) If the individual participates in the program, the individual
 25 may be required to remain in the program for a period not to
 26 exceed three (3) years.
- 27 (4) During treatment the individual may be confined in an
 28 institution, be released for treatment in the community, receive
 29 supervised aftercare in the community, or may be required to
 30 receive a combination of these alternatives. Programs for
 31 addictive disorders may include:
- 32 (A) addiction counseling;
 33 (B) inpatient detoxification;
 34 (C) case management;
 35 (D) daily living skills; and
 36 (E) medication assisted treatment ~~including~~ **(as defined by**
 37 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 38 Administration approved long acting ~~nonaddictive~~ medication
 39 for the treatment of opioid or alcohol dependence.
- 40 (5) If the individual successfully completes the forensic diversion
 41 program, the court will waive entry of the judgment of conviction
 42 and dismiss the charges.



- 1 (6) The court shall determine, after considering a report from the
 2 forensic diversion program, whether the individual is successfully
 3 participating in or has successfully completed the program.
- 4 (c) Before an eligible person may participate in a pre-conviction
 5 forensic diversion program, the person must plead guilty to the offense
 6 with which the person is charged.
- 7 (d) Before an eligible person may be admitted to a facility under the
 8 control of the division of mental health and addiction, the individual
 9 must be committed to the facility under IC 12-26.
- 10 (e) After the person has pleaded guilty, the court shall stay entry of
 11 judgment of conviction and place the person in the pre-conviction
 12 forensic diversion program for not more than:
- 13 (1) two (2) years, if the person has been charged with a
 14 misdemeanor; or
- 15 (2) three (3) years, if the person has been charged with a felony.
- 16 (f) If, after considering the report of the forensic diversion program,
 17 the court determines that the person has:
- 18 (1) failed to successfully participate in the forensic diversion
 19 program, or failed to successfully complete the program, the court
 20 shall lift its stay, enter judgment of conviction, and sentence the
 21 person accordingly; or
- 22 (2) successfully completed the forensic diversion program, the
 23 court shall waive entry of the judgment of conviction and dismiss
 24 the charges.
- 25 SECTION 6. IC 11-12-3.8-1.5, AS ADDED BY P.L.209-2015,
 26 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 27 JULY 1, 2020]: Sec. 1.5. For purposes of this chapter, "substance abuse
 28 treatment" may include:
- 29 (1) addiction counseling;
- 30 (2) inpatient detoxification; and
- 31 (3) medication assisted treatment ~~including~~ **(as defined by**
 32 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 33 Administration approved long acting ~~nonaddictive~~ medication for
 34 the treatment of opioid or alcohol dependence.
- 35 SECTION 7. IC 11-13-2-3, AS AMENDED BY P.L.209-2015,
 36 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2020]: Sec. 3. (a) Any court having probation jurisdiction may
 38 apply for financial assistance under this chapter by submitting an
 39 application to the judicial conference of Indiana for review. The
 40 application shall be accompanied by detailed plans regarding the use
 41 of the financial aid.
- 42 (b) The judicial conference of Indiana shall develop a plan for the



1 application process and the funding requirements for courts seeking
 2 financial aid. The judicial conference and the state budget committee
 3 must approve all financial aid granted under this chapter.

4 (c) Two (2) or more courts may jointly apply for financial assistance
 5 under this chapter.

6 (d) The judicial conference of Indiana shall award financial
 7 assistance based on the proposed implementation of evidence based
 8 practices or the proposed coordination of services with other
 9 community supervision agencies operating in the same county.

10 (e) Before providing financial assistance under this chapter, the
 11 judicial conference of Indiana shall consult with the department of
 12 correction and the division of mental health and addiction:

13 (1) for the purpose of more effectively addressing the need for:

14 (A) substance abuse treatment;

15 (B) mental health services; and

16 (C) other services for offenders placed on community
 17 supervision; and

18 (2) to avoid duplication of services.

19 (f) Substance abuse treatment under subsection (e) may include:

20 (1) addiction counseling;

21 (2) inpatient detoxification; and

22 (3) medication assisted treatment ~~including~~ **(as defined by**
 23 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 24 Administration approved long acting ~~nonaddictive~~ medication for
 25 the treatment of opioid or alcohol dependence.

26 (g) Mental health and substance abuse treatment services provided
 27 by financial assistance under this section shall be provided by a
 28 provider certified by the division of mental health and addiction to
 29 provide mental health or substance abuse treatment.

30 SECTION 8. IC 11-13-3-4, AS AMENDED BY P.L.37-2019,
 31 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2020]: Sec. 4. (a) A condition to remaining on parole is that
 33 the parolee not commit a crime during the period of parole.

34 (b) The parole board may also adopt, under IC 4-22-2, additional
 35 conditions to remaining on parole and require a parolee to satisfy one
 36 (1) or more of these conditions. These conditions must be reasonably
 37 related to the parolee's successful reintegration into the community and
 38 not unduly restrictive of a fundamental right.

39 (c) If a person is released on parole, the parolee shall be given a
 40 written statement of the conditions of parole. Signed copies of this
 41 statement shall be:

42 (1) retained by the parolee;



- 1 (2) forwarded to any person charged with the parolee's
 2 supervision; and
 3 (3) placed in the parolee's master file.
- 4 (d) The parole board may modify parole conditions if the parolee
 5 receives notice of that action and had ten (10) days after receipt of the
 6 notice to express the parolee's views on the proposed modification.
 7 This subsection does not apply to modification of parole conditions
 8 after a revocation proceeding under section 10 of this chapter.
- 9 (e) As a condition of parole, the parole board may require the
 10 parolee to reside in a particular parole area. In determining a parolee's
 11 residence requirement, the parole board shall:
- 12 (1) consider:
- 13 (A) the residence of the parolee prior to the parolee's
 14 incarceration; and
 15 (B) the parolee's place of employment; and
- 16 (2) assign the parolee to reside in the county where the parolee
 17 resided prior to the parolee's incarceration unless assignment on
 18 this basis would be detrimental to the parolee's successful
 19 reintegration into the community.
- 20 (f) As a condition of parole, the parole board may require the
 21 parolee to:
- 22 (1) periodically undergo a laboratory chemical test (as defined in
 23 IC 9-13-2-22) or series of tests to detect and confirm the presence
 24 of a controlled substance (as defined in IC 35-48-1-9); and
 25 (2) have the results of any test under this subsection reported to
 26 the parole board by the laboratory.
- 27 The parolee is responsible for any charges resulting from a test
 28 required under this subsection. However, a person's parole may not be
 29 revoked on the basis of the person's inability to pay for a test under this
 30 subsection.
- 31 (g) As a condition of parole, the parole board:
- 32 (1) may require a parolee who is a sex offender (as defined in
 33 IC 11-8-8-4.5) to:
- 34 (A) participate in a treatment program for sex offenders
 35 approved by the parole board; and
 36 (B) avoid contact with any person who is less than sixteen (16)
 37 years of age unless the parolee:
- 38 (i) receives the parole board's approval; or
 39 (ii) successfully completes the treatment program referred to
 40 in clause (A); and
- 41 (2) shall:
- 42 (A) require a parolee who is a sex or violent offender (as



- 1 defined in IC 11-8-8-5) to register with a local law
 2 enforcement authority under IC 11-8-8;
 3 (B) prohibit a parolee who is a sex offender from residing
 4 within one thousand (1,000) feet of school property (as defined
 5 in IC 35-31.5-2-285) for the period of parole, unless the sex
 6 offender obtains written approval from the parole board;
 7 (C) prohibit a parolee who is a sex offender convicted of a sex
 8 offense (as defined in IC 35-38-2-2.5) from residing within
 9 one (1) mile of the victim of the sex offender's sex offense
 10 unless the sex offender obtains a waiver under IC 35-38-2-2.5;
 11 (D) prohibit a parolee who is a sex offender from owning,
 12 operating, managing, being employed by, or volunteering at
 13 any attraction designed to be primarily enjoyed by children
 14 less than sixteen (16) years of age;
 15 (E) require a parolee who is a sex offender to consent:
 16 (i) to the search of the sex offender's personal computer at
 17 any time; and
 18 (ii) to the installation on the sex offender's personal
 19 computer or device with Internet capability, at the sex
 20 offender's expense, of one (1) or more hardware or software
 21 systems to monitor Internet usage; and
 22 (F) prohibit the sex offender from:
 23 (i) accessing or using certain web sites, chat rooms, or
 24 instant messaging programs frequented by children; and
 25 (ii) deleting, erasing, or tampering with information on the
 26 sex offender's personal computer with intent to conceal an
 27 activity prohibited by item (i).
 28 The parole board may not grant a sexually violent predator (as defined
 29 in IC 35-38-1-7.5) or a sex offender who is an offender against children
 30 under IC 35-42-4-11 a waiver under subdivision (2)(B) or (2)(C). If the
 31 parole board allows the sex offender to reside within one thousand
 32 (1,000) feet of school property under subdivision (2)(B), the parole
 33 board shall notify each school within one thousand (1,000) feet of the
 34 sex offender's residence of the order.
 35 (h) The address of the victim of a parolee who is a sex offender
 36 convicted of a sex offense (as defined in IC 35-38-2-2.5) is
 37 confidential, even if the sex offender obtains a waiver under
 38 IC 35-38-2-2.5.
 39 (i) As a condition of parole, the parole board may require a parolee
 40 to participate in a reentry court program.
 41 (j) As a condition of parole, the parole board shall require a parolee
 42 who is a sexually violent predator under IC 35-38-1-7.5 or who is a sex



1 or violent offender (as defined in IC 11-8-8-5) to wear a monitoring
 2 device (as described in IC 35-38-2.5-3) that can transmit information
 3 twenty-four (24) hours each day regarding a person's precise location,
 4 subject to a validated sex offender risk assessment, and subject to the
 5 amount appropriated to the department for a monitoring program as a
 6 condition of parole.

7 (k) As a condition of parole, the parole board may prohibit, in
 8 accordance with IC 35-38-2-2.6, a parolee who has been convicted of
 9 stalking from residing within one thousand (1,000) feet of the residence
 10 of the victim of the stalking for a period that does not exceed five (5)
 11 years.

12 (l) As a condition of parole, the parole board may prohibit a parolee
 13 convicted of an offense under IC 35-46-3 from owning, harboring, or
 14 training an animal, and, if the parole board prohibits a parolee
 15 convicted of an offense under IC 35-46-3 from having direct or indirect
 16 contact with an individual, the parole board may also prohibit the
 17 parolee from having direct or indirect contact with any animal
 18 belonging to the individual.

19 (m) As a condition of parole, the parole board may require a parolee
 20 to receive:

- 21 (1) addiction counseling;
- 22 (2) inpatient detoxification;
- 23 (3) case management;
- 24 (4) daily living skills; and
- 25 (5) medication assisted treatment ~~including~~ **including (as defined by**
 26 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 27 Administration approved long acting ~~nonaddictive~~ medication for
 28 the treatment of opioid or alcohol dependence.

29 (n) A parolee may be responsible for the reasonable expenses, as
 30 determined by the department, of the parolee's participation in a
 31 treatment or other program required as a condition of parole under this
 32 section. However, a person's parole may not be revoked solely on the
 33 basis of the person's inability to pay for a program required as a
 34 condition of parole under this section.

35 (o) When an offender is placed on lifetime parole, the parole board
 36 shall inform the sheriff and the prosecuting attorney of the county in
 37 which the offender committed the offense:

- 38 (1) that the offender has been placed on lifetime parole; and
- 39 (2) whether the offender is required to wear a monitoring device
 40 as described in subsection (j).

41 (p) As a condition of parole, the parole board shall prohibit a person
 42 convicted of an animal abuse offense (as defined in IC 35-38-2-2.8)



1 from owning, harboring, or training a companion animal (as defined in
2 IC 35-38-2-2.8).

3 SECTION 9. IC 12-15-44.5-3.5, AS ADDED BY P.L.30-2016,
4 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2020]: Sec. 3.5. (a) The plan must include the following in a
6 manner and to the extent determined by the office:

- 7 (1) Mental health care services.
- 8 (2) Inpatient hospital services.
- 9 (3) Prescription drug coverage, including coverage of a long
10 acting ~~nonaddictive~~ medication assistance treatment drug if the
11 drug is being prescribed for the treatment of substance abuse.
- 12 (4) Emergency room services.
- 13 (5) Physician office services.
- 14 (6) Diagnostic services.
- 15 (7) Outpatient services, including therapy services.
- 16 (8) Comprehensive disease management.
- 17 (9) Home health services, including case management.
- 18 (10) Urgent care center services.
- 19 (11) Preventative care services.
- 20 (12) Family planning services:
 - 21 (A) including contraceptives and sexually transmitted disease
22 testing, as described in federal Medicaid law (42 U.S.C. 1396
23 et seq.); and
 - 24 (B) not including abortion or abortifacients.
- 25 (13) Hospice services.
- 26 (14) Substance abuse services.
- 27 (15) Pregnancy services.
- 28 (16) A service determined by the secretary to be required by
29 federal law as a benchmark service under the federal Patient
30 Protection and Affordable Care Act.

31 (b) The plan may not permit treatment limitations or financial
32 requirements on the coverage of mental health care services or
33 substance abuse services if similar limitations or requirements are not
34 imposed on the coverage of services for other medical or surgical
35 conditions.

36 (c) The plan may provide vision services and dental services only
37 to individuals who regularly make the required monthly contributions
38 for the plan as set forth in section 4.7(c) of this chapter.

39 (d) The benefit package offered in the plan:

- 40 (1) must be benchmarked to a commercial health plan described
41 in 45 CFR 155.100(a)(1) or 45 CFR 155.100(a)(4); and
- 42 (2) may not include a benefit that is not present in at least one (1)



1 of these commercial benchmark options.

2 (e) The office shall provide to an individual who participates in the
3 plan a list of health care services that qualify as preventative care
4 services for the age, gender, and preexisting conditions of the
5 individual. The office shall consult with the federal Centers for Disease
6 Control and Prevention for a list of recommended preventative care
7 services.

8 (f) The plan shall, at no cost to the individual, provide payment of
9 preventative care services described in 42 U.S.C. 300gg-13 for an
10 individual who participates in the plan.

11 (g) The plan shall, at no cost to the individual, provide payments of
12 not more than five hundred dollars (\$500) per year for preventative
13 care services not described in subsection (f). Any additional
14 preventative care services covered under the plan and received by the
15 individual during the year are subject to the deductible and payment
16 requirements of the plan.

17 SECTION 10. IC 12-23-18-0.5, AS AMENDED BY P.L.8-2016,
18 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2020]: Sec. 0.5. (a) An opioid treatment program shall not
20 operate in Indiana unless the opioid treatment program meets the
21 following conditions:

22 (1) Is specifically approved and the opioid treatment facility is
23 certified by the division.

24 (2) Is in compliance with state and federal law.

25 (3) Provides treatment for opioid addiction using a drug approved
26 by the federal Food and Drug Administration for the treatment of
27 opioid addiction, including:

28 (A) opioid maintenance;

29 (B) detoxification;

30 (C) overdose reversal;

31 (D) relapse prevention; and

32 (E) long acting ~~nonaddictive~~ medication assisted treatment
33 medications.

34 (4) Beginning July 1, 2017, is:

35 (A) enrolled:

36 (i) as a Medicaid provider under IC 12-15; and

37 (ii) as a healthy Indiana plan provider under IC 12-15-44.2;

38 or

39 (B) enrolled as an ordering, prescribing, or referring provider
40 in accordance with Section 6401 of the federal Patient
41 Protection and Affordable Care Act (P.L. 111-148), as
42 amended by the federal Health Care and Education



1 Reconciliation Act of 2010 (P.L. 111-152) and maintains a
 2 memorandum of understanding with a community mental
 3 health center for the purpose of ordering, prescribing, or
 4 referring treatments covered by Medicaid and the healthy
 5 Indiana plan.

6 (b) Separate specific approval and certification under this chapter
 7 is required for each location at which an opioid treatment program is
 8 operated. If an opioid treatment program moves the opioid treatment
 9 program's facility to another location, the opioid treatment program's
 10 certification does not apply to the new location and certification for the
 11 new location under this chapter is required.

12 (c) Each opioid treatment program that is enrolled as an ordering,
 13 prescribing, or referring provider shall report to the office on an annual
 14 basis the services provided to Indiana Medicaid patients. The report
 15 must include the following:

- 16 (1) The number of Medicaid patients seen by the ordering,
 17 prescribing, or referring provider.
- 18 (2) The services received by the provider's Medicaid patients,
 19 including any drugs prescribed.
- 20 (3) The number of Medicaid patients referred to other providers.
- 21 (4) Any other provider types to which the Medicaid patients were
 22 referred.

23 SECTION 11. IC 12-23-18-5.3, AS AMENDED BY P.L.51-2019,
 24 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2020]: Sec. 5.3. Subject to federal law and consistent with
 26 standard medical practices in opioid treatment for substance abuse, the
 27 division shall adopt rules under IC 4-22-2 concerning opioid treatment
 28 by an opioid treatment provider, including the following:

- 29 (1) A requirement that the opioid treatment provider periodically
 30 review with the patient the patient's treatment plan. In the review,
 31 the opioid treatment provider shall consider changes to the plan
 32 with the goal of requiring the minimal clinically necessary
 33 medication dose, including, when appropriate, the goal of opioid
 34 abstinence.
- 35 (2) Treatment protocols containing best practice guidelines for the
 36 treatment of opiate dependent patients, including the following:
 37 (A) Appropriate clinical use of all drugs approved by the
 38 federal Food and Drug Administration for the treatment of
 39 opioid addiction, including the following when available:
 40 (i) Opioid maintenance.
 41 (ii) Detoxification.
 42 (iii) Overdose reversal.



- 1 (iv) Relapse prevention.
- 2 (v) Long acting ~~nonaddictive~~ medication assisted treatment
- 3 medications.
- 4 (B) Requirement of initial and periodic behavioral health
- 5 assessments for each patient.
- 6 (C) Appropriate use of providing overdose reversal, relapse
- 7 prevention, counseling, and ancillary services.
- 8 (D) Transitioning off agonist and partial agonist therapies with
- 9 the goal, when appropriate, of opioid abstinence.
- 10 (E) Training and experience requirements for providers who
- 11 treat and manage opiate dependent patients.
- 12 (F) Requirement that a provider who prescribes opioid
- 13 medication for a patient periodically review INSPECT (as
- 14 defined in IC 25-26-24-7) concerning controlled substance
- 15 information for the patient.

16 SECTION 12. IC 12-23-18-7, AS AMENDED BY P.L.209-2015,
 17 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2020]: Sec. 7. (a) The division shall adopt rules under
 19 IC 4-22-2 to establish standards and protocols for opioid treatment
 20 programs to do the following:

- 21 (1) Assess new opioid treatment program patients to determine
- 22 the most effective opioid treatment medications to start the
- 23 patient's opioid treatment.
- 24 (2) Ensure that each patient voluntarily chooses maintenance
- 25 treatment and that relevant facts concerning the use of opioid
- 26 treatment medications are clearly and adequately explained to the
- 27 patient.
- 28 (3) Have appropriate opioid treatment program patients who are
- 29 receiving methadone for opioid treatment move to receiving other
- 30 approved opioid treatment medications.

31 (b) An opioid treatment program shall follow the standards and
 32 protocols adopted under subsection (a) for each opioid treatment
 33 program patient.

34 (c) Subject to subsection (a), an opioid treatment program may use
 35 any of the following medications as an alternative for methadone for
 36 opioid treatment:

- 37 (1) Buprenorphine.
- 38 (2) Buprenorphine combination products containing naloxone.
- 39 (3) Naltrexone injectable and extended release.
- 40 (4) A federal Food and Drug Administration approved long acting
- 41 ~~nonaddictive~~ medication for the treatment of opioid or alcohol
- 42 dependence.



- 1 (5) Any other medication that has been approved by:
- 2 (A) the federal Food and Drug Administration for use in the
- 3 treatment of opioid addiction; and
- 4 (B) the division under subsection (e).
- 5 (d) Before starting a patient on a new opioid treatment medication,
- 6 the opioid treatment program shall explain to the patient the potential
- 7 side effects of the new medication.
- 8 (e) The division may adopt rules under IC 4-22-2 to provide for
- 9 other medications, including a federal Food and Drug Administration
- 10 approved long acting ~~nonaddictive~~ medication for the treatment of
- 11 opioid or alcohol dependence, as alternatives to methadone that may be
- 12 used under subsection (a).
- 13 SECTION 13. IC 12-23-18-7.5, AS ADDED BY P.L.8-2016,
- 14 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 15 JULY 1, 2020]: Sec. 7.5. (a) This section applies to an office based
- 16 opioid treatment provider who:
- 17 (1) has obtained a waiver from the federal Substance Abuse and
- 18 Mental Health Services Administration (SAMHSA) and meets the
- 19 qualifying standards required to treat opioid addicted patients in
- 20 an office based setting; and
- 21 (2) has a valid federal Drug Enforcement Administration
- 22 registration number and identification number that specifically
- 23 authorizes treatment in an office based setting.
- 24 (b) The office of the secretary and the division shall develop a
- 25 treatment protocol containing best practice guidelines for the treatment
- 26 of opiate dependent patients. The treatment protocol must require the
- 27 minimal clinically necessary medication dose, including, when
- 28 appropriate, the goal of opioid abstinence, and including the following:
- 29 (1) Appropriate clinical use of any drug approved by the federal
- 30 Food and Drug Administration for the treatment of opioid
- 31 addiction, including the following:
- 32 (A) Opioid maintenance.
- 33 (B) Opioid detoxification.
- 34 (C) Overdose reversal.
- 35 (D) Relapse prevention.
- 36 (E) Long acting ~~nonaddictive~~ medication assisted treatment
- 37 medications.
- 38 (2) A requirement for initial and periodic behavioral health
- 39 assessments for each patient.
- 40 (3) Appropriate use of providing overdose reversal, relapse
- 41 prevention, counseling, and ancillary services.
- 42 (4) Transitioning off agonist and partial agonist therapies, when



1 appropriate, with the goal of opioid abstinence.

2 (5) Training and experience requirements for prescribers of drugs
3 described in subdivision (1) in the treatment and management of
4 opiate dependent patients.

5 (6) A requirement that prescribers obtain informed consent from
6 a patient concerning all available opioid treatment options,
7 including each option's potential benefits and risks, before
8 prescribing a drug described in subdivision (1).

9 (c) ~~Before December 31, 2016,~~ The office of the secretary shall
10 recommend the clinical practice guidelines required under subsection
11 (b) to:

12 (1) the Indiana professional licensing agency established under
13 IC 25-1-5;

14 (2) the office of Medicaid policy and planning established under
15 IC 12-8-6.5; and

16 (3) a managed care organization that has contracted with the
17 office of Medicaid policy and planning.

18 SECTION 14. IC 12-23-18-8, AS AMENDED BY P.L.51-2019,
19 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20 JULY 1, 2020]: Sec. 8. (a) As used in this section, "dispense" means to
21 deliver a controlled substance to an ultimate user.

22 (b) Subject to the federal patient confidentiality requirements under
23 42 CFR Part 2, when an opioid treatment program dispenses a
24 controlled substance designated by the Indiana board of pharmacy
25 under IC 35-48-2-5 through IC 35-48-2-10, the opioid treatment
26 program shall provide the following information upon request from the
27 division:

28 (1) The medications dispensed by the program.

29 (2) The medication delivery process, which includes whether the
30 medication was in liquid, film, or another form.

31 (3) The number of doses dispensed of each medication.

32 (4) The dosage quantities for each medication.

33 (5) The number of patients receiving take home medications.

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

35 (7) Patient demographic information for each medication,
36 including gender, age, and time in treatment.

37 (8) The dispenser's United States Drug Enforcement Agency
38 registration number.

39 (9) The average number of patients served by:

40 (A) the opioid treatment program annually; and

41 (B) each employed or contracted prescriber of the opioid
42 treatment program.



- 1 (10) The annual ratio of employed or contracted prescribers to
 2 patients served at each opioid treatment program.
- 3 (11) The number of patients and the average length of treatment
 4 for each medication dispensed by the opioid treatment program.
- 5 (12) The number of patients completing an opiate treatment
 6 program treatment service having transitioned to opioid
 7 abstinence, including the use of long acting ~~nonaddictive~~
 8 medication for relapse prevention.
- 9 (13) The number of patients demonstrating improvement in
 10 functioning, as defined by the division, while in treatment at an
 11 opiate treatment program.
- 12 (14) An annual submission of each opiate treatment program's
 13 policy concerning:
- 14 (A) the use of INSPECT (as defined in IC 25-26-24-7);
- 15 (B) the protocol for addressing patients who are found, using
 16 INSPECT data, to have prescriptions for a controlled
 17 substance, including benzodiazepines or other opiate
 18 medications; and
- 19 (C) the protocol for addressing patients who have illicit urine
 20 drug screens indicating the use of a controlled substance,
 21 including benzodiazepines or other opiates, whether
 22 prescribed or not.
- 23 (15) The number of patients denied access to services due to
 24 inability to pay, including the demographic information of the
 25 patient concerning race.
- 26 (16) The number of patients who are receiving behavioral health
 27 services in addition to medication.
- 28 (17) The average mileage a patient is traveling to receive
 29 treatment.
- 30 (18) The patient relapse rate or the average time an individual is
 31 receiving treatment from the opioid treatment program.
- 32 (19) The number of admissions and discharges of patients at the
 33 opioid treatment program.
- 34 (20) The number of pregnant women being treated.
- 35 (21) Whether an individual is employed at the time of admission
 36 and whether the patient obtains employment during treatment.
- 37 (22) The number of patients who are eligible for the Medicaid
 38 program.
- 39 (23) A description of programs offered by the opioid treatment
 40 program.
- 41 (24) A description of any community outreach or education to the
 42 public offered by the opioid treatment program.



1 (25) The number of patients who have eliminated the use of an
 2 illegal substance after the first year of treatment at the opioid
 3 treatment program.

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

7 (d) The division shall annually report the information collected
 8 under this section to the legislative council in an electronic format
 9 under IC 5-14-6 not later than October 1.

10 SECTION 15. IC 12-23-19-1, AS AMENDED BY P.L.65-2018,
 11 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2020]: Sec. 1. (a) As used in this chapter, "mental health and
 13 addiction forensic treatment services" means evidence based treatment
 14 and recovery wraparound support services that may be provided to
 15 individuals in the criminal justice system who are charged with a
 16 felony offense, or have a prior felony conviction, and have been placed
 17 or are eligible to be placed in a pretrial services program, community
 18 corrections program, prosecuting attorney's diversion program, or jail
 19 as an alternative to commitment to the department of correction. The
 20 term includes the following:

- 21 (1) Mental health and substance abuse treatment, including:
 22 (A) addiction counseling;
 23 (B) inpatient detoxification;
 24 (C) case management;
 25 (D) daily living skills; and
 26 (E) medication assisted treatment ~~including that includes~~ a
 27 federal Food and Drug Administration approved long acting
 28 ~~nonaddictive~~ medication for the treatment of opioid or alcohol
 29 dependence.
 30 (2) Vocational services.
 31 (3) Housing assistance.
 32 (4) Community support services.
 33 (5) Care coordination.
 34 (6) Transportation assistance.
 35 (7) Mental health and substance abuse assessments.

36 (b) The term applies to services provided under a pilot program
 37 under section 2 of this chapter to individuals who are charged with a
 38 misdemeanor.

39 SECTION 16. IC 12-23-19-6, AS ADDED BY P.L.209-2015,
 40 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2020]: Sec. 6. (a) The division shall provide or cause to be
 42 provided education and training on the use of:



- 1 (1) involuntary commitment; and
- 2 (2) medication assisted treatment ~~including that includes~~ federal
- 3 Food and Drug Administration approved long acting ~~nonaddictive~~
- 4 medications for the treatment of opioid or alcohol dependence for
- 5 individuals with an addictive disorder.
- 6 (b) The division shall provide or cause to be provided education and
- 7 training required in subsection (a) to the following:
- 8 (1) Circuit and superior court judges.
- 9 (2) Prosecuting attorneys and deputy prosecuting attorneys.
- 10 (3) Public defenders.
- 11 (4) Programs and providers identified in section 4(b) of this
- 12 chapter.
- 13 SECTION 17. IC 12-23-19.5-2, AS ADDED BY P.L.203-2017,
- 14 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 15 JULY 1, 2020]: Sec. 2. An addiction treatment team shall provide
- 16 addiction treatment services with a goal of patient abstinence. An
- 17 addiction treatment team shall provide the following services, when
- 18 appropriate:
- 19 (1) Addiction counseling.
- 20 (2) Detoxification.
- 21 (3) Medication assisted treatment ~~including that includes~~ a long
- 22 acting ~~nonaddictive~~ medication that:
- 23 (A) has been approved by the federal Food and Drug
- 24 Administration; and
- 25 (B) is used for the treatment of opioid or alcohol dependence.
- 26 SECTION 18. IC 12-23-21-3, AS ADDED BY P.L.168-2017,
- 27 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 28 JULY 1, 2020]: Sec. 3. (a) Physician training in medication assisted
- 29 treatment must include the following:
- 30 (1) Waiver training.
- 31 (2) Training in the use of a federal Food and Drug Administration
- 32 approved long acting ~~nonaddictive~~ medication for the treatment
- 33 of opioid dependence.
- 34 (3) Treatment protocols containing best practice guidelines for the
- 35 treatment of opiate dependent patients as developed under
- 36 IC 12-23-18-7.5(b).
- 37 (b) A physician licensed under IC 25-22.5 is eligible to participate
- 38 in the reimbursement pilot program established under this chapter if the
- 39 physician meets all of the following requirements:
- 40 (1) At least twenty-five percent (25%) of the physician's practice
- 41 is providing obstetrics and gynecology services to pregnant
- 42 women.



- 1 (2) The physician has not received the waiver training and meets
 2 all of the requirements for obtaining the training.
 3 (3) The physician agrees to and receives the training in
 4 medication assisted treatment.
 5 (c) The division shall determine the number of physicians approved
 6 for reimbursement under the reimbursement pilot program based on the
 7 availability of funds. The division shall apply for and seek any grants
 8 or funding available to fund the reimbursement pilot program.
 9 (d) The division shall establish the procedure a physician must
 10 follow in order to apply for and receive reimbursement under the
 11 reimbursement pilot program.

12 SECTION 19. IC 12-23-21.2-1, AS ADDED BY P.L.125-2017,
 13 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2020]: Sec. 1. The following definitions apply throughout this
 15 chapter:

- 16 (1) "Certified treatment provider" means a person certified by the
 17 division to provide opioid treatment services.
 18 (2) "Division" means the division of mental health and addiction.
 19 (3) "Opioid treatment services" means evidence based treatment
 20 and recovery support services provided in an inpatient,
 21 residential, or outpatient setting to individuals diagnosed with
 22 opioid use disorder. The services include:
 23 (A) opioid reversal medication;
 24 (B) addiction counseling;
 25 (C) inpatient detoxification; and
 26 (D) medication assisted treatment ~~including that includes~~ a
 27 federal Food and Drug Administration approved long acting
 28 ~~nonaddictive~~ medication for the treatment of opioid
 29 dependence.
 30 (4) "Program" means the opioid treatment pilot program for
 31 opioid use disorder established under section 2 of this chapter.

32 SECTION 20. IC 16-35-10-4, AS ADDED BY P.L.174-2017,
 33 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 34 JULY 1, 2020]: Sec. 4. The pilot program must include:

- 35 (1) treatment in a residential care facility for recovery from opioid
 36 addiction for a pregnant woman or a woman with her newborn,
 37 including:
 38 (A) addiction treatment, including, if appropriate, medication
 39 assisted treatment with a long acting ~~nonaddictive~~ medication
 40 approved by the federal Food and Drug Administration for the
 41 treatment of opioid or alcohol dependence;
 42 (B) counseling;



- 1 (C) life skills classes;
 2 (D) parenting skills classes; and
 3 (E) other services designed to prepare the woman for life with
 4 a newborn outside the residential care facility; and
 5 (2) ongoing home visits with a pregnant woman or woman with
 6 a newborn, including the provision of:
 7 (A) addiction treatment, including, if appropriate, medication
 8 assisted treatment with a long acting ~~nonaddictive~~ medication
 9 approved by the federal Food and Drug Administration for the
 10 treatment of opioid or alcohol dependence;
 11 (B) life skills education;
 12 (C) parenting skills education;
 13 (D) counseling; and
 14 (E) any other appropriate assistance;
 15 following the woman's discharge from the residential care facility.
 16 SECTION 21. IC 16-41-7.5-6, AS AMENDED BY P.L.198-2017,
 17 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2020]: Sec. 6. A qualified entity that operates a program under
 19 this chapter must do the following:
 20 (1) Annually register the program in a manner prescribed by the
 21 state department with the:
 22 (A) state department; and
 23 (B) local health department in the county or municipality
 24 where services will be provided by the qualified entity if the
 25 qualified entity is not the local health department.
 26 (2) Have one (1) of the following licensed in Indiana provide
 27 oversight to the qualified entity's programs:
 28 (A) A physician.
 29 (B) A registered nurse.
 30 (C) A physician assistant.
 31 (3) Store and dispose of all syringes and needles collected in a
 32 safe and legal manner.
 33 (4) Provide education and training on drug overdose response and
 34 treatment, including the administration of an overdose
 35 intervention drug.
 36 (5) Provide drug addiction treatment information and referrals to
 37 drug treatment programs, including programs in the local area and
 38 programs that offer medication assisted treatment that includes a
 39 federal Food and Drug Administration approved long acting
 40 ~~nonaddictive~~ medication for the treatment of opioid or alcohol
 41 dependence.
 42 (6) Provide syringe and needle distribution and collection without



1 collecting or recording personally identifiable information.

2 (7) Operate in a manner consistent with public health and safety.

3 (8) Ensure the program is medically appropriate and part of a
4 comprehensive public health response.

5 (9) Keep sufficient quantities of an overdose intervention drug (as
6 defined in IC 16-18-2-263.9) in stock and to administer in
7 accordance with IC 16-42-27.

8 SECTION 22. IC 16-42-27-2, AS AMENDED BY P.L.80-2019,
9 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10 JULY 1, 2020]: Sec. 2. (a) A prescriber may, directly or by standing
11 order, prescribe or dispense an overdose intervention drug without
12 examining the individual to whom it may be administered if all of the
13 following conditions are met:

14 (1) The overdose intervention drug is dispensed or prescribed to:

15 (A) a person at risk of experiencing an opioid-related
16 overdose; or

17 (B) a family member, a friend, or any other individual or entity
18 in a position to assist an individual who, there is reason to
19 believe, is at risk of experiencing an opioid-related overdose.

20 (2) The prescriber instructs the individual receiving the overdose
21 intervention drug or prescription to summon emergency services
22 either immediately before or immediately after administering the
23 overdose intervention drug to an individual experiencing an
24 opioid-related overdose.

25 (3) The prescriber provides education and training on drug
26 overdose response and treatment, including the administration of
27 an overdose intervention drug.

28 (4) The prescriber provides drug addiction treatment information
29 and referrals to drug treatment programs, including programs in
30 the local area and programs that offer medication assisted
31 treatment that includes a federal Food and Drug Administration
32 approved long acting ~~non-addictive~~ medication for the treatment
33 of opioid or alcohol dependence.

34 (b) A prescriber may provide a prescription of an overdose
35 intervention drug to an individual as a part of the individual's addiction
36 treatment plan.

37 (c) An individual described in subsection (a)(1) may administer an
38 overdose intervention drug to an individual who is suffering from an
39 overdose.

40 (d) An individual described in subsection (a)(1) may not be
41 considered to be practicing medicine without a license in violation of
42 IC 25-22.5-8-2, if the individual, acting in good faith, does the



- 1 following:
- 2 (1) Obtains the overdose intervention drug from a prescriber or
- 3 entity acting under a standing order issued by a prescriber.
- 4 (2) Administers the overdose intervention drug to an individual
- 5 who is experiencing an apparent opioid-related overdose.
- 6 (3) Attempts to summon emergency services either immediately
- 7 before or immediately after administering the overdose
- 8 intervention drug.
- 9 (e) An entity acting under a standing order issued by a prescriber
- 10 must do the following:
- 11 (1) Annually register with either the:
- 12 (A) state department; or
- 13 (B) local health department in the county where services will
- 14 be provided by the entity;
- 15 in a manner prescribed by the state department.
- 16 (2) Provide education and training on drug overdose response and
- 17 treatment, including the administration of an overdose
- 18 intervention drug.
- 19 (3) Provide drug addiction treatment information and referrals to
- 20 drug treatment programs, including programs in the local area and
- 21 programs that offer medication assisted treatment that includes a
- 22 federal Food and Drug Administration approved long acting
- 23 ~~nonaddictive~~ medication for the treatment of opioid or alcohol
- 24 dependence.
- 25 (4) Submit an annual report to the state department containing:
- 26 (A) the number of sales of the overdose intervention drug
- 27 dispensed;
- 28 (B) the dates of sale of the overdose intervention drug
- 29 dispensed; and
- 30 (C) any additional information requested by the state
- 31 department.
- 32 (f) The state department shall ensure that a statewide standing order
- 33 for the dispensing of an overdose intervention drug in Indiana is issued
- 34 under this section. The state health commissioner or a designated
- 35 public health authority who is a licensed prescriber may, as part of the
- 36 individual's official capacity, issue a statewide standing order that may
- 37 be used for the dispensing of an overdose intervention drug under this
- 38 section. The immunity provided in IC 34-13-3-3 applies to an
- 39 individual described in this subsection.
- 40 (g) A law enforcement officer may not take an individual into
- 41 custody based solely on the commission of an offense described in
- 42 subsection (h), if the law enforcement officer, after making a



1 reasonable determination and considering the facts and surrounding
2 circumstances, reasonably believes that the individual:

- 3 (1) obtained the overdose intervention drug as described in
4 subsection (a)(1);
5 (2) complied with the provisions in subsection (d);
6 (3) administered an overdose intervention drug to an individual
7 who appeared to be experiencing an opioid-related overdose;
8 (4) provided:
9 (A) the individual's full name; and
10 (B) any other relevant information requested by the law
11 enforcement officer;
12 (5) remained at the scene with the individual who reasonably
13 appeared to be in need of medical assistance until emergency
14 medical assistance arrived;
15 (6) cooperated with emergency medical assistance personnel and
16 law enforcement officers at the scene; and
17 (7) came into contact with law enforcement because the
18 individual requested emergency medical assistance for another
19 individual who appeared to be experiencing an opioid-related
20 overdose.

21 (h) An individual who meets the criteria in subsection (g) is immune
22 from criminal prosecution for the following:

- 23 (1) IC 35-48-4-6 (possession of cocaine).
24 (2) IC 35-48-4-6.1 (possession of methamphetamine).
25 (3) IC 35-48-4-7 (possession of a controlled substance).
26 (4) IC 35-48-4-8.3 (possession of paraphernalia).
27 (5) IC 35-48-4-11 (possession of marijuana).
28 (6) An offense under IC 35-48-4 involving possession of a
29 synthetic drug (as defined in IC 35-31.5-2-321), possession of a
30 controlled substance analog (as defined in IC 35-48-1-9.3), or
31 possession of a substance represented to be a controlled substance
32 (as described in IC 35-48-4-4.6).

33 SECTION 23. IC 31-26-3.5-1.5, AS ADDED BY P.L.243-2017,
34 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2020]: Sec. 1.5. As used in this chapter, "child welfare
36 substance abuse treatment services" includes the following:

- 37 (1) Addiction counseling.
38 (2) Inpatient detoxification.
39 (3) Medication assisted treatment ~~including~~ **including (as defined by**
40 **IC 12-7-2-128.7) that includes** a federal Food and Drug
41 Administration approved long acting ~~nonaddictive~~ medication for
42 the treatment of opioid or alcohol dependence.



1 SECTION 24. IC 33-23-16-24.5, AS ADDED BY P.L.209-2015,
 2 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2020]: Sec. 24.5. A problem solving court may require an
 4 individual participating in a problem solving court to receive:

- 5 (1) addiction counseling;
- 6 (2) inpatient detoxification;
- 7 (3) case management;
- 8 (4) daily living skills; and
- 9 (5) medication assisted treatment ~~including~~ **(as defined by**
 10 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 11 Administration approved long acting ~~nonaddictive~~ medication for
 12 the treatment of opioid or alcohol dependence.

13 SECTION 25. IC 33-33-2-46, AS AMENDED BY P.L.115-2019,
 14 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2020]: Sec. 46. (a) As used in this section, "administrator"
 16 means the entity that enters into an agreement with the board of county
 17 commissioners of Allen County under subsection (e).

18 (b) As used in this section, "pilot program" refers to the substance
 19 abuse pilot program established under subsection (c).

20 (c) ~~After June 30, 2017, and~~ After approval of the Indiana
 21 commission to combat drug abuse, the board of county commissioners
 22 of Allen County may establish a four (4) year pilot program to assist
 23 participants in overcoming their substance abuse by providing:

- 24 (1) evidence based addiction treatment, including detoxification
 25 **and** medication assisted treatment ~~including~~ **(as defined by**
 26 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 27 Administration approved long acting ~~nonaddictive~~ medication for
 28 the treatment of opioid dependence; and
- 29 (2) assistance with developing a long term plan for sober living
 30 outside the pilot program.

31 (d) An individual is eligible to participate in the pilot program if the
 32 individual:

- 33 (1) is at least eighteen (18) years of age;
- 34 (2) is charged with a felony;
- 35 (3) is under the supervision of a court or community corrections
 36 program in Allen County, including:
 - 37 (A) a problem solving court;
 - 38 (B) a diversion program;
 - 39 (C) community corrections;
 - 40 (D) probation;
 - 41 (E) home detention; or
 - 42 (F) any other program involving community supervision as an



1 alternative to commitment to the department of correction, if
2 the program is approved by the court; and

3 (4) is suffering from a significant substance abuse disorder and
4 has been previously unable to remain sober.

5 (e) If the board of county commissioners of Allen County
6 establishes a pilot program under subsection (c), the board of county
7 commissioners of Allen County shall enter into an agreement with an
8 entity with experience in administering community development
9 programs.

10 (f) Mental health and addiction treatment services provided as part
11 of the pilot program may be administered or subcontracted only by a
12 provider certified by the division of mental health and addiction with
13 expertise in providing evidence based mental health and addiction
14 treatment services.

15 (g) The administrator shall provide a report to the legislative council
16 ~~before October 1, 2019, and~~ before each October 1 of each year.
17 ~~thereafter.~~ The report must include the following:

18 (1) The number of persons successfully completing the pilot
19 program.

20 (2) Estimated cost savings of the pilot program.

21 (3) Opportunities for replication.

22 (4) Recidivism rates of persons participating in the pilot program,
23 including the following:

24 (A) A person's new arrest or conviction that occurs while the
25 person is participating in the pilot program.

26 (B) A person's new arrest, conviction, or commitment to the
27 department of correction, not later than twelve (12) months
28 after ending participation in the pilot program.

29 (C) A person's new arrest, conviction, or commitment to the
30 department of correction, not later than twenty-four (24)
31 months after ending participation in the pilot program.

32 (D) A person's new arrest, conviction, or commitment to the
33 department of correction, not later than thirty-six (36) months
34 after ending participation in the pilot program.

35 (h) The report required by subsection (g) must be in an electronic
36 format under IC 5-14-6.

37 (i) The administrator may not expend state money granted to the
38 administrator for the pilot program unless the administrator has raised
39 at least one dollar (\$1) of local funds for every one dollar (\$1) of state
40 funds before June 30, 2022. Local funds raised between June 30, 2018,
41 and June 30, 2022, shall be counted when determining whether the
42 administrator has raised the amount of local funds required by this



1 subsection.

2 (j) The administrator may not expend money granted to the
3 administrator for the pilot program for a state fiscal year unless the
4 administrator expends at least one dollar (\$1) of local funds for every
5 one dollar (\$1) of state funds expended.

6 (k) The expenses of the pilot program may be paid from money
7 appropriated to the administrator.

8 (l) This section expires June 30, 2022.

9 SECTION 26. IC 33-39-1-8, AS AMENDED BY P.L.10-2019,
10 SECTION 127, IS AMENDED TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) After June 30, 2005, this
12 section does not apply to a person who:

- 13 (1) holds a commercial driver's license; and
14 (2) has been charged with an offense involving the operation of
15 a motor vehicle in accordance with the federal Motor Carrier
16 Safety Improvement Act of 1999 (MCSIA) (Public Law
17 106-159.113 Stat. 1748).

18 (b) This section does not apply to a person arrested for or charged
19 with:

- 20 (1) an offense under IC 9-30-5-1 through IC 9-30-5-5; or
21 (2) if a person was arrested or charged with an offense under
22 IC 9-30-5-1 through IC 9-30-5-5, an offense involving:
23 (A) intoxication; or
24 (B) the operation of a vehicle;

25 if the offense involving intoxication or the operation of a vehicle was
26 part of the same episode of criminal conduct as the offense under
27 IC 9-30-5-1 through IC 9-30-5-5.

28 (c) This section does not apply to a person:

- 29 (1) who is arrested for or charged with an offense under:
30 (A) IC 7.1-5-7-7, if the alleged offense occurred while the
31 person was operating a motor vehicle;
32 (B) IC 9-30-4-8, if the alleged offense occurred while the
33 person was operating a motor vehicle;
34 (C) IC 35-44.1-2-13(b)(1); or
35 (D) IC 35-43-1-2(a), if the alleged offense occurred while the
36 person was operating a motor vehicle; and
37 (2) who was less than eighteen (18) years of age at the time of the
38 alleged offense.

39 (d) A prosecuting attorney may withhold prosecution against an
40 accused person if:

- 41 (1) the person is charged with a misdemeanor, a Level 6 felony,
42 or a Level 5 felony;



- 1 (2) the person agrees to conditions of a pretrial diversion program
 2 offered by the prosecuting attorney;
 3 (3) the terms of the agreement are recorded in an instrument
 4 signed by the person and the prosecuting attorney and filed in the
 5 court in which the charge is pending; and
 6 (4) the prosecuting attorney electronically transmits information
 7 required by the prosecuting attorneys council concerning the
 8 withheld prosecution to the prosecuting attorneys council, in a
 9 manner and format designated by the prosecuting attorneys
 10 council.
- 11 (e) An agreement under subsection (d) may include conditions that
 12 the person:
- 13 (1) pay to the clerk of the court an initial user's fee and monthly
 14 user's fees in the amounts specified in IC 33-37-4-1;
 15 (2) work faithfully at a suitable employment or faithfully pursue
 16 a course of study or career and technical education that will equip
 17 the person for suitable employment;
 18 (3) undergo available medical treatment or mental health
 19 counseling and remain in a specified facility required for that
 20 purpose, including:
 21 (A) addiction counseling;
 22 (B) inpatient detoxification; and
 23 (C) medication assisted treatment ~~including~~ **(as defined by**
 24 **IC 12-7-2-128.7) that includes** a federal Food and Drug
 25 Administration approved long acting ~~nonaddictive~~ medication
 26 for the treatment of opioid or alcohol dependence;
 27 (4) receive evidence based mental health and addiction,
 28 intellectual disability, developmental disability, autism, and
 29 co-occurring autism and mental illness forensic treatment services
 30 to reduce the risk of recidivism;
 31 (5) support the person's dependents and meet other family
 32 responsibilities;
 33 (6) make restitution or reparation to the victim of the crime for the
 34 damage or injury that was sustained;
 35 (7) refrain from harassing, intimidating, threatening, or having
 36 any direct or indirect contact with the victim or a witness;
 37 (8) report to the prosecuting attorney at reasonable times;
 38 (9) answer all reasonable inquiries by the prosecuting attorney
 39 and promptly notify the prosecuting attorney of any change in
 40 address or employment; and
 41 (10) participate in dispute resolution either under IC 34-57-3 or
 42 a program established by the prosecuting attorney.



1 (f) An agreement under subsection (d)(2) may include other
 2 provisions, including program fees and costs, reasonably related to the
 3 defendant's rehabilitation, if approved by the court.

4 (g) The prosecuting attorney shall notify the victim when
 5 prosecution is withheld under this section.

6 (h) All money collected by the clerk as user's fees or program fees
 7 and costs under this section shall be deposited in the appropriate user
 8 fee fund under IC 33-37-8.

9 (i) If a court withholds prosecution under this section and the terms
 10 of the agreement contain conditions described in subsection (e)(7):

11 (1) the clerk of the court shall comply with IC 5-2-9; and

12 (2) the prosecuting attorney shall file a confidential form
 13 prescribed or approved by the office of judicial administration
 14 with the clerk.

15 SECTION 27. IC 35-38-2-2.3, AS AMENDED BY P.L.161-2018,
 16 SECTION 123, IS AMENDED TO READ AS FOLLOWS
 17 [EFFECTIVE JULY 1, 2020]: Sec. 2.3. (a) As a condition of probation,
 18 the court may require a person to do a combination of the following:

19 (1) Work faithfully at suitable employment or faithfully pursue a
 20 course of study or career and technical education that will equip
 21 the person for suitable employment.

22 (2) Undergo available medical or psychiatric treatment and
 23 remain in a specified institution if required for that purpose.

24 (3) Attend or reside in a facility established for the instruction,
 25 recreation, or residence of persons on probation.

26 (4) Participate in a treatment program, educational class, or
 27 rehabilitative service provided by a probation department or by
 28 referral to an agency.

29 (5) Support the person's dependents and meet other family
 30 responsibilities.

31 (6) Make restitution or reparation to the victim of the crime for
 32 damage or injury that was sustained by the victim. When
 33 restitution or reparation is a condition of probation, the court shall
 34 fix the amount, which may not exceed an amount the person can
 35 or will be able to pay, and shall fix the manner of performance.

36 (7) Execute a repayment agreement with the appropriate
 37 governmental entity to repay the full amount of public relief or
 38 assistance wrongfully received, and make repayments according
 39 to a repayment schedule set out in the agreement.

40 (8) Pay a fine authorized by IC 35-50.

41 (9) Refrain from possessing a firearm or other deadly weapon
 42 unless granted written permission by the court or the person's



- 1 probation officer.
- 2 (10) Report to a probation officer at reasonable times as directed
- 3 by the court or the probation officer.
- 4 (11) Permit the person's probation officer to visit the person at
- 5 reasonable times at the person's home or elsewhere.
- 6 (12) Remain within the jurisdiction of the court, unless granted
- 7 permission to leave by the court or by the person's probation
- 8 officer.
- 9 (13) Answer all reasonable inquiries by the court or the person's
- 10 probation officer and promptly notify the court or probation
- 11 officer of any change in address or employment.
- 12 (14) Perform uncompensated work that benefits the community.
- 13 (15) Satisfy other conditions reasonably related to the person's
- 14 rehabilitation.
- 15 (16) Undergo home detention under IC 35-38-2.5.
- 16 (17) Undergo a laboratory test or series of tests approved by the
- 17 state department of health to detect and confirm the presence of
- 18 the human immunodeficiency virus (HIV) antigen or antibodies
- 19 to the human immunodeficiency virus (HIV), if:
- 20 (A) the person had been convicted of an offense relating to a
- 21 criminal sexual act and the offense created an
- 22 epidemiologically demonstrated risk of transmission of the
- 23 human immunodeficiency virus (HIV); or
- 24 (B) the person had been convicted of an offense relating to a
- 25 controlled substance and the offense involved:
- 26 (i) the delivery by any person to another person; or
- 27 (ii) the use by any person on another person;
- 28 of a contaminated sharp (as defined in IC 16-41-16-2) or other
- 29 paraphernalia that creates an epidemiologically demonstrated
- 30 risk of transmission of HIV by involving percutaneous contact.
- 31 (18) Refrain from any direct or indirect contact with an individual
- 32 and, if convicted of an offense under IC 35-46-3, any animal
- 33 belonging to the individual.
- 34 (19) Execute a repayment agreement with the appropriate
- 35 governmental entity or with a person for reasonable costs incurred
- 36 because of the taking, detention, or return of a missing child (as
- 37 defined in IC 10-13-5-4).
- 38 (20) Periodically undergo a laboratory chemical test (as defined
- 39 in IC 9-13-2-22) or series of chemical tests as specified by the
- 40 court to detect and confirm the presence of a controlled substance
- 41 (as defined in IC 35-48-1-9). The person on probation is
- 42 responsible for any charges resulting from a test and shall have



1 the results of any test under this subdivision reported to the
2 person's probation officer by the laboratory.

3 (21) If the person was confined in a penal facility, execute a
4 reimbursement plan as directed by the court and make repayments
5 under the plan to the authority that operates the penal facility for
6 all or part of the costs of the person's confinement in the penal
7 facility. The court shall fix an amount that:

8 (A) may not exceed an amount the person can or will be able
9 to pay;

10 (B) does not harm the person's ability to reasonably be self
11 supporting or to reasonably support any dependent of the
12 person; and

13 (C) takes into consideration and gives priority to any other
14 restitution, reparation, repayment, or fine the person is
15 required to pay under this section.

16 (22) Refrain from owning, harboring, or training an animal.

17 (23) Participate in a reentry court program.

18 (24) Receive:

19 (A) addiction counseling;

20 (B) mental health counseling;

21 (C) inpatient detoxification; and

22 (D) medication assisted treatment **including (as defined by**
23 **IC 12-7-2-128.7) that includes** a federal Food and Drug
24 Administration approved long acting ~~nonaddictive~~ medication
25 for the treatment of opioid or alcohol dependence.

26 (b) When a person is placed on probation, the person shall be given
27 a written statement specifying:

28 (1) the conditions of probation; and

29 (2) that if the person violates a condition of probation during the
30 probationary period, a petition to revoke probation may be filed
31 before the earlier of the following:

32 (A) One (1) year after the termination of probation.

33 (B) Forty-five (45) days after the state receives notice of the
34 violation.

35 (c) As a condition of probation, the court may require that the
36 person serve a term of imprisonment in an appropriate facility at the
37 time or intervals (consecutive or intermittent) within the period of
38 probation the court determines.

39 (d) Intermittent service may be required only for a term of not more
40 than sixty (60) days and must be served in the county or local penal
41 facility. The intermittent term is computed on the basis of the actual
42 days spent in confinement and shall be completed within one (1) year.



1 A person does not earn good time credit while serving an intermittent
2 term of imprisonment under this subsection. When the court orders
3 intermittent service, the court shall state:

- 4 (1) the term of imprisonment;
5 (2) the days or parts of days during which a person is to be
6 confined; and
7 (3) the conditions.

8 (e) Supervision of a person may be transferred from the court that
9 placed the person on probation to a court of another jurisdiction, with
10 the concurrence of both courts. Retransfers of supervision may occur
11 in the same manner. This subsection does not apply to transfers made
12 under IC 11-13-4 or IC 11-13-5.

13 (f) When a court imposes a condition of probation described in
14 subsection (a)(18):

- 15 (1) the clerk of the court shall comply with IC 5-2-9; and
16 (2) the prosecuting attorney shall file a confidential form
17 prescribed or approved by the office of judicial administration
18 with the clerk.

19 (g) As a condition of probation, a court shall require a person:

- 20 (1) who is described in IC 10-13-6-10(a);
21 (2) who has not previously provided a DNA sample in accordance
22 with IC 10-13-6; and
23 (3) whose sentence does not involve a commitment to the
24 department of correction;

25 to provide a DNA sample as a condition of probation.

26 (h) If a court imposes a condition of probation described in
27 subsection (a)(4), the person on probation is responsible for any costs
28 resulting from the participation in a program, class, or service. Any
29 costs collected for services provided by the probation department shall
30 be deposited in the county or local supplemental adult services fund.

