

HOUSE BILL No. 1383

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-23-18; IC 16-41-7.5-6.

Synopsis: Contraceptives at drug abuse treatment programs. Requires: (1) opioid treatment programs; (2) office based opioid treatment providers; and (3) syringe exchange programs; to have contraceptives immediately available for patients and individuals receiving program services.

Effective: July 1, 2019.

Fleming

January 14, 2019, read first time and referred to Committee on Public Health.



First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

HOUSE BILL No. 1383

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 12-23-18-7, AS AMENDED BY P.L.209-2015,
2 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2019]: Sec. 7. (a) The division shall adopt rules under
4 IC 4-22-2 to establish standards and protocols for opioid treatment
5 programs to do the following:

6 (1) Assess new opioid treatment program patients to determine
7 the most effective opioid treatment medications to start the
8 patient's opioid treatment.

9 (2) Ensure that each patient voluntarily chooses maintenance
10 treatment and that relevant facts concerning the use of opioid
11 treatment medications are clearly and adequately explained to the
12 patient.

13 (3) Have appropriate opioid treatment program patients who are
14 receiving methadone for opioid treatment move to receiving other
15 approved opioid treatment medications.

16 (b) An opioid treatment program shall follow the standards and
17 protocols adopted under subsection (a) for each opioid treatment



1 program patient.

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

5 (1) Buprenorphine.

6 (2) Buprenorphine combination products containing naloxone.

7 (3) Naltrexone injectable and extended release.

8 (4) A federal Food and Drug Administration approved long
9 acting, nonaddictive medication for the treatment of opioid or
10 alcohol dependence.

11 (5) Any other medication that has been approved by:

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

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

15 (d) Before starting a patient on a new opioid treatment medication,
16 the opioid treatment program shall explain to the patient the potential
17 side effects of the new medication.

18 (e) The division may adopt rules under IC 4-22-2 to provide for
19 other medications, including a federal Food and Drug Administration
20 approved long acting, nonaddictive medication for the treatment of
21 opioid or alcohol dependence, as alternatives to methadone that may be
22 used under subsection (a).

23 **(f) An opioid treatment program must have contraceptives**
24 **immediately available for patients.**

25 SECTION 2. IC 12-23-18-7.5, AS ADDED BY P.L.8-2016,
26 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2019]: Sec. 7.5. (a) This section applies to an office based
28 opioid treatment provider who:

29 (1) has obtained a waiver from the federal Substance Abuse and
30 Mental Health Services Administration (SAMHSA) and meets the
31 qualifying standards required to treat opioid addicted patients in
32 an office based setting; and

33 (2) has a valid federal Drug Enforcement Administration
34 registration number and identification number that specifically
35 authorizes treatment in an office based setting.

36 (b) The office of the secretary and the division shall develop a
37 treatment protocol containing best practice guidelines for the treatment
38 of opiate dependent patients. The treatment protocol must require the
39 minimal clinically necessary medication dose, including, when
40 appropriate, the goal of opioid abstinence, and including the following:

41 (1) Appropriate clinical use of any drug approved by the federal
42 Food and Drug Administration for the treatment of opioid



addiction, including the following:

- (A) Opioid maintenance.
- (B) Opioid detoxification.
- (C) Overdose reversal.
- (D) Relapse prevention.
- (E) Long acting, nonaddictive medication assisted treatment medications.

(2) A requirement for initial and periodic behavioral health assessments for each patient.

(3) Appropriate use of providing overdose reversal, relapse prevention, counseling, and ancillary services.

(4) Transitioning off agonist and partial agonist therapies, when appropriate, with the goal of opioid abstinence.

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

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

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

- (1) the Indiana professional licensing agency established under IC 25-1-5;
- (2) the office of Medicaid policy and planning established under IC 12-8-6.5; and
- (3) a managed care organization that has contracted with the office of Medicaid policy and planning.

(d) An office based opioid treatment provider must have contraceptives immediately available for patients.

SECTION 3. IC 16-41-7.5-6, AS AMENDED BY P.L.198-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. A qualified entity that operates a program under this chapter must do the following:

- (1) Annually register the program in a manner prescribed by the state department with the:
 - (A) state department; and
 - (B) local health department in the county or municipality where services will be provided by the qualified entity if the qualified entity is not the local health department.
- (2) Have one (1) of the following licensed in Indiana provide



oversight to the qualified entity's programs:

(A) A physician.

(B) A registered nurse.

(C) A physician assistant.

(3) Store and dispose of all syringes and needles collected in a safe and legal manner.

(4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(5) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information.

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

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

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

(10) Have contraceptives immediately available for individuals receiving services from the program.

