



March 31, 2017

ENGROSSED SENATE BILL No. 156

DIGEST OF SB 156 (Updated March 29, 2017 4:39 pm - DI 77)

Citations Affected: IC 12-23; noncode.

Synopsis: Drug and alcohol treatment reporting. Adds additional reporting requirements for opioid treatment programs. Requires the office of the secretary of family and social services, with the assistance of the state department of health and the department of administration, to report to the legislative council a comprehensive plan to increase the number of inpatient and residential beds used for detoxification, treatment, and rehabilitation, including the: (1) number of hospital beds currently available in Indiana; (2) location and physical description of state owned buildings that are currently available, or expected to be available before July 1, 2018, for conversion and use; and (3) feasibility of using currently unused hospital and health care facility beds; for drug and alcohol detoxification, treatment, and rehabilitation.

Effective: July 1, 2017.

**Merritt, Charbonneau, Breaux,
Randolph Lonnie M, Kruse**
(HOUSE SPONSORS — CLERE, KIRCHHOFFER)

January 4, 2017, read first time and referred to Committee on Health and Provider Services.

January 26, 2017, reported favorably — Do Pass.

January 30, 2017, read second time, ordered engrossed. Engrossed. Returned to second reading.

January 31, 2017, re-read second time, amended, ordered engrossed.

February 1, 2017, re-engrossed.

February 2, 2017, read third time, passed. Yeas 45, nays 0.

HOUSE ACTION

February 28, 2017, read first time and referred to Committee on Public Health.

March 30, 2017, amended, reported — Do Pass.

ES 156—LS 6191/DI 104



March 31, 2017

First Regular Session 120th General Assembly (2017)

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 2016 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 156

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

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

- 1 SECTION 1. IC 12-23-18-8, AS AMENDED BY P.L.8-2016,
2 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2017]: Sec. 8. (a) As used in this section, "dispense" means to
4 deliver a controlled substance to an ultimate user.
5 (b) Subject to the federal patient confidentiality requirements under
6 42 CFR Part 2, when an opioid treatment program dispenses a
7 controlled substance designated by the Indiana board of pharmacy
8 under IC 35-48-2-5 through IC 35-48-2-10, the opioid treatment
9 program shall provide the following information upon request from the
10 division:
11 (1) The medications dispensed by the program.
12 (2) The medication delivery process, which includes whether the
13 medication was in liquid, film, or another form.
14 (3) The number of doses dispensed of each medication.
15 (4) The dosage quantities for each medication.
16 (5) The number of patients receiving take home medications.
17 (6) The number of days of supply dispensed.

ES 156—LS 6191/DI 104



- 1 (7) Patient demographic information for each medication,
2 including gender, age, and time in treatment.
- 3 (8) The dispenser's United States Drug Enforcement Agency
4 registration number.
- 5 (9) The average number of patients served by:
6 (A) the opioid treatment program annually; and
7 (B) each employed or contracted prescriber of the opioid
8 treatment program.
- 9 (10) The annual ratio of employed or contracted prescribers to
10 patients served at each opioid treatment program.
- 11 (11) The number of patients and the average length of treatment
12 for each medication dispensed by the opioid treatment program.
- 13 (12) The number of patients completing an opiate treatment
14 program treatment service having transitioned to opioid
15 abstinence, including the use of long acting, nonaddictive
16 medication for relapse prevention.
- 17 (13) The number of patients demonstrating improvement in
18 functioning, as defined by the division, while in treatment at an
19 opiate treatment program.
- 20 (14) An annual submission of each opiate treatment program's
21 policy concerning:
22 (A) the use of INSPECT (as defined in IC 35-48-7-5.2);
23 (B) the protocol for addressing patients who are found, using
24 INSPECT data, to have prescriptions for a controlled
25 substance, including benzodiazepines or other opiate
26 medications; and
27 (C) the protocol for addressing patients who have illicit urine
28 drug screens indicating the use of a controlled substance,
29 including benzodiazepines or other opiates, whether
30 prescribed or not.
- 31 (15) The number of patients denied access to services due to
32 inability to pay, including the demographic information of the
33 patient concerning race.
- 34 **(16) The number of patients who are receiving behavioral**
35 **health services in addition to medication.**
- 36 **(17) The average mileage a patient is traveling to receive**
37 **treatment.**
- 38 **(18) The patient relapse rate or the average time an individual**
39 **is receiving treatment from the opioid treatment program.**
- 40 **(19) The number of admissions and discharges of patients at**
41 **the opioid treatment program.**
- 42 **(20) The number of pregnant women being treated.**



- 1 (21) Whether an individual is employed at the time of
2 admission and whether the patient obtains employment
3 during treatment.
- 4 (22) The number of patients who are eligible for the Medicaid
5 program.
- 6 (23) A description of programs offered by the opioid
7 treatment program.
- 8 (24) A description of any community outreach or education to
9 the public offered by the opioid treatment program.
- 10 (25) The number of patients who have eliminated the use of an
11 illegal substance after the first year of treatment at the opioid
12 treatment program.
- 13 (c) An opioid treatment program shall provide the information
14 required under this section to the division in a manner prescribed by
15 the division.
- 16 (d) The division shall annually report the information collected
17 under this section to the legislative council in an electronic format
18 under IC 5-14-6 not later than October 1.
- 19 SECTION 2. [EFFECTIVE JULY 1, 2017] (a) **Not later than**
20 **January 1, 2018, the office of the secretary of family and social**
21 **services, with the assistance of the state department of health and**
22 **the department of administration, shall report to the legislative**
23 **council in an electronic format under IC 5-14-6 a comprehensive**
24 **plan to increase the number of inpatient and residential beds used**
25 **for detoxification, treatment, and rehabilitation. The report must**
26 **include the following:**
- 27 (1) **The number, location, and availability of beds in Indiana**
28 **that are used for drug and alcohol detoxification, treatment,**
29 **and rehabilitation.**
- 30 (2) **The location and physical description of state owned**
31 **buildings that are currently available, or expected to be**
32 **available before July 1, 2018, and are appropriate for**
33 **conversion and use to provide beds in Indiana for drug and**
34 **alcohol detoxification, treatment, and rehabilitation.**
- 35 (3) **The feasibility of using currently unused hospital and**
36 **health care facility beds for drug and alcohol detoxification,**
37 **treatment, and rehabilitation, including the following:**
- 38 (A) **Licensure, regulatory, or statutory barriers that would**
39 **prevent or affect use of the currently unused beds for drug**
40 **and alcohol detoxification, treatment, and rehabilitation.**
- 41 (B) **Possible methods of payment and reimbursement for**
42 **drug and alcohol detoxification, treatment, and**



1 **rehabilitation provided in a hospital or health care facility.**
2 **(b) This SECTION expires July 1, 2018.**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 156, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 156 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0

SENATE MOTION

Madam President: I move that Engrossed Senate Bill 156, which is eligible for third reading, be returned to second reading for purposes of amendment.

MERRITT

SENATE MOTION

Madam President: I move that Senate Bill 156 be amended to read as follows:

Page 2, between lines 39 and 40, begin a new line block indented and insert:

- "(19) The number of admissions and discharges of patients at the opioid treatment program.**
- (20) The number of pregnant women being treated.**
- (21) Whether an individual is employed at the time of admission and whether the patient obtains employment during treatment.**
- (22) The number of patients who are eligible for the Medicaid program.**
- (23) A description of programs offered by the opioid treatment program.**
- (24) A description of any community outreach or education to the public offered by the opioid treatment program.**
- (25) The number of patients who have eliminated the use of an**



illegal substance after the first year of treatment at the opioid treatment program."

(Reference is to SB 156 as printed January 27, 2017.)

MERRITT

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 156, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, after line 18, begin a new paragraph and insert:

"SECTION 2. [EFFECTIVE JULY 1, 2017] (a) Not later than January 1, 2018, the office of the secretary of family and social services, with the assistance of the state department of health and the department of administration, shall report to the legislative council in an electronic format under IC 5-14-6 a comprehensive plan to increase the number of inpatient and residential beds used for detoxification, treatment, and rehabilitation. The report must include the following:

- (1) The number, location, and availability of beds in Indiana that are used for drug and alcohol detoxification, treatment, and rehabilitation.**
- (2) The location and physical description of state owned buildings that are currently available, or expected to be available before July 1, 2018, and are appropriate for conversion and use to provide beds in Indiana for drug and alcohol detoxification, treatment, and rehabilitation.**
- (3) The feasibility of using currently unused hospital and health care facility beds for drug and alcohol detoxification, treatment, and rehabilitation, including the following:**
 - (A) Licensure, regulatory, or statutory barriers that would prevent or affect use of the currently unused beds for drug and alcohol detoxification, treatment, and rehabilitation.**
 - (B) Possible methods of payment and reimbursement for**



drug and alcohol detoxification, treatment, and rehabilitation provided in a hospital or health care facility.

(b) This SECTION expires July 1, 2018."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 156 as reprinted February 1, 2017.)

KIRCHHOFER

Committee Vote: yeas 12, nays 0.

