

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.

SENATE ENROLLED ACT No. 156

AN ACT to amend the Indiana Code concerning human services.

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

SECTION 1. IC 12-23-18-8, AS AMENDED BY P.L.8-2016, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 8. (a) As used in this section, "dispense" means to deliver a controlled substance to an ultimate user.

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

- (1) The medications dispensed by the program.
- (2) The medication delivery process, which includes whether the medication was in liquid, film, or another form.
- (3) The number of doses dispensed of each medication.
- (4) The dosage quantities for each medication.
- (5) The number of patients receiving take home medications.
- (6) The number of days of supply dispensed.
- (7) Patient demographic information for each medication, including gender, age, and time in treatment.
- (8) The dispenser's United States Drug Enforcement Agency registration number.
- (9) The average number of patients served by:

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- (A) the opioid treatment program annually; and
 - (B) each employed or contracted prescriber of the opioid treatment program.
- (10) The annual ratio of employed or contracted prescribers to patients served at each opioid treatment program.
- (11) The number of patients and the average length of treatment for each medication dispensed by the opioid treatment program.
- (12) The number of patients completing an opiate treatment program treatment service having transitioned to opioid abstinence, including the use of long acting, nonaddictive medication for relapse prevention.
- (13) The number of patients demonstrating improvement in functioning, as defined by the division, while in treatment at an opiate treatment program.
- (14) An annual submission of each opiate treatment program's policy concerning:
- (A) the use of INSPECT (as defined in IC 35-48-7-5.2);
 - (B) the protocol for addressing patients who are found, using INSPECT data, to have prescriptions for a controlled substance, including benzodiazepines or other opiate medications; and
 - (C) the protocol for addressing patients who have illicit urine drug screens indicating the use of a controlled substance, including benzodiazepines or other opiates, whether prescribed or not.
- (15) The number of patients denied access to services due to inability to pay, including the demographic information of the patient concerning race.
- (16) The number of patients who are receiving behavioral health services in addition to medication.**
- (17) The average mileage a patient is traveling to receive treatment.**
- (18) The patient relapse rate or the average time an individual is receiving treatment from the opioid treatment program.**
- (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.

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

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

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.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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