

## **SENATE BILL No. 214**

DIGEST OF SB 214 (Updated January 18, 2023 10:46 am - DI 140)

Citations Affected: IC 16-42.

**Synopsis:** Standing order for overdose intervention drugs. Provides that a statewide standing order for the dispensing of an overdose intervention drug must allow for choice in the: (1) purchasing; (2) dispensing; and (3) distributing; of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.

Effective: July 1, 2023.

## Walker K, Johnson T, Becker, Charbonneau, Busch, Crider

January 10, 2023, read first time and referred to Committee on Health and Provider Services.

January 19, 2023, reported favorably — Do Pass.



First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

## **SENATE BILL No. 214**

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 16-42-27-2, AS AMENDED BY P.L.80-2019,
2	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2023]: Sec. 2. (a) A prescriber may, directly or by standing
4	order, prescribe or dispense an overdose intervention drug without
5	examining the individual to whom it may be administered if all of the
6	following conditions are met:
7	(1) The overdose intervention drug is dispensed or prescribed to:
8	(A) a person at risk of experiencing an opioid-related
9	overdose; or
10	(B) a family member, a friend, or any other individual or entity
11	in a position to assist an individual who, there is reason to
12	believe, is at risk of experiencing an opioid-related overdose.
13	(2) The prescriber instructs the individual receiving the overdose
14	intervention drug or prescription to summon emergency services
15	either immediately before or immediately after administering the
16	overdose intervention drug to an individual experiencing an
17	opioid-related overdose.



1	(3) The prescriber provides education and training on drug
2	overdose response and treatment, including the administration of
3	an overdose intervention drug.
4	(4) The prescriber provides drug addiction treatment information
5	and referrals to drug treatment programs, including programs in
6	the local area and programs that offer medication assisted
7	treatment that includes a federal Food and Drug Administration
8	approved long acting, nonaddictive medication for the treatment
9	of opioid or alcohol dependence.
10	(b) A prescriber may provide a prescription of an overdose
11	intervention drug to an individual as a part of the individual's addiction
12	treatment plan.
13	(c) An individual described in subsection (a)(1) may administer an
14	overdose intervention drug to an individual who is suffering from an
15	overdose.
16	(d) An individual described in subsection (a)(1) may not be
17	considered to be practicing medicine without a license in violation of
18	IC 25-22.5-8-2, if the individual, acting in good faith, does the
19	following:
20	(1) Obtains the overdose intervention drug from a prescriber or
21	entity acting under a standing order issued by a prescriber.
22	(2) Administers the overdose intervention drug to an individual
23	who is experiencing an apparent opioid-related overdose.
24	(3) Attempts to summon emergency services either immediately
25	before or immediately after administering the overdose
26	intervention drug.
27	(e) An entity acting under a standing order issued by a prescriber
28	must do the following:
29	(1) Annually register with either the:
30	(A) state department; or
31	(B) local health department in the county where services will
32	be provided by the entity;
33	in a manner prescribed by the state department.
34	(2) Provide education and training on drug overdose response and
35	treatment, including the administration of an overdose
36	intervention drug.
37	(3) Provide drug addiction treatment information and referrals to
38	drug treatment programs, including programs in the local area and
39	programs that offer medication assisted treatment that includes a
40	federal Food and Drug Administration approved long acting,
41	nonaddictive medication for the treatment of opioid or alcohol



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dependence.

1	(4) Submit an annual report to the state department containing:
2	(A) the number of sales of the overdose intervention drug
3	dispensed;
4	(B) the dates of sale of the overdose intervention drug
5	dispensed; and
6	(C) any additional information requested by the state
7	department.
8	(f) The state department shall ensure that a statewide standing order
9	for the dispensing of an overdose intervention drug in Indiana is issued
10	under this section. The state health commissioner or a designated
11	public health authority who is a licensed prescriber may, as part of the
12	individual's official capacity, issue a statewide standing order that may
13	be used for the dispensing of an overdose intervention drug under this
14	section. A statewide standing order issued under this section must
15	allow for choice in the:
16	(1) purchasing;
17	(2) dispensing; and
18	(3) distributing;
19	of any formulation or dosage of a naloxone product that is
20	approved by the federal Food and Drug Administration. The
21	immunity provided in IC 34-13-3-3 applies to an individual described
22	in this subsection.
23	(g) A law enforcement officer may not take an individual into
24	custody based solely on the commission of an offense described in
25	subsection (h), if the law enforcement officer, after making a
26	reasonable determination and considering the facts and surrounding
27	circumstances, reasonably believes that the individual:
28	(1) obtained the overdose intervention drug as described in
29	subsection (a)(1);
30	(2) complied with the provisions in subsection (d);
31	(3) administered an overdose intervention drug to an individua
32	who appeared to be experiencing an opioid-related overdose;
33	(4) provided:
34	(A) the individual's full name; and
35	(B) any other relevant information requested by the law
36	enforcement officer;
37	(5) remained at the scene with the individual who reasonably
38	appeared to be in need of medical assistance until emergency
39	medical assistance arrived;
40	(6) cooperated with emergency medical assistance personnel and
41	law enforcement officers at the scene; and

(7) came into contact with law enforcement because the



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1	individual requested emergency medical assistance for another
2	individual who appeared to be experiencing an opioid-related
3	overdose.
4	(h) An individual who meets the criteria in subsection (g) is immune
5	from criminal prosecution for the following:
6	(1) IC 35-48-4-6 (possession of cocaine).
7	(2) IC 35-48-4-6.1 (possession of methamphetamine).
8	(3) IC 35-48-4-7 (possession of a controlled substance).
9	(4) IC 35-48-4-8.3 (possession of paraphernalia).
10	(5) IC 35-48-4-11 (possession of marijuana).
11	(6) An offense under IC 35-48-4 involving possession of a
12	synthetic drug (as defined in IC 35-31.5-2-321), possession of a
13	controlled substance analog (as defined in IC 35-48-1-9.3), or
14	possession of a substance represented to be a controlled substance
15	(as described in IC 35-48-4-4-6)



## COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 214, 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 214 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 12, Nays 0

