

2019 Legal Update:

Understanding the Most Recent Indiana Laws for Prescribers and How to Comply

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Objectives

- Comprehend the newest requirements related to INSPECT
- Understand Indiana's new CME requirements for opioid education
- Understand requirements in other opioid prescribing laws
- Mitigate the potential for non-compliance

Disclaimer

This presentation is informational only.
It does not constitute legal advice.



Recent Indiana Laws for Controlled Substance Prescribers

- Mandatory CME
- INSPECT Registration
- Checking INSPECT



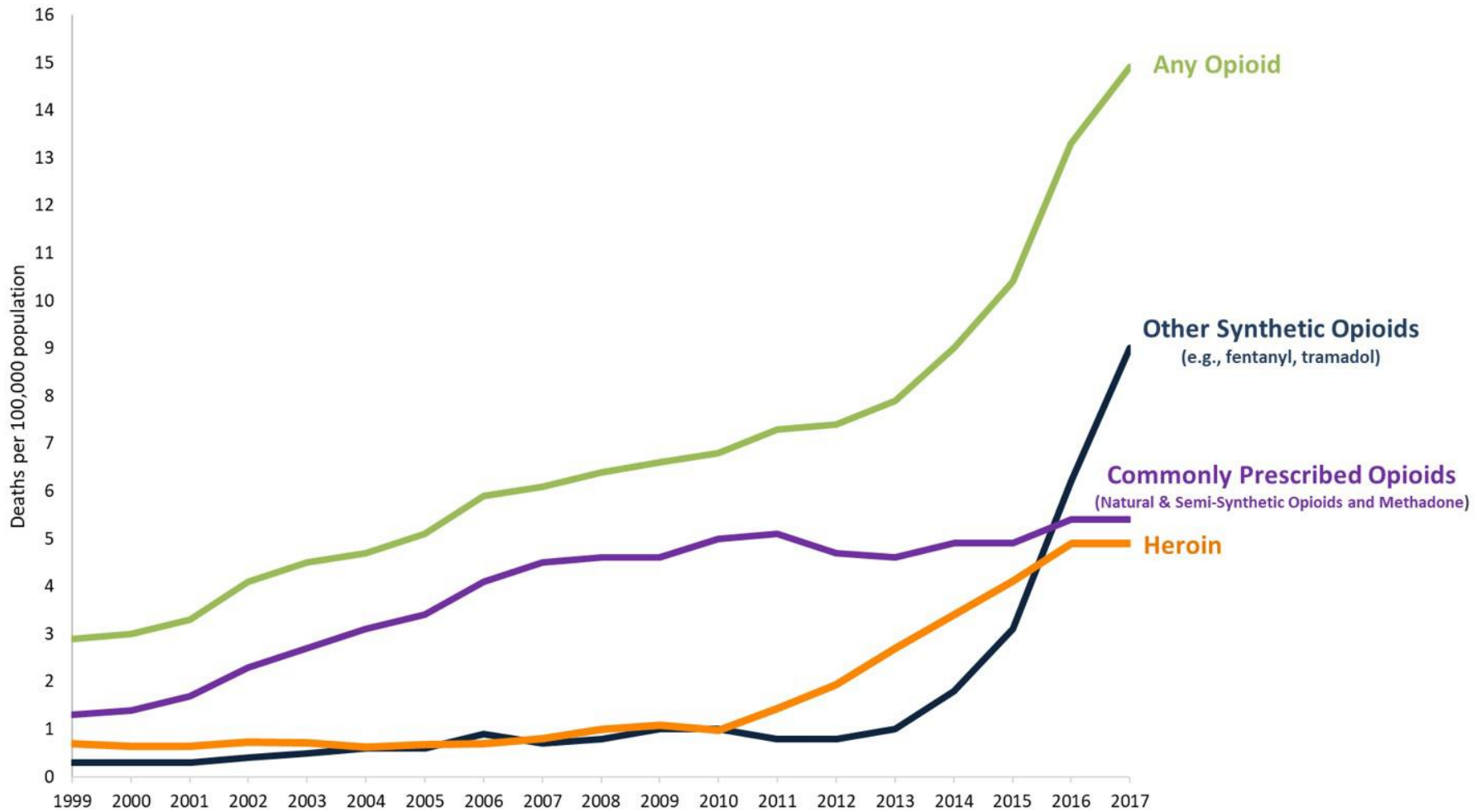


You have questions, we have answers

Opioid Abuse

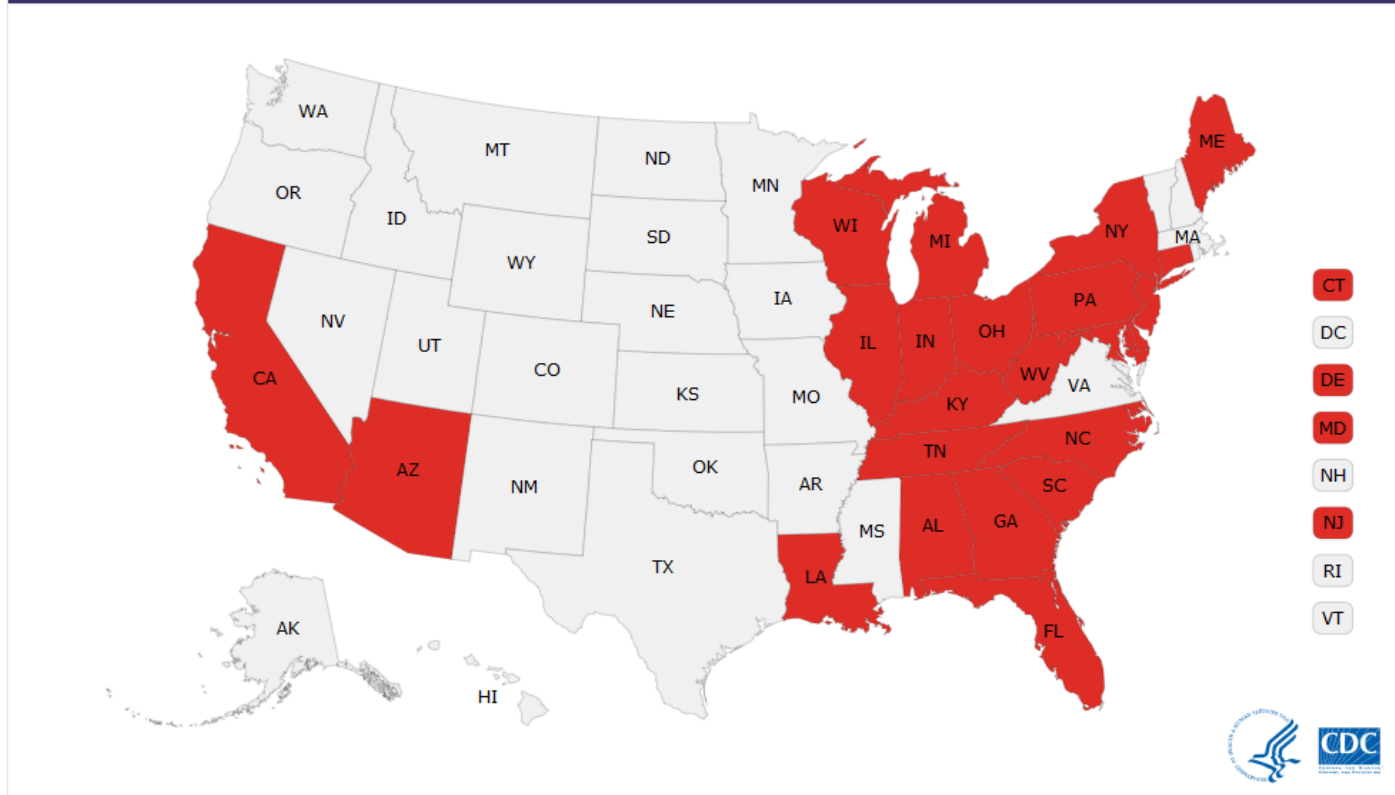


Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018.
<https://wonder.cdc.gov/>.

Statistically significant drug overdose death rate increase from 2016 to 2017, US States

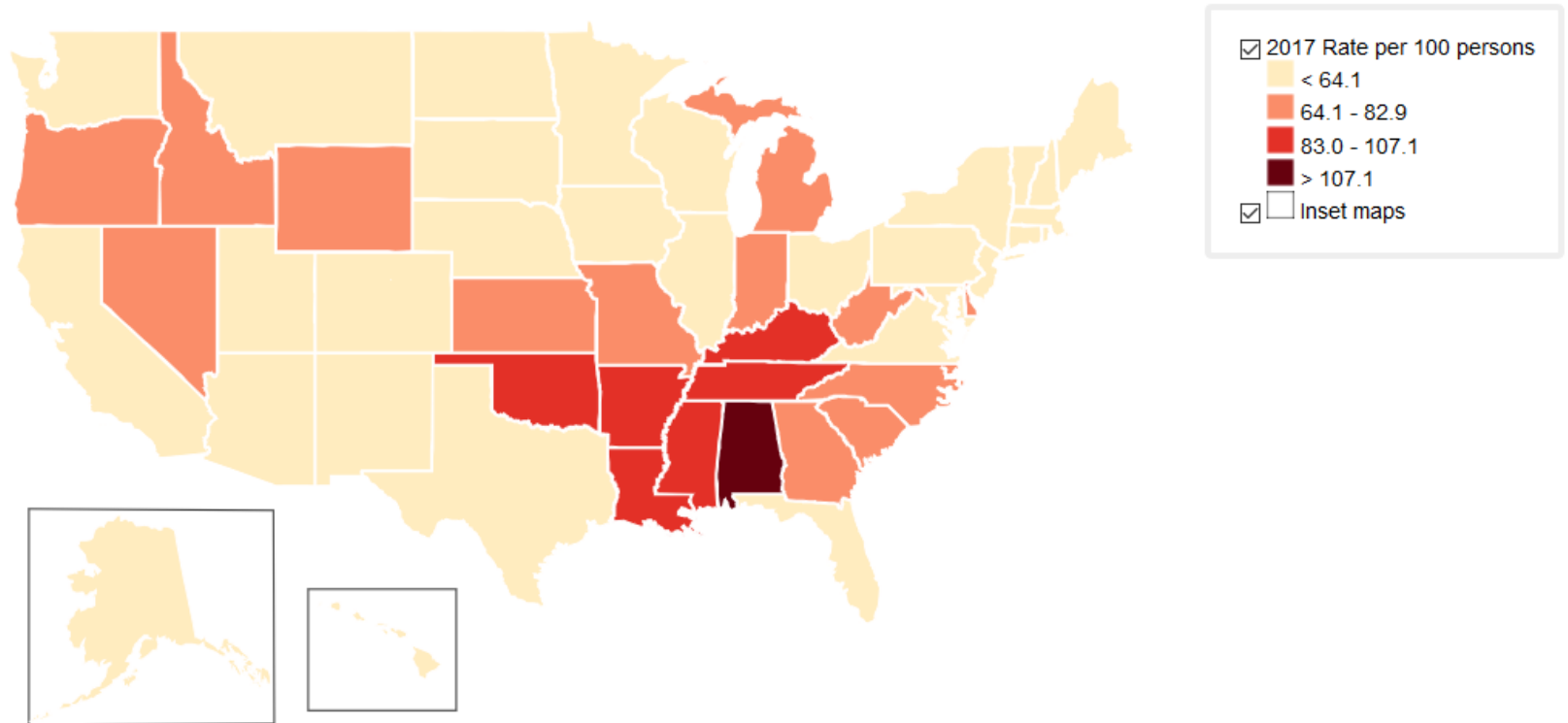


Statistically significant increase

Statistically significant increase from 2016 to 2017

Location ^	Statistically Significant	Percent Change from 2016-2017
■ Indiana	Yes	22.5

CDC - U.S. Opioid Prescribing Rate Maps - 2017



			Opioid Prescribing Rate per 100
State	Abbreviation	2017	
Indiana	IN	74.2	

Opioid Abuse

- As a result of overdose and opioid prescription statistics, in 2017 and 2018 states (including Indiana) focused on ways to decrease opioid abuse
- Indiana began addressing the issue in a number of ways, including the 2018 legislation aimed at prescribers (for discussion today)
- Other ways to combat opioid abuse:
 - Drug takeback programs
 - Financial support for prevention programs
 - Naloxone availability
 - Five new treatment programs opened in first part of 2018

Mandatory Opioid CME for CSR Holders

Senate Bill 225 (from 2018 legislative session)

Beginning July 1, 2019 (next physician renewal):

- All practitioners who apply for or renew Indiana Controlled Substances Registration (CSR)
 - Note: The CSR is a separate license from a license to practice medicine
- Must have completed 2 hours of CME during the previous 2 years
 - CME must address opioid prescribing and opioid abuse
- CME courses must be offered by an approved organization
 - Per Medical Board's website, any organization accredited by ACCME is approved. There is a link on Board's website
 - ISMA is accredited by ACCME
 - <https://www.in.gov/pla/4040.htm>

Indiana Medical Board Website:

PHYSICIAN/OSTEOPATHIC PHYSICIAN CONTINUING EDUCATION

Beginning July 1, 2019, each physician or osteopathic physician renewing their controlled substances registration will need to have completed two (2) hours of continuing education in the topic of opioid prescribing and opioid abuse.

Licenses will not need to submit certificates of completion. Instead, they will attest on their renewal form that the hours have been completed. The Medical Licensing Board may then audit up to 10% of licensees to ensure compliance. Licensees should retain their certificates of completion for up to 3 years from the date of renewal.

Approved continuing education organizations include:

- United States Department of Education
- Council on Post-Secondary Education
- Joint Commission on Accreditation of Hospitals
- Joint Commission on Healthcare Organizations
- Federal, state, and local government agencies
- A college or other teaching institution accredited by the United States Department of Education or the Council on Post-Secondary Education
- A national organization of licensed physicians/osteopathic physicians
- A national, state, district or local organization that operates as an affiliated entity under the approval of an organization listed above
- An internship or residency program conducted in a hospital that has been approved by an organization listed above

A list of recognized providers can be found on the ACCME website: <http://www.accme.org/find-cme-providers>

Mandatory Opioid CME for CSR Holders

The law sunsets July 1, 2025



Mandatory Opioid CME for CSR Holders

- Upon renewal licensee must attest to compliance
 - No need to submit certifications/proof of completion
 - Board may audit up to 10% of all licensees
 - Be sure to retain proof of completion
 - 3 year look back
 - Failure to comply
 - Notice of non-compliance
 - 6 months to remedy
 - Fine up to \$1,000
 - Suspend license for non-compliance

Mandatory Opioid CME – FAQs

Q: If I don't have an Indiana CSR, do I need to get the opioid CME?

A: No, the requirement is for individuals who hold an Indiana Controlled Substance Registration (CSR)

Mandatory Opioid CME – FAQs

Q: Can I practice medicine in Indiana without a CSR?

A: Yes – the only thing you cannot do without an Indiana CSR is prescribe controlled substances. You can prescribe medications that are not controlled substances. You cannot hold a federal DEA registration without an Indiana CSR.

Mandatory Opioid CME – FAQs

Q: How do I tell if I have a CSR, or if my CSR is active?

A: You can do that online here

<https://mylicense.in.gov/everification/Search.aspx>

Search for a License

- Please enter search criteria below to start your search (enter data in any field- we will search with whatever information you provide to us- remember less is more!)
- If you have partial information, or not sure of the exact name, you may use a wildcard search by placing a * following the partial data entered. For example, if you're not sure if a name is spelled Alan or Allen, enter Al* to search.
- Click [here](#) to search for a Facility instead of a person.

Search Criteria

Profession:	<input type="text" value="All"/>	First/Mid Name:	<input type="text"/>
License Type:	<input type="text" value="All"/>	Last Name:	<input type="text"/>
License Number:	<input type="text"/>	City:	<input type="text"/>
License Status:	<input type="text" value="All"/>	State:	<input type="text" value="--All--"/>
		County:	<input type="text"/>
		Zipcode:	<input type="text"/>

Clear Form

Search

Mandatory Opioid CME – FAQs

- Your Indiana license and CSR (if any are shown separately)
- The two license numbers are the same, but the license to practice medicine has an “A” at the end and the CSR has a “B” at the end
- Under “License Type” it will specify either “Physician” (general license to practice medicine) or “CSR-Physician,” which is the CSR and your provider type
- For each license it will show “Status” – if Active that means it is current and active

Search Results

1. For a more detailed view of a licensee's background, click on the licensee name from the alphabetical list below. Results will open in a new window.
2. Click the numbers below the grid to see additional pages of licensees.
3. To return to the Search page, use either the **New Person Search** button or the **New Facility Search** button below. **Do not use your browser's back button.**

Name	License #	Profession	License Type	Status	Address
Doe, John A.	12345678A	Medical Licensing Board	Physician	Active	Address
Doe, John A.	12345678B	Medical Licensing Board	CSR-Physician	Active	Address

[New Person Search](#)

[New Facility Search](#)

Mandatory Opioid CME – FAQs

Q: How do I know if the CME topic is sufficient to cover “opioid prescribing and opioid abuse?”

A: The Indiana Professional Licensing Agency has stated it will not be scrutinizing the CME that is offered, only that when it audits the practitioners, the CME has to be generally about opioid prescribing and abuse.

Mandatory Opioid CME – FAQs

Q: What should I do if I don't want to renew my CSR?

A: Do not complete the application to renew the CSR, and it will expire.



EXPIRED

Mandatory Opioid CME – FAQs

Q: When is the next renewal?

A: For physicians, it begins around July 1, 2019 and ends October 31, 2019. If a CSR isn't renewed by October 31, 2019, it will expire.

Mandatory Opioid CME – FAQs

Q: Does the CME have to be Category 1?

A: The law does not specify that any particular Category is required.

However, as a practical matter, because CME must be provided by an approved/accredited provider, the CME will need to be Category 1. An accredited provider cannot advertise any CME as meeting Category 2.

Mandatory Opioid CME – FAQs

Q: Does the ISMA have other Opioid CME Webinars?

A: Yes, ISMA has provided a series of opioid webinars; a catalog of ISMA's seminars/webinars can be accessed online at:

https://www.ismanet.org/ISMA/Registration/webinar_list.aspx

Requirement to Register with INSPECT

Senate Bill 221 (from 2018 legislative session)

- Effective January 1, 2019, all practitioners permitted to prescribe/dispense/administer controlled substances must register with INSPECT
- Registration is online at <https://indiana.pmpaware.net/identities/new>
- Each prescriber must create his/her own account



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Registration Process

Create an Account

[Registration Process Tutorial](#) ➔



[Get Adobe Acrobat Reader](#)

Email

Password

Password Confirmation

[Save and Continue](#)

[Need Help?](#)

Requirement to Register with INSPECT

- Before beginning the registration process, providers will need to have the following information ready:
 - Individual email address (to which only the practitioner has access)
 - CSR #
 - DEA #
 - Medical license #
 - Driver's license #

INSPECT Registration FAQs

Q: What if I have an Indiana CSR but not a DEA registration; do I still need to register with INSPECT?

A: Practitioners who do not have a DEA registration will not be able to register with INSPECT. According to INSPECT's interpretation of the law, a practitioner who holds an Indiana CSR but not a DEA registration is not required to register with INSPECT since the practitioner would not be permitted to prescribe or dispense controlled substances.

INSPECT Registration FAQs

Q: Do I need to register with INSPECT if I have a CSR and DEA registration but never prescribe controlled substances?

A: Yes – if you hold an Indiana CSR and DEA registration you must register with INSPECT, even if you never prescribe, dispense, or administer controlled substances. The requirement to register with INSPECT is separate from the requirement to check INSPECT.

INSPECT Registration FAQs

Q: I had an INSPECT account years before but I am unable to create another account, what do I do?

A: INSPECT does not allow one person to have more than one account. INSPECT accounts are tied to email. If you have registered before, you need to use that same email and account. If you no longer have access to the email that you originally used to open the account, you need to contact INSPECT to set up a new email address for your account. You can contact INSPECT at 844-446-4767.

INSPECT Registration FAQs

Q: If I have multiple DEA registrations, do I need a separate INSPECT account for each DEA registration?

A: No, you just need one INSPECT account.


Checking INSPECT

Senate Bill 221 (Generally Effective July 1, 2018)

Requires checking INSPECT each time before prescribing an opioid or benzodiazepine to any patient

Effective date depends on situation:

- Effective 7/1/2018 for practitioners with INSPECT integrated into EMR – effective any time integration occurs
- What does it mean for INSPECT to be integrated?
 - No separate log in is required to check INSPECT while in EMR, one-click gets you in INSPECT

Scott Knight		List	Recent	Search <input type="text"/>
Acct Number: 1836593821 MRN: #324561 Bed: 10	DOB: 2/16/1959 Gender: M Code: Full Code	Immunizations: None Allergies: aspirin, latex, peanuts Adv Directive: Yes	Narx: Nar 201, Sed 100, Stim 000, Ovd 360 Fall Risk Score: 6 Attending: Dr. Goodall	
Chart Summary	Chart Summary			
Procedures and Diagnoses	Anticipated Discharge Date –			 Show Report
Allergies	Reason for Visit Fall, hip pain			
Mar	Advance Directive- Yes – 03/23/09			
Results	Code Status		Blood Type –	
Power Note	Full Code		Fall Risk Score	Skin Integrity Risk Score –
Orders	Allergies		6 (conley)	Lab Pregnancy Status
Form Browser	Aspirin		Pain Scale	N/A
	Latex		5	Immunizations
	Peanuts		Pain Location	None
Patient Information	March 25, 2016 7:00 AM CDT			
Immunization Schedule	Vital Signs	Note Writer		
Reference Text Browser	Oxygen Therapy			
Problems and Diagnoses	Pain Assessment Detail			
Consults	General			
	CV Assessment			
	Edema Assessment			
	Respiratory Assessment			
	Nursing Notes			
	Note Writer			
	PE Elements			

Checking INSPECT

- Applies 1/1/2019 for practitioners providing services in:
 - The ER; or
 - A pain management clinic (a facility that primarily engages in the treatment of pain or pain management through prescribing controlled substances)
- Applies 1/1/2020 to practitioners providing services in a hospital
- Applies 1/1/2021 to all practitioners

Checking INSPECT

Exceptions to checking INSPECT each time:

- For patients subject to a pain management contract – practitioner is not required to check INSPECT more than once every 90 days
- Practitioners who obtain a waiver from the licensing board because the practitioner does not have access to the Internet at the practitioner's office

Note: No specific exceptions for emergencies, hospice, palliative care, or LTC patients

Checking INSPECT FAQs

Q: Do I need to check INSPECT if I am giving the medications to the patient (for example, as an anesthesiologist for a procedure)?

A: No, the requirement to check INSPECT is before the practitioner prescribes/dispenses opiates and benzodiazepines. If a practitioner is administering the medications, the requirement does not apply.

Checking INSPECT FAQs

Q: Do I need to check INSPECT if I am ordering an opiate to be given to the patient in a hospital or other institutional setting?

A: No, the requirement to check INSPECT is before the practitioner prescribes/dispenses opiates and benzodiazepines. If a practitioner is giving an order for someone else (like a nurse) to administer the medication, the requirement does not apply.

Checking INSPECT FAQs

Q: If I write a prescription for an opioid to a patient who is being discharged from the hospital or ASC, do I need to check INSPECT before writing the prescription?

A: Yes.

Checking INSPECT FAQs

Q: Can I delegate to another person to check INSPECT for me?

A: Yes, and INSPECT has a way for practitioners to name individuals as delegates.

Checking INSPECT FAQs

Q: Is there a limit on the number of delegates?

A: The law does not have a limit, but operationally INSPECT has a limit of 10 delegates. Each delegate can have multiple prescribers attached.

Checking INSPECT FAQs

Q: Do I need to document or keep proof that I have checked INSPECT?

A: The law does not require documentation, but you will want to have proof that you checked if it ever comes into question. The good news is that INSPECT tracks all activities, so you will be able to run a report to show when you queried a patient, and you can also run the same report for your delegate, to make sure your delegate is checking INSPECT for you.

Checking INSPECT FAQs

Q: What is the penalty for failing to check INSPECT as required?

A: Last year, the INSPECT bill that included the registration requirement and the mandatory query requirements was unintentionally drafted in a manner that tied non-compliance with a criminal penalty (the Class A misdemeanor).

Checking INSPECT FAQs

- This year, ISMA is working on a technical correction to remove the application of the criminal penalty from the requirements to register or query INSPECT.
- Instead, any non-compliance issue will be left to the licensing boards for each prescribing profession, which is the normal disciplinary method for licensed professionals.
- The Professional Licensing Agency will continue to communicate with those who haven't registered to continue to help all providers comply with the new law.

Checking INSPECT FAQs

Q: Do I have to check INSPECT before prescribing Adderall?

A: No, the requirement is for prescribing opioids and benzodiazepines.

Checking INSPECT FAQs

Q: If I prescribe one or 2 Ativan before a procedure am I required to check INSPECT?

A: Yes, the law requires checking INSPECT before prescribing any amount of benzodiazepine or opiate.

Checking INSPECT FAQs

Q: Do I have to check INSPECT before refilling a prescription for an opioid/benzodiazepine?

A: The law is not completely clear on this but a reasonable interpretation is “No” – since a refill is not a different prescription.

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ISMA

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