

# Opioid Use Disorder and Overdose-Related Legislation in the 2019 Indiana Legislative Session

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## Executive Summary

The opioid use disorder and overdose crisis remains an urgent public health issue in Indiana. Nearly one in twelve Hoosiers—almost a half million people—meet the criteria for having a substance use disorder.<sup>6</sup> Approximately four thousand Hoosiers have died from opioids in the last decade.<sup>7</sup> In 2018, the Indiana State Department of Health reported that the number of opioid-related overdose deaths totaled more than 1,800 and far exceeded vehicular traffic-related deaths.<sup>8</sup>

The federal government sets broad drug policy and is an important source of funds in amelioration of these substance use disorder crises. However, the states are responsible for implementing many harm reduction and public health strategies essential to an effective response.<sup>9</sup> Many of these strategies depend on state legislative policymaking.<sup>10</sup>

During the 2019 Indiana Legislative Session, over 1300 bills were introduced,<sup>11</sup> 237 opioid-related of which were bills with a potential to impact the opioid use disorder and overdose crisis. Only 31 Senate Bills and 31 House opioid-related bills were passed<sup>12</sup> and all were signed by the governor.<sup>13</sup> Many of these bills can be characterized as impacting health care and criminal law generally as opposed to targeted responses to opioids and substance use disorder.

This report, funded by Indiana University's Grand Challenge: Responding to the Addictions Crisis,<sup>14</sup> catalogues and analyzes legislation introduced in Indiana's 2019 legislative session related to the opioid use disorder and overdose crises. Further, this report identifies gaps in current harm reduction policies where urgent legislative action is needed including:

- (1) Bolstering of overdose immunity protections for bystanders and individuals experiencing an overdose; and
- (2) Decriminalization of syringe possession but especially in the context of syringe service programs to promote access to sterile syringes.

The goal of this report to identify these gaps in hopes that they can be included in policy discussions for the 2020 legislative session.

## Indiana's Opioid Use Disorder and Overdose Crisis

The opioid use disorder and overdose crisis remains an urgent public health issue in Indiana. Nearly one in twelve Hoosiers—almost a half million people—meet the criteria for having a substance use disorder.<sup>15</sup> Approximately four thousand Hoosiers have died from opioids in the last decade,<sup>16</sup> and the drug-induced mortality rate in Indiana quadrupled between 2000 and 2014.<sup>17</sup> In 2018, the Indiana State Department of Health reported that the number of opioid-related overdose deaths totaled more than 1,800 and far exceeded vehicular traffic-related deaths.<sup>18</sup> In addition to this preventable loss of life, the economic cost of drug overdose deaths to Indiana in 2014 was estimated at \$1.4 billion.<sup>19</sup>

The crisis is a rapidly moving target. For example, the most recent data from the Centers for Disease Control and Prevention (CDC) finds a considerable worsening of the substance use disorder crisis, including a sharp spike in the Midwest.<sup>20</sup> Indiana alone saw a 22.5 percentage increase in drug overdose deaths between 2016 and 2017.<sup>21</sup> And while some preliminary reports suggest a leveling off of these numbers for 2018,<sup>22</sup> rates remain exponentially higher when compared to the start of the crisis years earlier.<sup>23</sup> The projected number of these preventable deaths for last year nationally will remain over 70,000.<sup>24</sup> A recent report ranked Indiana fifth in the nation in drug abuse risk.<sup>25</sup>

Not only are these numbers in flux, but the competing narratives regarding the source of the crisis and thus the possible solutions has left a gap in the implementation of a comprehensive policy agenda in governmental response.<sup>26</sup> Over-promotion, overprescribing, and diversion of prescription opioids were significant contributors to the current opioid use disorder and overdose crisis.<sup>27</sup> Yet, the crisis increasingly revolves around the abuse of non-prescription, illicit, opioids by non-medical users.<sup>28</sup> An influx of fentanyl, illegally imported from abroad,<sup>29</sup> is now the most common opioid linked to overdose deaths.<sup>30</sup>

Further, the substance use disorder crisis goes beyond opioids, with a significant spike in the availability and use of cocaine, and methamphetamine on the rise nationwide.<sup>31</sup> Indeed, parts of Indiana have seen an increase in meth use.<sup>32</sup> Importantly, the root causes of the crisis, social and structural determinants of health, are often neglected in the discourse related to the crisis.<sup>33</sup>

The federal government sets broad drug policy and is an important source of funds in amelioration of these substance use disorder crises. However, the states are responsible for implementing many harm reduction and public health strategies essential to an effective response.<sup>34</sup> Many of these strategies depend on state legislative policymaking.<sup>35</sup>

This report, funded by Indiana University's Grand Challenge: Responding to the Addictions Crisis,<sup>36</sup> catalogues and analyzes legislation introduced in Indiana's 2019 legislative session related to the opioid use disorder and overdose crises. The report's intent is threefold; first, to describe Indiana's legislative process; second, to identify the addictions-related bills introduced during the 2019 legislative session and how they fared; and, third, to identify potential harm reduction and public health strategies to be pursued during next year's legislative session.

## Indiana Legislative Process

State-level policy, legal, and regulatory interventions are indispensable to a comprehensive response to public health crises<sup>37</sup> such as the opioid use disorder and overdose crises.<sup>38</sup> Laws enacted through state legislatures are one such legal intervention. This section describes the legislative process in Indiana in order to offer context on how these policies are introduced and enacted. Understanding this process should inform the scope and likelihood of further opioid-related legislation in subsequent sessions.

In an odd numbered year the Indiana General Assembly meets through the months of January to April. If it is an even numbered year it meets through January to March.<sup>39</sup> During odd numbered years, the General Assembly sets the biennial budget for the state, necessitating the longer session.<sup>40</sup>

The Indiana General Assembly is a bicameral legislature with a Senate and House of Representatives.<sup>41</sup> Bills may originate in either the House or Senate and may be amended or rejected by the other.<sup>42</sup> However, any bill that deals with raising revenue must originate in the House.<sup>43</sup> Once a bill is introduced by a legislator, the Speaker of the House or the President Pro Tempore of the Senate assigns it to one or more committees.<sup>44</sup> The committee (via its chairman and leadership)<sup>45</sup> evaluates the merits of the bill and decides whether to hold hearings to collect additional information, via public testimony or other experts, on the impacts of the bill.<sup>46</sup> Committees may also request information from state agencies.<sup>47</sup> Bills require a majority<sup>48</sup> to pass through committee and all subsequent stages of the bill's life—from first committee hearing to final passage into law.<sup>49</sup> While the originating chamber can still choose to hear bills that are rejected by committee, generally, the chamber defers to recommendations of committees.<sup>50</sup> Bills will be heard three separate times in the originating chamber prior to heading to the other chamber.<sup>51</sup> Each decisional body (committee, house and senate) can amend

## 2019 General Assembly Relevant Dates

### **Monday October 22, 2018:**

Senators may begin filing bills for the 2019 Session (Senate Rule 44)

### **Thursday January 3, 2019:**

General Assembly reconvened; Representatives may begin filing bills (House Rule 103)

### **Thursday January 10, 2019:**

Deadline for filing Senate (Senate Rule 48(a)) and House bills (House Rule 107.1)

### **Wednesday January 17, 2019:**

Last day Senate bills may be assigned to Senate committees; House bills must be assigned to committees within 10 days of filing (House Rule 112)

### **Tuesday February 25 & 26, 2019:**

Deadline final readings in chambers and bills to switch chambers and be referred to committees in the opposite chamber (House Rules 147.1 & 2.1; Senate Rule 79(c))

**Monday April 15, 2019:** Last day for 3<sup>rd</sup> reading of Senate bills in the House (House Rule 148.1)

**Tuesday April 16, 2019:** Last day of 3<sup>rd</sup> reading of House bills in the Senate (Senate Rule 79(b))

### **Wednesday April 24, 2019:**

General Assembly adjourned

For a more detailed list of relevant dates see, <http://iga.in.gov/legislative/2019/deadlines/>.

the bill at some stage (committee amendment or floor amendments).<sup>52</sup>

Once the bill has passed out of its originating chamber, it will go to the other chamber where it will undergo the committee and reading process and then be accepted, possibly amended, or rejected.<sup>53</sup> If a bill has been amended in the other chamber, it can go to a conference committee where bipartisan representatives from each house meet to resolve the differences and agree on mutual language for the bill.<sup>54</sup> The originating house can also concur with the amendments without convening a conference committee.<sup>55</sup> During what can be quite an attenuated period of consideration a bill may see substantial changes to the language from its original form. Additionally, bills that “died” in the first half of session can be folded into surviving bills.

If a bill passes out of the other chamber, it heads back to its chamber of origin to be voted on one last time if amendments had been made.<sup>56</sup> Authors of the bill can file a dissent regarding the amended language which can send the bill back to the conference committee.<sup>57</sup> When a bill has passed both chambers, it is called an enrolled act and signed by the President of the Senate and the Speaker of the House.<sup>58</sup> Then it will go to the Attorney General for one last review of the bill’s constitutionality.<sup>59</sup>

After the bill has made it through both chambers and received the approval of the Attorney General, the bill is presented to the Governor to be signed into law.<sup>60</sup> The Governor has seven days to sign the bill into law; if he fails to do that it becomes law without signature.<sup>61</sup> If the Governor vetoes the bill during the seven day period, the legislature can override the veto with a constitutional majority vote in both the House and Senate.<sup>62</sup>

During “long” budget sessions, such as the 2019 session, the General Assembly creates a two-year budget plan.<sup>63</sup> Budget sessions can mean there are more revenue-changing bills being considered. In “short” sessions, such as the upcoming 2020 session, the legislature generally considers bills that do not have a fiscal impact on the budget as determined by bipartisan budget analysts.<sup>64</sup> Notwithstanding, seemingly budget neutral proposals can still have a fiscal impact when considering the staffing and resources needed to administer programs across state and local governments. Additionally, some mechanisms exist to that do allow for expenditures to be made during the short session.<sup>65</sup>

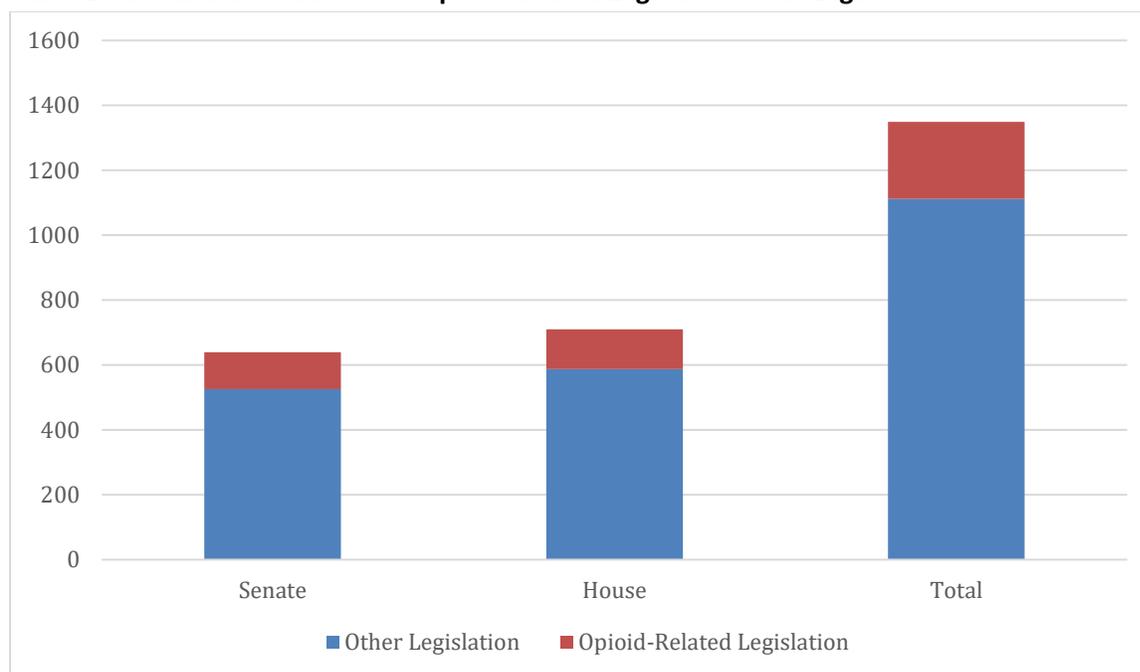
For example, in the case of opioid-related legislation introduced during a non-budget year, bills cannot establish requirements that impact the state budget, like grant programs. But, legislation that promotes public health and harm reduction strategies, for example, may still be viable if they did not make a fiscal impact.

## **2019 LEGISLATIVE SESSION**

Across both chambers, over 1300 bills were introduced<sup>66</sup> with over 700 were introduced in the House.<sup>67</sup> 400 bills were still pending at the session’s halfway mark.<sup>68</sup> Opioid-related bills that were introduced covered broad subject areas including opioid use disorder treatment, prescription drug monitoring programs, and drug-related crime sentencing. In total, legislators introduced 237 opioid-related bills (Appendix), 123 bills in the House and 114 in the Senate (Table 1).

For the purposes of this report, opioid-related legislation included bills that specifically referenced opioids, substance use, mental health, or criminal issues related to drugs. Opioid-related legislation also included more general bills related to health care access and criminal law, such as sentencing and penalties.<sup>69</sup> Overall, this report errs in the direction of being over-inclusive in designating bills as opioid-related. Notwithstanding the report does not include all bills that relating to the social determinants of health, such as education, housing, and income. Nor does it capture bills related to juvenile detention or child services unless, for example, the bill included explicit family law implications due to the criminal record or substance use of a parent.

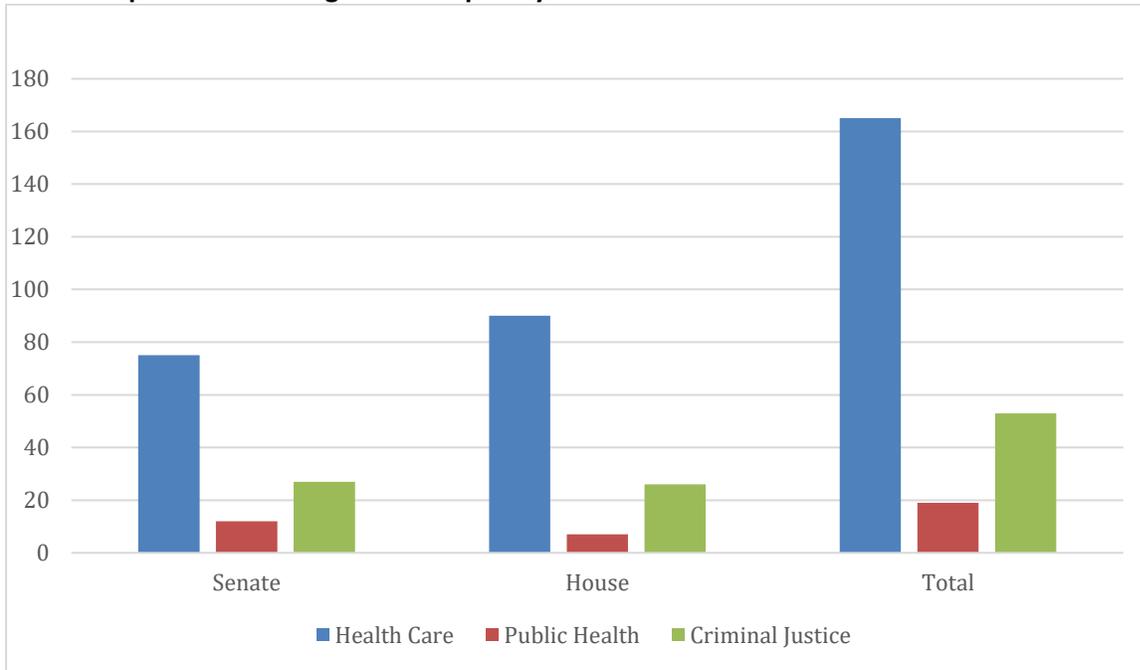
**Table 1: Chamber Introduction of Opioid-Related Legislation v. All Legislation**



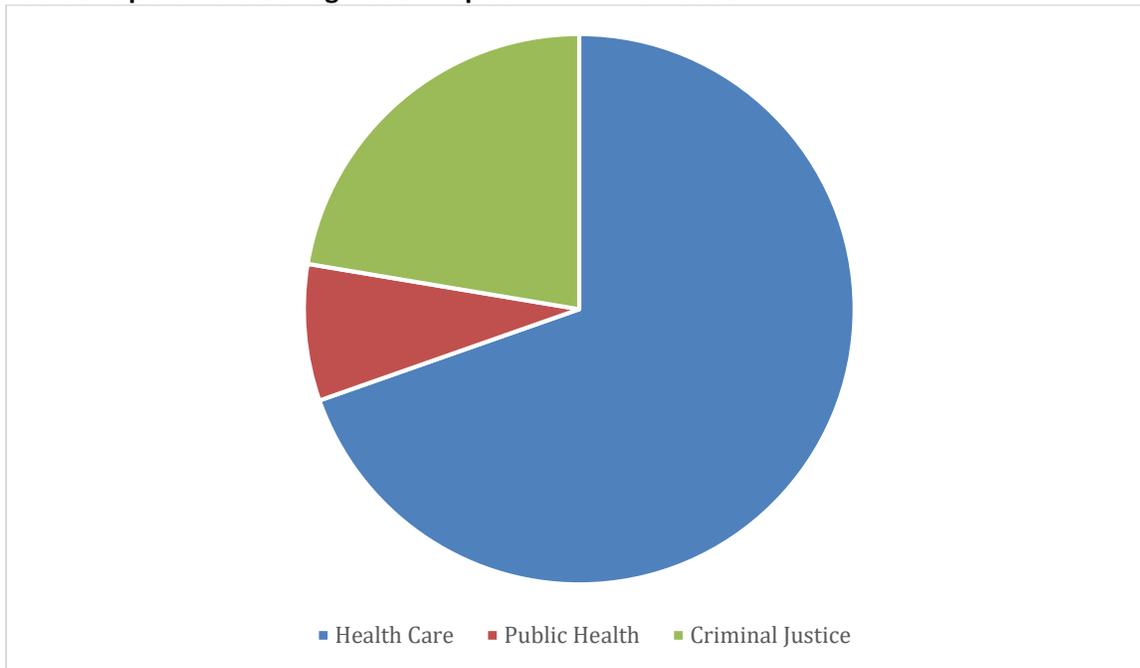
The 237 bills analyzed in this report includes legislation that explicitly referenced opioids and those in areas that might impact areas related to the prevention, treatment, or criminalization of substance use disorder generally. Typically, the bills were categorized into three overarching categories: (1) Health Care; (2) Public Health; and (3) Criminal Justice (Table 2). Over two-thirds of the bills were related to health care interventions; about a quarter were related to criminal law; and the remainder were related to public health (Table 3).

The health care category included reforms designed to increase access to treatment and behavioral health services. Cannabis-related bills, even those that sought to amend the criminal code, were considered health care bills given the ongoing research of cannabis as a health care tool. Harm reduction and surveillance topics were coded as public health.

**Table 2: Opioid-Related Legislation Topics by Chamber**



**Table 3: Opioid-Related Legislation Topics Overall Distribution**



**ENACTED LEGISLATION**

Only a small fraction of the bills that were introduced in January 2019 made it through the full legislative process. Only 31 Senate Bills and 31 House opioid-related bills were passed.<sup>70</sup> Many of these bills can be characterized as impacting health care and criminal law generally as opposed to targeted responses to opioids and substance use disorder. All were signed by the governor.<sup>71</sup> These bills are listed in Table 4.

**Table 4: Enacted Opioid-Related Legislation**

<u>Enacted Legislation</u>	<u>Category</u>
<a href="#">SB 1</a> - Department of Child Services	Criminal Law
<a href="#">SB 33</a> - Comprehensive addiction recovery centers	Health Care
<a href="#">SB 110</a> - Drug Dealing	Criminal Law
<a href="#">SB 111</a> - Substance abuse prevention grant programs	Public Health
<a href="#">SB 112</a> - Anatomical gifts and individuals with disabilities	Health Care
<a href="#">SB 133</a> - Addiction assistance	Health Care
<a href="#">SB 141</a> - Office based opioid treatment programs	Health Care
<a href="#">SB 162</a> - Chronic pain management	Health Care
<a href="#">SB 176</a> - Prescriptions	Health Care
<a href="#">SB 198</a> - Sentencing	Criminal Law
<a href="#">SB 228</a> - Department of health matters	Public Health
<a href="#">SB 235</a> - Expungements	Criminal Law
<a href="#">SB 238</a> - Indiana criminal justice institute	Criminal Law
<a href="#">SB 276</a> - Opioid treatment pilot program	Health Care
<a href="#">SB 293</a> - Allen County substance abuse pilot program	Health Care
<a href="#">SB 325</a> - Student mental health	Health Care
<a href="#">SB 333</a> - Body cavity searches and blood draws	Criminal Law
<a href="#">SB 336</a> - Misdemeanor penalties	Criminal Law
<a href="#">SB 359</a> - Individualized mental health safety plans	Health Care
<a href="#">SB 392</a> - Medicare supplement and Medicaid study	Health Care
<a href="#">SB 480</a> - Medicaid nonemergency medical transport	Health Care
<a href="#">SB 488</a> - Public defenders	Criminal Law
<a href="#">SB 491</a> - Funding for veterans programs	Health Care
<a href="#">SB 498</a> - Mobile integration healthcare	Health Care
<a href="#">SB 516</a> - Regulation of hemp	Health Care
<a href="#">SB 519</a> - Study of the proportionality of criminal offenses and enhancements	Criminal Law
<a href="#">SB 527</a> - Licensed professionals and child service agencies.	Health Care
<a href="#">SB 561</a> - Forensic medicine	Public Health
<a href="#">SB 575</a> - Hospitals	Health Care
<a href="#">SB 586</a> - Regulation of physical therapists	Health Care
<a href="#">SB 631</a> - Drug classifications and drug schedules	Criminal Law
<a href="#">HB 1007</a> - Perinatal care	Health Care
<a href="#">HB 1029</a> - Prescription drug pricing study	Health Care
<a href="#">HB 1051</a> - Study of reckless homicide	Criminal Law
<a href="#">HB 1078</a> - Commitment of Level 6 offenders to DOC	Criminal Law
<a href="#">HB 1080</a> - Community corrections and credit time	Criminal Law
<a href="#">HB 1087</a> - Payment of court costs	Criminal Law
<a href="#">HB 1094</a> - Ambulance service program membership	Health Care
<a href="#">HB 1114</a> - Criminal matters	Criminal Law
<a href="#">HB 1175</a> - Behavioral health professionals	Health Care
<a href="#">HB 1186</a> - Crimes involving synthetic drugs	Criminal Law
<a href="#">HB 1198</a> - Department of child services matters	Criminal Law
<a href="#">HB 1199</a> - Mental health professionals	Health Care
<a href="#">HB 1200</a> - Telepsychology	Health Care
<a href="#">HB 1246</a> - Health matters	Health Care
<a href="#">HB 1248</a> - Pharmacists, physician assistants	Health Care
<a href="#">HB 1294</a> - INSPECT program	Health Care
<a href="#">HB 1295</a> - Veterinary prescriptions	Health Care
<a href="#">HB 1296</a> - Medicaid waiver priority status for military child	Health Care
<a href="#">HB 1308</a> - Medicaid recovery audits	Health Care
<a href="#">HB 1344</a> - Nurse licensure compact	Health Care
<a href="#">HB 1367</a> - Health facility requirements concerning residents	Health Care

<a href="#">HB 1432</a> - Parental incarceration	Criminal Law
<a href="#">HB 1542</a> - Mental health and addiction services	Health Care
<a href="#">HB 1543</a> - Inpatient addiction treatment	Health Care
<a href="#">HB 1545</a> - Public health matters	Public Health
<a href="#">HB 1546</a> - Prior authorization and Medicaid	Health Care
<a href="#">HB 1547</a> - Consent to pregnancy services of a minor	Health Care
<a href="#">HB 1548</a> - Medicaid advisory committee	Health Care
<a href="#">HB 1569</a> - Professional licensing matters	Health Care
<a href="#">HB 1588</a> - Insurance matters	Health Care
<a href="#">HB 1631</a> - Short term insurance plans	Health Care

## DISCUSSION

This report was not designed to analyze all opioid-related bills introduced in the 2019 session. Rather, its purpose is to identify the types of bills currently favored or disfavored by the Indiana legislature and to focus attention on appropriate subjects for legislation that should be considered in the next legislative session. This analysis is informed by previous reports regarding law and policy best practices to address to opioid overdose crisis in Indiana.<sup>72</sup>

Although the federal government is an important source of funds in amelioration of the addictions crisis, states are responsible for implementation and solely responsible for many of the harm reduction and public health strategies essential to an effective response. The 2019 session was not without its positives. For example, several bills sought to improve access to addiction-related treatment through funding of treatment centers<sup>73</sup> or the creation of new addition recovery centers.<sup>74</sup> Less positively, overwhelmingly the legislature failed to address urgent policy issues related to harm reduction, healthcare access, and criminalization. In fact, only 4 of the 61 enacted bills were focused on public health interventions. And, many of the bills impact the health care and criminal justice systems more generally rather than targeted interventions to address the opioid crisis.

This report identifies areas, particularly in regards to harm reduction, where legislators have still not implemented best practices. The goal of this report to identify some of these gaps in hopes that they can be included in policy discussions for the 2020 session. Selected issues are discussed in more detail below.

### Opioid-Specific Enacted Legislation

As outlined above, over 60 bills were considered opioid-related and made it through the legislative process to become law. All of these bills have the potential to impact, either directly or indirectly, the opioid overdose and opioid use disorder crisis in the context of changing criminal law, public health, and health care systems. Yet, only some specifically contemplated opioids and substance use disorder treatment. These 18 bills are identified in Table 5.

**Table 5: Opioid-Specific Enacted Legislation**

<b>Opioid-Specific Enacted Legislation</b>	<b>Category</b>
<a href="#">SB 33</a> - Comprehensive addiction recovery centers	Health Care
<a href="#">SB 111</a> - Substance abuse prevention grant programs	Public Health
<a href="#">SB 133</a> - Addiction assistance	Health Care
<a href="#">SB 141</a> - Office based opioid treatment programs	Health Care
<a href="#">SB 162</a> - Chronic pain management	Health Care
<a href="#">SB 176</a> - Prescriptions	Health Care
<a href="#">SB 276</a> - Opioid treatment pilot program	Health Care
<a href="#">SB 293</a> - Allen County substance abuse pilot program	Health Care
<a href="#">SB 631</a> - Drug classifications and drug schedules	Criminal Law
<a href="#">HB 1007</a> - Perinatal care	Health Care
<a href="#">HB 1175</a> - Behavioral health professionals	Health Care
<a href="#">HB 1186</a> - Crimes involving synthetic drugs	Criminal Law
<a href="#">HB 1199</a> - Mental health professionals	Health Care
<a href="#">HB 1200</a> - Telepsychology	Health Care
<a href="#">HB 1294</a> - INSPECT program	Health Care
<a href="#">HB 1295</a> - Veterinary prescriptions	Health Care
<a href="#">HB 1542</a> - Mental health and addiction services	Health Care
<a href="#">HB 1543</a> - Inpatient addiction treatment	Health Care

These bills largely focus on health care interventions. For example, SB 141 establishes additional requirements for health care providers that prescribe buprenorphine.<sup>75</sup> It requires the state licensing board to establish regulations to meet the “treatment of the patient.”<sup>76</sup> This might include toxicology screenings and treatment agreements.<sup>77</sup> This bill passed despite research that suggests that screenings and agreements do not reduce opioid misuse for patients in chronic pain.<sup>78</sup> In another example, HB 1200, allows psychologists to provide services to Indiana patients using telecommunication systems.<sup>79</sup> SB 33, 111, and 293 provide funding for substance use disorder prevention and treatment.

Two of the enacted bills, SB 133 and HB 1294, are exclusively related to prescription drugs. SB 133 requires opioid prescriptions to be labeled as an opioid prior to pharmacy dispensing.<sup>80</sup> This aim of bill is to ensure that patients are aware that they have been prescribed opioids.<sup>81</sup> HB 1294 amends existing laws related to Indiana’s prescription drug monitoring program, INSPECT, in regards to the disclosure of information found in the system without authorization and as when as the instances in which a practitioner must access the system.<sup>82</sup> Much of the existing literature has described how the opioid overdose crisis has evolved away from prescription opioids to illicit drugs and synthetic fentanyl.<sup>83</sup> Overemphasis on prescription drug policy is done at the expense of other important policy issues related to criminal law, public health, and health care. Existing regulation of opioid prescriptions has both limited the access of these drugs for chronic pain patients<sup>84</sup> and has led to increases in heroin use.<sup>85</sup>

### **Failed Legislation of Note**

While failing at some point in the legislative process, several pieces of legislation did focus attention on important issues related to the opioid use disorder and overdose response. For example several studies suggest that cannabis decriminalization may be a powerful tool to minimize the harm related to the use of other substances including opioids.<sup>86</sup> Legislators introduced ten bills that sought to legalize medical marijuana, decriminalize small amounts of marijuana, among other cannabis-related topics.<sup>87</sup> None of these bills received a committee hearing.<sup>88</sup>

Two house bills, 1542 and 1543, would have established new requirements related to substance use disorder treatment. Among other things, HB 1542 would have prohibited managed care organizations from requiring licensed psychiatrists to be board certified if the psychiatrist is practicing in a community mental health center.<sup>89</sup> HB 1543 would have required Medicaid to cover inpatient detoxification services when a treatment plan determined it was medically necessary.<sup>90</sup>

Several substance use disorder treatment funding programs failed to advance in the legislative process including SB 111 and 276. Grant programs proposed in SB 111 and 276 sought to provide funding to community and faith based substance use treatment and transportation programs.<sup>91</sup> SB 276 sought to extend existing funding for opioid treatment pilot programs from 2020 to 2022.

In the context of harm reduction, Senate Bill 11 sought to amend the existing Syringe Service Program law.<sup>92</sup> The bill would have required SSPs to create a registry of participants accessing services at the program, thus amending the current law that explicitly specifies that SSPs operate “without collecting or recording personally identifiable information.”<sup>93</sup> Under the bill, the registry would include the participants’ name, date of birth, and last four digits of their social security number.<sup>94</sup> The bill also would have created a defense to prosecution for individuals charged with possession of a syringe secured from an SSP if certain criteria are met including being formally registered with the SSP as outlined above.<sup>95</sup> It would have allowed courts, court clerks, and law enforcement to access the registry and would have required participants to waive any protections offered by the Health Insurance Portability and Accountability Act.<sup>96</sup> Critically, registration of SSP participants accessing services proposed in SB 11 would have had considerable negative effects, including the promotion of stigma associated with substance use disorder, discouraging participation, and undermining the mission of SSPs.<sup>97</sup> Best practice for the operation of SSPs consistently states that data collection at these programs should be minimized and anonymity maintained to promote utilization of services.<sup>98</sup>

SB 159 also sought to establish an affirmative defense to syringe possession. Unlike SB 11, the defense would have applied to any syringe so long as the person in possession discloses to a law enforcement officer the presence of the syringe and there was only a residual amount of a controlled substance in the syringe.<sup>99</sup> Unlike SB 11, this bill does not require that the syringe to have been secured from an SSP thus could have promoted access to sterile syringe by reducing criminal liability for possession of drug paraphernalia.

SB 90, 272, and 288 would have expanded the protections currently offered under Indiana law during an overdose emergency.<sup>100</sup> All three bills would have extended the immunity in Indiana’s alcohol overdose lifeline law to include crimes related to paraphernalia or drug possession.<sup>101</sup> SB 272 and 288 also sought to extend the immunity protection to both the individual requesting medical assistance and the individual experiencing the medical emergency.<sup>102</sup> As discussed below, there is currently inadequate protections available under Indiana’s overdose immunity law. These bills would have addressed some of the current gaps.

Two additional house bills related to harm reduction measures included HB 1383 and 1595. HB 1383 would have strengthened existing harm reduction initiatives by requiring drug abuse treatment programs and syringe service programs to make contraceptives available to participants.<sup>103</sup> HB 1595 would have amended Indiana's existing syringe service program laws to require ISDH to appoint a panel to hold a public hearing to explore whether the agency could determine whether to operate an SSP in counties experiencing higher number of opioid overdose related emergency department visits or an increase of Hepatitis C rates.<sup>104</sup> Presumably, such an amendment to the current SSP law would facilitate the establishment of new SSPs.

## **Urgent Priorities in Harm Reduction**

### **Lack of Immunity During an Overdose Event**

There is strong evidence that, for friends and family members of an individual experiencing an overdose situation, fear of criminal liability, for themselves and the individual overdosing, is the primary factor deterring them from seeking emergency services.<sup>105</sup> Overdose Immunity Laws seek to reduce preventable overdose deaths by providing immunity from criminal prosecution to bystanders and, in some jurisdictions, to individuals experiencing an overdose situation, thus eliminating the primary reason for failing to seek emergency care.<sup>106</sup>

Indiana's overdose immunity law was enacted in 2016<sup>107</sup> and provides criminal immunity for drug possession and drug paraphernalia charges to individuals that seek emergency medical assistance to aid someone in an overdose situation.<sup>108</sup> However, to be eligible for immunity, an individual must meet several requirements including administering an overdose intervention drug.<sup>109</sup> Research does not suggest that the average bystander in an overdose situation will have naloxone on hand. As a result, Indiana's conditioning of immunity to naloxone administration severely limits the immunity and fails to eliminate the fear of criminal liability for individuals present during the overdose situation.

Furthermore, Indiana's immunity does not extend to the individual who is in need of medical assistance. Reports suggest bystanders are often reluctant to seek emergency services for individuals in the overdose situation for fear of not only their own criminal liability but also the criminal liability of those experiencing the overdose.<sup>110</sup>

Finally, while Indiana's immunity includes protections from drug possession and drug paraphernalia charges,<sup>111</sup> it does not extend to parole or probation violations, alcohol related offenses, or to the execution of warrants.

An example of a more comprehensive overdose immunity law can be found in Nevada. Its law provides protections for the arrest, charging, prosecuting, or conviction for drug or paraphernalia possession for both the bystander or the person experiencing an overdose.<sup>112</sup> It also provides protections from being penalized for violations of conditions of parole and probation.<sup>113</sup>

Several bills, SB 90, 272, and 288 discussed above, sought to expand the protections currently offered under Indiana law during an overdose emergency.<sup>114</sup> However, all three bills failed to advance in the legislative process. Without comprehensive protections in an overdose immunity law, Indiana's law will fail to prevent overdose deaths.

## Continued Criminalization of Syringe Possession

Following the devastating HIV outbreak in southern Indiana due to sharing unsterile syringes for drug use, Indiana law now permits local governments to operate syringe service programs (SSPs).<sup>115</sup> SSPs provide access to sterile syringes to individuals that inject drugs without a prescription in an effort to prevent reuse of syringes and transmission of bloodborne diseases.<sup>116</sup> Evidence strongly indicates that SSPs are an effective way to reduce disease transmission,<sup>117</sup> link those with SUD to treatment and other services,<sup>118</sup> and can be more cost effective than downstream healthcare services for such preventable diseases.<sup>119</sup>

Indiana law authorizes local governments to operate SSPs<sup>120</sup> in the event of “an epidemic of hepatitis C or HIV” when “the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use.”<sup>121</sup> The law requires SSPs to register with the state health department, have a healthcare provider oversee the program, and provide participants with information about addiction treatment, among other requirements.<sup>122</sup> Several localities are currently operating SSPs, including Monroe County and Allen County.<sup>123</sup>

While individuals distributing syringes through an SSP are exempt from criminal liability,<sup>124</sup> those securing syringes from an SSP are not exempt from criminal liability under Indiana’s drug paraphernalia law. The evidence is clear that drug paraphernalia laws that do not provide immunity to those securing syringes via SSPs limit the efficacy of SSPs.<sup>125</sup> Prior research indicated that part of SSP success is based on a participant’s ability to feel safe while at the program, including safety from criminal prosecution.<sup>126</sup>

Law enforcement possess substantial discretion regarding whether to arrest or charge individuals for possession of drug paraphernalia when they possess a syringe, even one from an SSP. The authority to do so was reaffirmed in May 2018 by the Indiana Court of Appeals:

*Thus, while [the defendant] could not be prosecuted for obtaining hypodermic needles from a needle exchange or participating in a needle exchange program, he could be found guilty of possession of paraphernalia if there was evidence that he intended to use those syringes for unlawful ends.*<sup>127</sup>

The threat of criminal prosecution undermines the efficacy of syringe service programs by discouraging participants from utilizing these services.<sup>128</sup>

While SB 11 sought to eliminate the conviction for possession of syringes secured from SSPs and SB 159 sought to eliminate conviction of syringe possession regardless of the source of the syringe, these bills fail to eliminate entanglements with the criminal justice system, which can have long-term impacts on the treatment, economic security, and family stability of an individual with substance use disorder.<sup>129</sup> A more effective protection to offer participants would be the elimination of the criminalization of paraphernalia possession.<sup>130</sup> Alternatively, state law could provide immunity from prosecution to individuals possessing syringes from an SSP. For example, North Carolina law allows for limited immunity for drug paraphernalia “if the person claiming immunity provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and hypodermic syringe exchange program.”<sup>131</sup>

## APPENDIX: LIST OF OPIOID-RELATED LEGISLATION, 2019 INDIANA LEGISLATIVE SESSION

Senate Bills	House Bills
<a href="#">SB 1</a> - Department of Child Services	<a href="#">HB 1004</a> - School safety
<a href="#">SB 11</a> - Needle exchange program participation	<a href="#">HB 1007</a> - Perinatal care
<a href="#">SB 20</a> - Sentencing	<a href="#">HB 1028</a> - Mental health care of released inmates
<a href="#">SB 23</a> - Crimes involving synthetic drugs	<a href="#">HB 1029</a> - Prescription drug pricing study committee
<a href="#">SB 28</a> - Crimes involving synthetic drugs	<a href="#">HB 1039</a> - Study of mental health concerns
<a href="#">SB 33</a> - Comprehensive addiction recovery centers	<a href="#">HB 1051</a> - Study of reckless homicide
<a href="#">SB 35</a> - Immunity under the lifeline law	<a href="#">HB 1071</a> - Health facility quality assessment fee
<a href="#">SB 36</a> - Felony registry	<a href="#">HB 1078</a> - Commitment of Level 6 offenders to DOC
<a href="#">SB 76</a> - Sentencing	<a href="#">HB 1080</a> - Community corrections and credit time
<a href="#">SB 78</a> - Public order offense enhancement	<a href="#">HB 1087</a> - Payment of court costs
<a href="#">SB 90</a> - Immunity under the lifeline law	<a href="#">HB 1094</a> - Ambulance service program membership
<a href="#">SB 101</a> - Commission to combat drug abuse	<a href="#">HB 1096</a> - Hyperbaric oxygen therapy pilot programs
<a href="#">SB 110</a> - Drug Dealing	<a href="#">HB 1097</a> - Advanced practice registered nurses
<a href="#">SB 111</a> - Substance abuse prevention grant programs	<a href="#">HB 1105</a> - Failure to identify
<a href="#">SB 112</a> - Anatomical gifts and individuals with disabilities	<a href="#">HB 1114</a> - Criminal matters
<a href="#">SB 113</a> - Guardian reimbursement and Medicaid eligibility	<a href="#">HB 1117</a> - Medicaid nursing facility services
<a href="#">SB 117</a> - Waiver training reimbursement pilot program	<a href="#">HB 1121</a> - Area agencies on aging
<a href="#">SB 123</a> - Access to expunged records	<a href="#">HB 1130</a> - Out of state drug prescriptions
<a href="#">SB 124</a> - Employers and expungement	<a href="#">HB 1131</a> - Licensure of behavior analysts
<a href="#">SB 133</a> - Addiction assistance	<a href="#">HB 1142</a> - Infant mortality collaborative
<a href="#">SB 141</a> - Office based opioid treatment programs	<a href="#">HB 1163</a> - Healthy Indiana Plan
<a href="#">SB 146</a> - Prescribing of a controlled substance	<a href="#">HB 1175</a> - Behavioral health professionals
<a href="#">SB 153</a> - Health facility employee criminal background check	<a href="#">HB 1176</a> - Medical provider immunity for body cavity search
<a href="#">SB 159</a> - Defenses relating to controlled substance offenses	<a href="#">HB 1179</a> - Prior authorization of prescription drugs
<a href="#">SB 162</a> - Chronic pain management	<a href="#">HB 1180</a> - Pharmacy benefit managers
<a href="#">SB 173</a> - Expungement of addiction related convictions	<a href="#">HB 1186</a> - Crimes involving synthetic drugs
<a href="#">SB 176</a> - Prescriptions	<a href="#">HB 1189</a> - Criminal justice study committee
<a href="#">SB 188</a> - Nursing faculty loan repayment grant program	<a href="#">HB 1190</a> - Group homes for individuals with disabilities
<a href="#">SB 198</a> - Sentencing	<a href="#">HB 1197</a> - Regulation of physical therapists
<a href="#">SB 202</a> - Physician order for scope of treatment	<a href="#">HB 1198</a> - Department of child services matters
<a href="#">SB 203</a> - Physician maintenance for certification	<a href="#">HB 1199</a> - Mental health professionals
<a href="#">SB 204</a> - Health status related requirements	<a href="#">HB 1200</a> - Telepsychology
<a href="#">SB 211</a> - Cannabis compliance commission	<a href="#">HB 1218</a> - Health workforce student loan repayment program
<a href="#">SB 213</a> - Possession of marijuana	<a href="#">HB 1219</a> - Newborn infants and hospital requirements.
<a href="#">SB 217</a> - Behavioral health and addiction services	<a href="#">HB 1220</a> - Medical payment coverage
<a href="#">SB 225</a> - Controlled substances in a penal or juvenile facility	<a href="#">HB 1228</a> - Prescription drug importation study
<a href="#">SB 226</a> - Crisis intervention teams	<a href="#">HB 1229</a> - Medical residency programs
<a href="#">SB 228</a> - Department of health matters	<a href="#">HB 1238</a> - Medicaid reimbursement for children's hospitals
<a href="#">SB 235</a> - Expungements	<a href="#">HB 1246</a> - Health matters
<a href="#">SB 237</a> - Suspension of a sentence for a felony	<a href="#">HB 1248</a> - Pharmacists, physician assistants
<a href="#">SB 238</a> - Indiana criminal justice institute	<a href="#">HB 1249</a> - Medicaid prescription drug program
<a href="#">SB 242</a> - Telemedicine and medical devices	<a href="#">HB 1250</a> - School safety
<a href="#">SB 249</a> - Psychiatrist student loan forgiveness program	<a href="#">HB 1251</a> - Mental health matters
<a href="#">SB 266</a> - School mental health, safety, privacy and other education matters	<a href="#">HB 1252</a> - Pharmacy benefit managers
<a href="#">SB 267</a> - Integrated school based mental health	<a href="#">HB 1259</a> - Physician assistants
<a href="#">SB 268</a> - Study committee on addiction professional	<a href="#">HB 1283</a> - Marijuana
<a href="#">SB 272</a> - Lifeline law	<a href="#">HB 1294</a> - INSPECT program
<a href="#">SB 274</a> - Opioid addiction recovery	<a href="#">HB 1295</a> - Veterinary prescriptions

<a href="#">SB 276</a> - Opioid treatment pilot program	<a href="#">HB 1296</a> - Medicaid waiver priority status for military child
<a href="#">SB 287</a> - Medical marijuana study for the terminally ill	<a href="#">HB 1301</a> - Trauma informed care
<a href="#">SB 288</a> - Lifeline law	<a href="#">HB 1302</a> - Paid family and medical leave program
<a href="#">SB 291</a> - Practice of naturopathic medicine study	<a href="#">HB 1303</a> - Criminal penalties and sentencing
<a href="#">SB 293</a> - Allen County substance abuse pilot program	<a href="#">HB 1307</a> - Health care service cost sharing
<a href="#">SB 301</a> - Death sentence elimination and life imprisonment	<a href="#">HB 1308</a> - Medicaid recovery audits
<a href="#">SB 303</a> - Criminal law matters	<a href="#">HB 1322</a> - School safety
<a href="#">SB 310</a> - Outpatient office based opioid treatment	<a href="#">HB 1323</a> - Theft
<a href="#">SB 312</a> - Mandatory electronic prescriptions	<a href="#">HB 1325</a> - Transmission of communicable diseases
<a href="#">SB 325</a> - Student mental health	<a href="#">HB 1326</a> - Patient rights for pregnant women
<a href="#">SB 326</a> - Integrated school based mental health	<a href="#">HB 1334</a> - Provider diagnostic information release
<a href="#">SB 330</a> - Infant born with neonatal syndrome	<a href="#">HB 1335</a> - Permanent disabling harm to first responders
<a href="#">SB 333</a> - Body cavity searches and blood draws	<a href="#">HB 1344</a> - Nurse licensure compact
<a href="#">SB 336</a> - Misdemeanor penalties	<a href="#">HB 1357</a> - Noncompete clauses prohibited in physician contracts
<a href="#">SB 343</a> - Advanced practice registered nurses	<a href="#">HB 1367</a> - Health facility requirements concerning residents
<a href="#">SB 354</a> - Mental health education and screenings	<a href="#">HB 1377</a> - Medical cannabis
<a href="#">SB 357</a> - Cannabis regulation	<a href="#">HB 1379</a> - Drug crisis task force
<a href="#">SB 359</a> - Individualized mental health safety plans	<a href="#">HB 1381</a> - Emergency hospital protocols for births
<a href="#">SB 377</a> - Allen County substance abuse pilot program	<a href="#">HB 1382</a> - Maternal mortality and health care costs.
<a href="#">SB 378</a> - Substance use disorders	<a href="#">HB 1383</a> - Contraceptives at drug abuse treatment programs
<a href="#">SB 385</a> - Public employee direct primary care pilot program	<a href="#">HB 1384</a> - Medical marijuana
<a href="#">SB 386</a> - Health care comparison information and program.	<a href="#">HB 1385</a> - Agricultural hemp
<a href="#">SB 392</a> - Medicare supplement and Medicaid study	<a href="#">HB 1387</a> - Medical marijuana
<a href="#">SB 410</a> - CDC youth risk behaviors survey	<a href="#">HB 1392</a> - Hospitals
<a href="#">SB 412</a> - Medicaid addiction treatment for pregnant women	<a href="#">HB 1393</a> - Drug offenses
<a href="#">SB 415</a> - Essential off-patent or generic drugs	<a href="#">HB 1409</a> - Corrections matters
<a href="#">SB 418</a> - Transitional addiction care in nursing home studies	<a href="#">HB 1432</a> - Parental incarceration
<a href="#">SB 427</a> - Student mental health and safety	<a href="#">HB 1441</a> - Emergency care reimbursement
<a href="#">SB 429</a> - Health facility nursing staff requirements	<a href="#">HB 1444</a> - Study committee
<a href="#">SB 433</a> - Dispensing drugs for medication assisted treatment	<a href="#">HB 1450</a> - Grant program for hiring ex-offenders
<a href="#">SB 437</a> - School based services and Medicaid	<a href="#">HB 1453</a> - Appellate defender and misdemeanor reimbursement
<a href="#">SB 443</a> - Police assisted addiction and recovery initiative	<a href="#">HB 1456</a> - Deletion of criminal records
<a href="#">SB 444</a> - Medicaid based statewide health plan	<a href="#">HB 1458</a> - Controlled substances in penal facilities
<a href="#">SB 462</a> - Funding for NAS pilot program	<a href="#">HB 1460</a> - Marijuana
<a href="#">SB 470</a> - Medicaid direct primary care services pilot program	<a href="#">HB 1464</a> - Advanced practice registered nurses
<a href="#">SB 480</a> - Medicaid nonemergency medical transport	<a href="#">HB 1494</a> - Health coverage
<a href="#">SB 486</a> - Criminal law issues	<a href="#">HB 1499</a> - Study impact of the opioid crisis
<a href="#">SB 488</a> - Public defenders	<a href="#">HB 1505</a> - Health care service cost
<a href="#">SB 491</a> - Funding for veterans programs	<a href="#">HB 1516</a> - Health care advance directive
<a href="#">SB 498</a> - Mobile integration healthcare	<a href="#">HB 1534</a> - Home detention and credit time
<a href="#">SB 503</a> - Medicaid rehabilitation option reimbursement	<a href="#">HB 1535</a> - Medical cannabis pilot program
<a href="#">SB 504</a> - Medicaid managed care matters	<a href="#">HB 1540</a> - Decriminalization of marijuana
<a href="#">SB 510</a> - EMS personnel licensure interstate compact	<a href="#">HB 1541</a> - Expungement
<a href="#">SB 515</a> - Licensure of naturopathic physicians	<a href="#">HB 1542</a> - Mental health and addiction services
<a href="#">SB 516</a> - Regulation of hemp	<a href="#">HB 1543</a> - Inpatient addiction treatment
<a href="#">SB 519</a> - Study of the proportionality of criminal offenses and enhancements	<a href="#">HB 1544</a> - Mental health center appropriation allotment
<a href="#">SB 527</a> - Licensed professionals and child service agencies	<a href="#">HB 1545</a> - Public health matters
<a href="#">SB 531</a> - EMT seizure of drugs and paraphernalia	<a href="#">HB 1546</a> - Prior authorization and Medicaid
<a href="#">SB 548</a> - Health care expenditure report and recommendation	<a href="#">HB 1547</a> - Consent to pregnancy services of a minor
<a href="#">SB 555</a> - Hyperbaric oxygen therapy pilot programs	<a href="#">HB 1548</a> - Medicaid advisory committee

<a href="#">SB 561</a> - Forensic medicine	<a href="#">HB 1555</a> - Medicaid nonemergency medical transport
<a href="#">SB 573</a> - Hospital facility certificate of need	<a href="#">HB 1569</a> - Professional licensing matters
<a href="#">SB 575</a> - Hospitals	<a href="#">HB 1570</a> - Prescription price
<a href="#">SB 576</a> - Regulation of certain professions and occupations	<a href="#">HB 1571</a> - Tax credit for employer provided disability plan
<a href="#">SB 577</a> - Addiction counselors	<a href="#">HB 1588</a> - Insurance matters
<a href="#">SB 584</a> - Fetal cell research	<a href="#">HB 1589</a> - Eligibility for Medicaid and SNAP
<a href="#">SB 585</a> - Continuous prescription drug coverage	<a href="#">HB 1590</a> - Short term health insurance plans
<a href="#">SB 586</a> - Regulation of physical therapists	<a href="#">HB 1595</a> - Syringe exchange program
<a href="#">SB 594</a> - Mental health provider reporting requirements	<a href="#">HB 1599</a> - Study committee on patient restraint
<a href="#">SB 597</a> - Home health care	<a href="#">HB 1618</a> - Expungement
<a href="#">SB 611</a> - School safety and mental health education	<a href="#">HB 1623</a> - Veterans
<a href="#">SB 622</a> - Health facility employee criminal background check	<a href="#">HB 1631</a> - Short term insurance plans
<a href="#">SB 625</a> - Medicaid nursing facility services	<a href="#">HB 1632</a> - Industrial hemp pilot program
<a href="#">SB 627</a> - Sale of low THC hemp extract products	<a href="#">HB 1633</a> - Licensure of naturopathic physicians
<a href="#">SB 628</a> - THC analysis of CBD products	<a href="#">HB 1653</a> - Essential health benefits
<a href="#">SB 631</a> - Drug classifications and drug schedules	<a href="#">HB 1654</a> - Alcohol and drug diversion fee
	<a href="#">HB 1655</a> - Preexisting conditions and essential benefits
	<a href="#">HB 1657</a> - Licensure of naturopathic physicians
	<a href="#">HB 1658</a> - Decriminalization of marijuana
	<a href="#">HB 1661</a> - Law enforcement continuing education program
	<a href="#">HB 1663</a> - Medicaid self-directed care
	<a href="#">HB 1671</a> - Exempt hospital property
	<a href="#">HB 1680</a> - Blocking emergency vehicles at railroad crossings
	<a href="#">HB 1681</a> - Addiction service grants
	<a href="#">HB 1685</a> - Legalization of marijuana

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<sup>10</sup> Richard A. Goodman, Paula L. Kocher, Daniel J. O'Brien, and Frank S. Alexander, "The Structure of Law in Public Health Systems and Practice," *LAW IN PUBLIC HEALTH PRACTICE* (Richard A. Goodman et al. eds., 2nd ed. 2007).

<sup>11</sup> *Bills for 2019 Session*, INDIANA GENERAL ASSEMBLY (2019), <http://iga.in.gov/legislative/2019/bills/>.

<sup>12</sup> See, *infra*, Table 4.

<sup>13</sup> *2019 Bill Watch*, STATE OF INDIANA (2019), <https://www.in.gov/gov/2019billwatch.htm>.

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<sup>14</sup> In 2017, Indiana University (IU), in cooperation with Indiana Governor Eric Holcomb and community partners, launched the Grand Challenge: Responding to the Addictions Crisis initiative, a university- wide effort to advance interdisciplinary research and interventions in response to the substance abuse crisis affecting Indiana and the nation. The three overarching goals of the Addictions Crisis Grand Challenge initiative are to reduce the incidence of substance use disorders (SUD); decrease opioid deaths; and, decrease the number of babies born with NAS. IU funded 16 projects in its first phase of the challenge and 15 in its second phase. For more information on these projects and the Grand Challenge in general, visit: <https://grandchallenges.iu.edu/addiction>.

<sup>15</sup> Harold Kooreman & Marion Greene, *Treatment & Recovery for Substance Use Disorders in Indiana*, IND. UNIV. CTR. FOR HEALTH POLICY 16-H80 (2016), <https://fsph.iupui.edu/doc/research-centers/Treatment%20and%20Recovery%202016.pdf>.

<sup>16</sup> Bob Segall, *So Many Bodies: Indiana Coroners Trying to Keep Up with Opioid Epidemic*, WTHR (Nov. 15, 2017, 7:14PM), <https://www.wthr.com/article/so-many-bodies-indiana-coroners-trying-to-keep-up-with-opioid-epidemic>.

<sup>17</sup> Harold Kooreman & Marion Greene, *Treatment & Recovery for Substance Use Disorders in Indiana*, IND. UNIV. CTR. FOR HEALTH POLICY 16-H80 (2016), <https://fsph.iupui.edu/doc/research-centers/Treatment%20and%20Recovery%202016.pdf>.

<sup>18</sup> *Overdose Prevention, Indiana Specific Data*, INDIANA STATE DEPARTMENT OF HEALTH, <https://www.in.gov/isdh/27393.htm>.

<sup>19</sup> Joan Duwve, et al., *Report on the Toll of Opioid Use in Indiana and Marion County*, RICHARD M. FAIRBANKS SCH. OF PUB. HEALTH (2016), <https://www.inphilanthropy.org/sites/default/files/Richard%20M.%20Fairbanks%20Opioid%20Report%20September%202016.pdf>.

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<sup>25</sup> John S Kiernan, *Drug Use by State: 2019's Problem Areas*, WalletHub (May 13, 2019), <https://wallethub.com/edu/drug-use-by-state/35150/#main-findings>.

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- <sup>47</sup> Agency Reports to the General Assembly, Indiana General Assembly, <http://www.in.gov/legislative/igareports/agencyarchive/>.
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- <sup>49</sup> IND. CONST. art. IV, § 25.
- <sup>50</sup> House Standing Rule 128, 121st Gen. Assemb. (Ind. 2019); Senate Standing Rule 67, 121st Gen. Assemb. (Ind. 2019).
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- <sup>52</sup> *Id.*
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- <sup>54</sup> Joint House and Senate Rules, Rule 7(a) (2019).

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- <sup>63</sup> *The Budget Process*, INDIANA STATE BUDGET AGENCY (last visited Jul. 5, 2019), <https://www.in.gov/sba/2372.htm>.
- <sup>64</sup> *Id.*
- <sup>65</sup> *Indiana Legislature Loosens Purse Strings in Non-Budget Year*, TAFT STETTINIUS & HOLLISTER LLP (Apr. 8, 2016), <https://www.taftlaw.com/news-events/law-bulletins/indiana-legislature-loosens-purse-strings-in-non-budget-year>
- <sup>66</sup> *Bills for 2019 Session*, INDIANA GENERAL ASSEMBLY (2019), <http://iga.in.gov/legislative/2019/bills/>.
- <sup>67</sup> *Bills for 2019 Session*, INDIANA GENERAL ASSEMBLY (2019), <http://iga.in.gov/legislative/2019/bills/>.
- <sup>68</sup> Associated Press, *Indiana Lawmakers Have 400 Bills at Session's Halfway Mark*, INDIANA LAWYER (Mar. 5, 2019), [https://www.theindianalawyer.com/articles/49625-indiana-lawmakers-have-400-bills-at-sessions-halfway-mark?utm\\_source=il-daily&utm\\_medium=newsletter&utm\\_campaign=2019-03-05](https://www.theindianalawyer.com/articles/49625-indiana-lawmakers-have-400-bills-at-sessions-halfway-mark?utm_source=il-daily&utm_medium=newsletter&utm_campaign=2019-03-05).
- <sup>69</sup> Although not a full list of excluded provisions, the following provisions serve as example of provisions that were excluded from the assessment: SB 147 (related to random drug testing of high school athletes); SB 24, 163, 175, 331, HB 1454, 1455 (related to the crime of operating vehicles while intoxicated); SB 300, HB 1184 (related to end of life options); SB 15, 170, 229, 251, 258, 311, 365, 379, 398, 404, 423, 431, HB 1006, 1167, 1168, 1276 (related to juvenile justice, child services but note that select child service provisions were included when also related to health care access or criminal law implications for parents); SB 440 (related to TANF eligibility); SB 471 (related to offenses involving critical infrastructure); SB 551 (related to victims of criminal acts); SB 416 (related to Medicaid coverage of doulas); HB 1146, 1148 (related to NICS reporting for violent crimes); HB 1211, 1430 (related to abortion); HB 1351 (related to dementia); HB 1354 (related to sickle cell disease); HB 1380 related to tubal ligation); HB 1415 (related to arrest warrants for domestic violence); HB 1426 (relating to birth certificates for stillbirths); HB 1489, 1490 (related to sexual assault); HB 1652 (related to medication aides administering insulin). For coding purposes, SB 330, related to parental rights of mothers that gave birth to a baby with NAS, was listed as criminal law.
- <sup>70</sup> *Bills for 2019 Session*, INDIANA GENERAL ASSEMBLY (2019), <http://iga.in.gov/legislative/2019/bills/>. Although HB 1004 was passed, the enacted version no longer included language regarding mental health services. Arika Herron, *Update: School safety mental health provisions will not be included in Indiana's final budget bill*, INDYSTAR (Apr. 24, 2019), <https://www.indystar.com/story/news/politics/2019/04/24/indiana-statehouse-mental-health-services-stripped-school-safety-bill/3555087002/>; Kaitlin Lange et al., *Here are 4 times Indiana lawmakers shaped controversial bills without public input in 2019*, INDYSTAR (Apr. 29, 2019), <https://www.indystar.com/story/news/politics/2019/04/29/indiana-general-assembly-here-4-times-legislators-shaped-controversial-bills-private/3576448002/>.
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<sup>74</sup> David Williams, *Indiana Lawmakers Advance Bill to Start Three Addiction Recovery Centers*, WISH (Mar. 13, 2019), <https://www.wishtv.com/news/indiana-news/indiana-lawmakers-advance-bill-to-start-3-addiction-recovery-centers/1846683977>.

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