The New Indiana Laws for Safer Opioid Use in Chronic Pain Management*

As of Dec. 15, 2013, at the start of chronic opioid treatment, a provider must...

- Perform detailed history and physical
- Review records from previous healthcare providers
- Have the patient complete an objective pain assessment tool
- Do a Risk Assessment, including both
  - Mental Health assessment – use validated tool
  - Risk of substance abuse assessment – use validated tool
- Tailor a diagnosis & treatment plan with functional goals
- When appropriate, use non-opioid options
- Counsel women on neonatal abstinence syndrome
- Perform urine drug screens to screen for illicit or un-prescribed drugs
- Query INSPECT
- Meet with patient quarterly
- If the patient’s opioid dose reaches a morphine equivalent of 60 milligrams/day, face to face review of the treatment plan is required, including consideration of consultation and counseling of risk of therapy, including death
- Sign a Treatment Agreement including…
  - Goals of treatment
  - Consent to drug monitoring / Permission to conduct random pill counts
  - Prescribing policies, including prohibition of sharing medications & requirement to take medications as prescribed
  - Information on pain medications prescribed by other physicians
  - Reasons that opioid therapy may be changed or discontinued

*Any patient on ≥60 opioid pills X3mo or >15 Morphine Equivalent Dose Daily X3mo (exclusions include terminally ill, nursing home, palliative care & hospice patients)


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