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**FISCAL IMPACT STATEMENT**

**LS 6938**

**BILL NUMBER:** HB 1258

**NOTE PREPARED:** Jan 11, 2008

**BILL AMENDED:**

**SUBJECT:** Methadone Clinic Drug Testing and Minors.

**FIRST AUTHOR:** Rep. Goodin

**FIRST SPONSOR:**

**BILL STATUS:** As Introduced

**FUNDS AFFECTED:**     **GENERAL**  
                              **DEDICATED**  
                              **X FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill requires a methadone provider to: (1) periodically and randomly test a patient for the use of specified drugs and to include the drug-testing procedure in the methadone provider's diversion control plan; and (2) terminate the patient's treatment at the clinic if the drug test is positive for an illegal drug other than the drug being used for the patient's treatment.

The bill prohibits an individual less than 18 years of age from entering the premises of a methadone clinic except in specified circumstances.

**Effective Date:** July 1, 2008.

**Explanation of State Expenditures:** The bill will prohibit an individual under the age of 18 from entering a methadone clinic unless the individual is being treated at the clinic or is driving a person who is being treated at the clinic. This prohibition would require methadone clinics to provide childcare for patients' children at an off-site location since federal certification standards require the clinics to provide child care for dependent children of single women with dependent children. If the off-site provision of childcare would discourage single mothers from entering treatment or remaining in treatment, federal Substance Abuse Prevention and Treatment (SAPT) funds could be at risk.

The bill requires methadone providers to screen patients for specified drugs. This provision has no fiscal impact since drug screening is a federal certification requirement for opioid treatment programs. The bill would further provide that should a patient test positive for certain controlled substances or illegal drugs, the patient's treatment must be terminated. It is not known how this provision would affect the certification of the methadone clinics in the state since the certification standards require specified treatment protocols. It

may also put federal SAPT Block Grant funds at risk.

Background Information:

*Substance Abuse Prevention and Treatment Block Grant:* The SAPT Block Grant is an annual formula grant awarded to states to support a national system of substance abuse treatment and prevention programs and services (\$33.2 M for FFY 2008). Federal law requires that states allocate a percentage of their block grant dollars for certain set-asides, including the provision of services to pregnant women and women with dependent children. These services include (1) the delivery or referral for primary medical care for women; (2) the delivery or referral for primary pediatric care for children; (3) the provision of gender-specific substance abuse treatment; (4) therapeutic interventions for children; (5) child care; (6) case management; and (7) transportation. In addition to the dollar set-aside, states must ensure that pregnant woman and women with dependent children who seek or are referred for and would benefit from treatment services are given admission preference to treatment facilities receiving SAPT Block Grant funds. States are not required to establish additional new programs or expand existing treatment capacity above the capacity developed in FY 1994. There are two not-for-profit clinics that receive this funding.

Federal certification standards for methadone treatment clinics require that clinics must provide therapeutic interventions for dependent children whose mothers are in treatment where needed. The clinics are also required to provide for child care for dependent children as well as transportation to the treatment location for pregnant women and single women with dependent children. Facility standards require a suitable area for children.

*Drug Screening:* Methadone treatment rules required for clinic certification require at least eight random drug screenings for drug or alcohol use during the patient's treatment for opioid addiction. The screening includes testing for the presence of methadone to prevent diversion of methadone. If at any time the drug screens indicate drug use, the patient is moved back a treatment phase in the qualification for take-home doses of methadone. Take-home privileges are also restricted if the drug screen finds an absence of methadone or if another program infraction is committed.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Division of Mental Health & Addiction, Family and Social Services Administration.

**Local Agencies Affected:**

**Information Sources:** Division of Mental Health & Addiction; *Comparison of OTP Regulations for Four States Contiguous to Indiana and Federal OTP Regulations Draft and Indiana Regulation of Opioid Treatment Programs*, prepared by DMHA in fulfillment of SEA 450-2007 requirements; 42 CFR 8.11 & 12; and The Treatment Improvement Exchange of the federal Center for Substance Abuse Treatment at: <http://womenandchildren.treatment.org/policy.htm>.

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