



Reprinted  
February 19, 2019

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## HOUSE BILL No. 1097

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DIGEST OF HB 1097 (Updated February 18, 2019 5:43 pm - DI 77)

**Citations Affected:** IC 12-15; IC 16-37; IC 25-23; noncode.

**Synopsis:** Advanced practice registered nurses. Allows an advanced practice registered nurse who: (1) had primary responsibility for the treatment and care of a deceased individual for a period longer than six months; and (2) pronounced the time of death for the deceased individual; to enter or sign a record on a death into the Indiana death registration system. Specifies "practitioner" for purposes of a practice agreement with an advanced practice registered nurse. Sets forth requirements that must be met in order for an advanced practice registered nurse to operate without a practice agreement. Requires the Indiana state board of nursing to report to the general assembly before October 1, 2019. Makes a conforming change.

**Effective:** Upon passage; July 1, 2019.

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**Bacon, Kirchhofer, Lindauer,  
Austin**

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January 3, 2019, read first time and referred to Committee on Public Health.  
February 14, 2019, amended, reported — Do Pass.  
February 18, 2019, read second time, amended, ordered engrossed.

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HB 1097—LS 6550/DI 77





Reprinted  
February 19, 2019

First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

## HOUSE BILL No. 1097

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A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

*Be it enacted by the General Assembly of the State of Indiana:*

1           SECTION 1. IC 12-15-5-14, AS AMENDED BY P.L.129-2018,  
2 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2019]: Sec. 14. (a) As used in this section, "advanced practice  
4 registered nurse" means:  
5           (1) a nurse practitioner; or  
6           (2) a clinical nurse specialist;  
7 who is a registered nurse licensed under IC 25-23 and qualified to  
8 practice nursing in a specialty role based upon the additional  
9 knowledge and skill gained through a formal organized program of  
10 study and clinical experience, or the equivalent as determined by the  
11 Indiana state board of nursing.  
12           (b) As used in this section, "office" includes the following:  
13           (1) The office of the secretary of family and social services.  
14           (2) A managed care organization that has contracted with the  
15 office of Medicaid policy and planning under this article.  
16           (3) A person that has contracted with a managed care organization  
17 described in subdivision (2).

**HB 1097—LS 6550/DI 77**



1 (c) The office shall reimburse eligible Medicaid claims for the  
 2 following services provided by an advanced practice registered nurse  
 3 employed by a community mental health center if the services are part  
 4 of the advanced practice registered nurse's scope of practice:

- 5 (1) Mental health services.  
 6 (2) Behavioral health services.  
 7 (3) Substance abuse treatment.  
 8 (4) Primary care services.  
 9 (5) Evaluation and management services for inpatient or  
 10 outpatient psychiatric treatment.  
 11 (6) Prescription drugs.

12 (d) The office shall include an advanced practice registered nurse  
 13 as an eligible provider for the supervision of a plan of treatment for a  
 14 patient's outpatient mental health or substance abuse treatment  
 15 services, if the supervision is in the advanced practice registered  
 16 nurse's scope of practice, education, and training.

17 (e) This section:

- 18 (1) may not be construed to expand an advanced practice  
 19 registered nurse's scope of practice; and  
 20 (2) is subject to IC 25-23-1-19.4(c). ~~and applies only if the service~~  
 21 ~~is included in the advanced practice registered nurse's practice~~  
 22 ~~agreement with a collaborating physician.~~

23 SECTION 2. IC 16-37-1-3.1, AS AMENDED BY P.L.156-2011,  
 24 SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 25 JULY 1, 2019]: Sec. 3.1. (a) Beginning January 1, 2011, the state  
 26 department shall establish the Indiana birth registration system (IBRS)  
 27 for recording in an electronic format live births in Indiana.

28 (b) Beginning January 1, 2011, the state department shall establish  
 29 the Indiana death registration system (IDRS) for recording in an  
 30 electronic format deaths in Indiana.

31 (c) Submission of records on births and deaths shall be entered by:

- 32 (1) funeral directors;  
 33 (2) physicians;  
 34 (3) coroners;  
 35 (4) medical examiners;  
 36 (5) persons in attendance at birth; ~~and~~  
 37 (6) local health departments; **and**  
 38 **(7) for purposes of records on deaths, advanced practice**  
 39 **registered nurses providing primary care (as described in**  
 40 **IC 16-37-3-0.5);**

41 using the electronic system created by the state department under this  
 42 section.



1 (d) A person in attendance at a live birth shall report a birth to the  
2 local health officer in accordance with IC 16-37-2-2.

3 (e) Death records shall be submitted as follows, using the Indiana  
4 death registration system:

5 (1) The:

6 (A) physician last in attendance upon the deceased; ~~or~~

7 **(B) advanced practice registered nurse providing primary  
8 care to the deceased; or**

9 ~~(B)~~ (C) person in charge of interment;

10 shall initiate the document process. If the person in charge of  
11 interment initiates the process, the person in charge of interment  
12 shall electronically submit the certificate required under  
13 IC 16-37-3-5 to the physician last in attendance upon the  
14 deceased **or the advanced practice registered nurse providing  
15 primary care to the deceased** not later than five (5) days after  
16 the death.

17 (2) The physician last in attendance upon the deceased **or the  
18 advanced practice registered nurse providing primary care to  
19 the deceased** shall electronically certify to the local health  
20 department the cause of death on the certificate of death not later  
21 than five (5) days after:

22 (A) initiating the document process; or

23 (B) receiving under IC 16-37-3-5 the electronic notification  
24 from the person in charge of interment.

25 (3) The local health officer shall submit the reports required under  
26 IC 16-37-1-5 to the state department not later than five (5) days  
27 after electronically receiving under IC 16-37-3-5 the completed  
28 certificate of death from the physician last in attendance **or the  
29 advanced practice registered nurse providing primary care.**

30 SECTION 3. IC 16-37-3-0.5 IS ADDED TO THE INDIANA CODE  
31 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
32 1, 2019]: **Sec. 0.5. This chapter applies to an advanced practice  
33 registered nurse licensed under IC 25-23 if the advanced practice  
34 registered nurse:**

35 **(1) had primary responsibility for the treatment and care of  
36 the deceased individual for a period longer than six (6)  
37 months; and**

38 **(2) pronounced the time of death for the deceased individual.**

39 SECTION 4. IC 16-37-3-3, AS AMENDED BY P.L.122-2012,  
40 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
41 JULY 1, 2019]: Sec. 3. (a) The physician last in attendance upon the  
42 deceased, **the advanced practice registered nurse who provided**



1 **primary care as described in section 0.5 of this chapter**, or the  
 2 person in charge of interment shall file a certificate of death or of  
 3 stillbirth with the local health officer of the jurisdiction in which the  
 4 death or stillbirth occurred. The local health officer shall retain a copy  
 5 of the certificate of death.

6 (b) Notwithstanding subsection (a), beginning January 1, 2011, for  
 7 a death occurring after December 31, 2010, the physician last in  
 8 attendance upon the deceased, **the advanced practice registered**  
 9 **nurse who provided primary care as described in section 0.5 of this**  
 10 **chapter**, or the person in charge of interment shall use the Indiana  
 11 death registration system established under IC 16-37-1-3.1 to file a  
 12 certificate of death with the local health officer of the jurisdiction in  
 13 which the death occurred.

14 SECTION 5. IC 16-37-3-4, AS AMENDED BY P.L.156-2011,  
 15 SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16 JULY 1, 2019]: Sec. 4. The physician last in attendance upon the  
 17 deceased, **the advanced practice registered nurse who provided**  
 18 **primary care as described in section 0.5 of this chapter**, or the  
 19 person in charge of interment shall secure the personal data required by  
 20 the state department by rules adopted under IC 4-22-2 for preparation  
 21 of the certificate of death or of stillbirth from the persons best qualified  
 22 to give the information.

23 SECTION 6. IC 16-37-3-5, AS AMENDED BY P.L.122-2012,  
 24 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 25 JULY 1, 2019]: Sec. 5. (a) If the person in charge of interment initiates  
 26 the process, the person in charge of interment shall present a certificate  
 27 of death to the physician last in attendance upon the deceased **or the**  
 28 **advanced practice registered nurse who provided primary care as**  
 29 **described in section 0.5 of this chapter**, who shall certify the cause  
 30 of death upon the certificate of death or of stillbirth.

31 (b) Notwithstanding subsection (a), beginning January 1, 2011, for  
 32 a death occurring after December 31, 2010, using the Indiana death  
 33 registration system established under IC 16-37-1-3.1, if the person in  
 34 charge of interment initiates the process, the person in charge of  
 35 interment shall electronically provide a certificate of death to the  
 36 physician last in attendance upon the deceased **or the advanced**  
 37 **practice registered nurse who provided primary care as described**  
 38 **in section 0.5 of this chapter**. The physician last in attendance upon  
 39 the deceased **or the advanced practice registered nurse who**  
 40 **provided primary care as described in section 0.5 of this chapter**  
 41 shall electronically certify to the local health department the cause of  
 42 death on the certificate of death, using the Indiana death registration



- 1 system.
- 2 SECTION 7. IC 16-37-3-6 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) If:
- 4 (1) a death or stillbirth occurred without medical attendance; or
- 5 (2) the physician last in attendance **or the advanced practice**
- 6 **registered nurse who provided primary care as described in**
- 7 **section 0.5 of this chapter** is physically or mentally unable to
- 8 sign the certificate of death or stillbirth;
- 9 the local health officer shall inquire into the cause of death from
- 10 anyone having knowledge of the facts regarding the cause of death.
- 11 (b) The local health officer may issue a subpoena to obtain
- 12 information and to employ a qualified pathologist to perform an
- 13 autopsy when, in the judgment of the local health officer, those
- 14 procedures are required to complete the inquiry. The local health
- 15 officer shall then certify the cause of death on the basis of the
- 16 information.
- 17 SECTION 8. IC 25-23-1-19.4, AS AMENDED BY P.L.129-2018,
- 18 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 19 JULY 1, 2019]: Sec. 19.4. (a) This section does not apply to certified
- 20 registered nurse anesthetists.
- 21 (b) As used in this section, "practitioner" has the meaning set forth
- 22 in IC 16-42-19-5. However, the term does not include the following:
- 23 (1) A veterinarian.
- 24 (2) An advanced practice registered nurse.
- 25 (3) A physician assistant.
- 26 **(4) Except for a podiatrist, an optometrist, or a dentist who is**
- 27 **part of a practice agreement entered into with an advanced**
- 28 **practice registered nurse before July 1, 2019:**
- 29 **(A) a podiatrist;**
- 30 **(B) an optometrist; or**
- 31 **(C) a dentist.**
- 32 (c) **Except as provided in subsection (d), an advanced practice**
- 33 **registered nurse shall ~~operate~~ practice:**
- 34 (1) ~~in collaboration~~ with a licensed practitioner as evidenced by
- 35 a practice agreement;
- 36 (2) by privileges granted by the governing board of a hospital
- 37 licensed under IC 16-21 with the advice of the medical staff of the
- 38 hospital that sets forth the manner in which an advanced practice
- 39 registered nurse ~~and a licensed practitioner~~ will cooperate,
- 40 coordinate, and consult with ~~each other practitioners~~ in the
- 41 provision of health care to their patients; or
- 42 (3) by privileges granted by the governing body of a hospital



1 operated under IC 12-24-1 that sets forth the manner in which an  
 2 advanced practice registered nurse and a licensed practitioner will  
 3 cooperate, coordinate, and consult with each other **practitioners**  
 4 in the provision of health care to their patients.

5 **(d) An advanced practice registered nurse with prescriptive**  
 6 **authority may practice without a practice agreement if the**  
 7 **following conditions are met:**

8 **(1) The advanced practice registered nurse has practiced**  
 9 **under a practice agreement with a practitioner for six**  
 10 **thousand (6,000) hours of documented patient care.**

11 **(2) The practitioner described in subdivision (1) has been**  
 12 **licensed in Indiana for a minimum of five (5) years with the**  
 13 **practitioner's respective governing board.**

14 **(3) The practitioner has reviewed at least:**

15 **(A) ten percent (10%) of the advanced practice registered**  
 16 **nurse's prescriptive charts during the first year of the**  
 17 **practice agreement period; and**

18 **(B) five percent (5%) of the advanced practice registered**  
 19 **nurse's prescriptive charts during the second and third**  
 20 **years of the practice agreement period.**

21 **(4) The advanced practice registered nurse has submitted an**  
 22 **attestation to the board to the completion of the requirements**  
 23 **under subdivision (1).**

24 **(5) The advanced practice registered nurse practices in the**  
 25 **same practice area in which the advanced practice registered**  
 26 **nurse practiced with the practitioner under a practice**  
 27 **agreement.**

28 **(6) The advanced practice registered nurse establishes a**  
 29 **referral plan to other appropriate practitioners for complex**  
 30 **medical cases, emergencies, and cases that are beyond the**  
 31 **advanced practice registered nurse's scope of practice.**

32 **The board shall designate on the advanced practice registered**  
 33 **nurse's prescriptive authority license, in a manner determined by**  
 34 **the board, that the advanced practice registered nurse has**  
 35 **completed the requirements of this subsection.**

36 **(e) If an advanced practice registered nurse practices**  
 37 **independently without a practice agreement, the advanced practice**  
 38 **registered nurse shall notify patients, through posting in a**  
 39 **prominent and conspicuous place in the patient waiting area, that**  
 40 **the advanced practice registered nurse is practicing independently.**

41 SECTION 9. IC 25-23-1-19.6, AS AMENDED BY P.L.129-2018,  
 42 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE





1 JULY 1, 2019]: Sec. 19.6. (a) When the board grants authority to an  
2 advanced practice registered nurse to prescribe legend drugs under this  
3 chapter, the board shall assign an identification number to the  
4 advanced practice registered nurse.

5 (b) An advanced practice registered nurse who is granted authority  
6 by the board to prescribe legend drugs must do the following:

7 (1) Enter on each prescription form that the advanced practice  
8 registered nurse uses to prescribe a legend drug:

9 (A) the signature of the advanced practice registered nurse;

10 (B) initials indicating the credentials awarded to the advanced  
11 practice registered nurse under this chapter; and

12 (C) the identification number assigned to the advanced  
13 practice registered nurse under subsection (a).

14 (2) Comply with all applicable state and federal laws concerning  
15 prescriptions for legend drugs.

16 (c) An advanced practice registered nurse may be granted authority  
17 to prescribe legend drugs under this chapter only within the scope of  
18 practice of the advanced practice registered nurse and, **if applicable**,  
19 the scope of the licensed collaborating health practitioner.

20 SECTION 10. [EFFECTIVE UPON PASSAGE] (a) **Before**  
21 **October 1, 2019, the Indiana state board of nursing shall study and**  
22 **report to the general assembly in an electronic format under**  
23 **IC 5-14-6 the following information concerning advanced practice**  
24 **registered nurses:**

25 (1) **The clinical training required for an advanced practice**  
26 **registered nurse in Indiana.**

27 (2) **Information concerning the implementation of this act**  
28 **concerning allowing advanced practice registered nurses to**  
29 **operate without a practice agreement with a practitioner, as**  
30 **specified in this act.**

31 (b) **This SECTION expires December 31, 2019.**

32 SECTION 11. **An emergency is declared for this act.**



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1097, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, delete lines 23 through 42, begin a new paragraph and insert:

"SECTION 2. IC 16-37-1-3.1, AS AMENDED BY P.L.156-2011, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3.1. (a) Beginning January 1, 2011, the state department shall establish the Indiana birth registration system (IBRS) for recording in an electronic format live births in Indiana.

(b) Beginning January 1, 2011, the state department shall establish the Indiana death registration system (IDRS) for recording in an electronic format deaths in Indiana.

(c) Submission of records on births and deaths shall be entered by:

- (1) funeral directors;
- (2) physicians;
- (3) coroners;
- (4) medical examiners;
- (5) persons in attendance at birth; ~~and~~
- (6) local health departments; ~~and~~
- (7) for purposes of records on deaths, advanced practice registered nurses providing primary care (as described in IC 16-37-3-0.5);**

using the electronic system created by the state department under this section.

(d) A person in attendance at a live birth shall report a birth to the local health officer in accordance with IC 16-37-2-2.

(e) Death records shall be submitted as follows, using the Indiana death registration system:

- (1) The:
  - (A) physician last in attendance upon the deceased; ~~or~~
  - (B) advanced practice registered nurse providing primary care to the deceased; or**
  - ~~(B)~~ (C) person in charge of interment;

shall initiate the document process. If the person in charge of interment initiates the process, the person in charge of interment shall electronically submit the certificate required under IC 16-37-3-5 to the physician last in attendance upon the deceased ~~or the advanced practice registered nurse providing~~



**primary care to the deceased** not later than five (5) days after the death.

(2) The physician last in attendance upon the deceased **or the advanced practice registered nurse providing primary care to the deceased** shall electronically certify to the local health department the cause of death on the certificate of death not later than five (5) days after:

(A) initiating the document process; or

(B) receiving under IC 16-37-3-5 the electronic notification from the person in charge of interment.

(3) The local health officer shall submit the reports required under IC 16-37-1-5 to the state department not later than five (5) days after electronically receiving under IC 16-37-3-5 the completed certificate of death from the physician last in attendance **or the advanced practice registered nurse providing primary care.**

SECTION 3. IC 16-37-3-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 0.5. This chapter applies to an advanced practice registered nurse licensed under IC 25-23 if the advanced practice registered nurse:**

**(1) had primary responsibility for the treatment and care of the deceased individual for a period longer than six (6) months; and**

**(2) pronounced the time of death for the deceased individual.**

SECTION 4. IC 16-37-3-3, AS AMENDED BY P.L.122-2012, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. (a) The physician last in attendance upon the deceased, **the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter**, or the person in charge of interment shall file a certificate of death or of stillbirth with the local health officer of the jurisdiction in which the death or stillbirth occurred. The local health officer shall retain a copy of the certificate of death.

(b) Notwithstanding subsection (a), beginning January 1, 2011, for a death occurring after December 31, 2010, the physician last in attendance upon the deceased, **the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter**, or the person in charge of interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death with the local health officer of the jurisdiction in which the death occurred.

SECTION 5. IC 16-37-3-4, AS AMENDED BY P.L.156-2011,



SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. The physician last in attendance upon the deceased, **the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter**, or the person in charge of interment shall secure the personal data required by the state department by rules adopted under IC 4-22-2 for preparation of the certificate of death or of stillbirth from the persons best qualified to give the information.

SECTION 6. IC 16-37-3-5, AS AMENDED BY P.L.122-2012, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) If the person in charge of interment initiates the process, the person in charge of interment shall present a certificate of death to the physician last in attendance upon the deceased **or the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter**, who shall certify the cause of death upon the certificate of death or of stillbirth.

(b) Notwithstanding subsection (a), beginning January 1, 2011, for a death occurring after December 31, 2010, using the Indiana death registration system established under IC 16-37-1-3.1, if the person in charge of interment initiates the process, the person in charge of interment shall electronically provide a certificate of death to the physician last in attendance upon the deceased **or the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter**. The physician last in attendance upon the deceased **or the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter** shall electronically certify to the local health department the cause of death on the certificate of death, using the Indiana death registration system.

SECTION 7. IC 16-37-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) If:

- (1) a death or stillbirth occurred without medical attendance; or
- (2) the physician last in attendance **or the advanced practice registered nurse who provided primary care as described in section 0.5 of this chapter** is physically or mentally unable to sign the certificate of death or stillbirth;

the local health officer shall inquire into the cause of death from anyone having knowledge of the facts regarding the cause of death.

(b) The local health officer may issue a subpoena to obtain information and to employ a qualified pathologist to perform an autopsy when, in the judgment of the local health officer, those procedures are required to complete the inquiry. The local health



officer shall then certify the cause of death on the basis of the information.

SECTION 8. IC 25-23-1-19.4, AS AMENDED BY P.L.129-2018, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 19.4. (a) This section does not apply to certified registered nurse anesthetists.

(b) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:

- (1) A veterinarian.
- (2) An advanced practice registered nurse.
- (3) A physician assistant.

**(4) Beginning July 1, 2022:**

- (A) a podiatrist;**
- (B) an optometrist; or**
- (C) a dentist.**

(c) **Except as provided in subsection (d),** an advanced practice registered nurse shall ~~operate~~ **practice:**

- (1) ~~in collaboration~~ with a licensed practitioner as evidenced by a practice agreement;
- (2) by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice registered nurse ~~and a licensed practitioner~~ will cooperate, coordinate, and consult with ~~each other practitioners~~ in the provision of health care to their patients; or
- (3) by privileges granted by the governing body of a hospital operated under IC 12-24-1 that sets forth the manner in which an advanced practice registered nurse ~~and a licensed practitioner~~ will cooperate, coordinate, and consult with ~~each other practitioners~~ in the provision of health care to their patients.

**(d) An advanced practice registered nurse with prescriptive authority may practice without a practice agreement if the following conditions are met:**

- (1) The advanced practice registered nurse has practiced under a practice agreement with a practitioner for the full time equivalent of at least three (3) years.**
- (2) The practitioner described in subdivision (1) has been licensed in Indiana for a minimum of five (5) years with the practitioner's respective governing board.**
- (3) The practitioner has reviewed at least:**
  - (A) ten percent (10%) of the advanced practice registered nurse's prescriptive charts during the first year of the**



**practice agreement period; and**

**(B) five percent (5%) of the advanced practice registered nurse's prescriptive charts during the second and third years of the practice agreement period.**

**(4) The advanced practice registered nurse has submitted an attestation to the board to the completion of the required three (3) year practice agreement.**

**(5) The advanced practice registered nurse practices in the same practice area in which the advanced practice registered nurse practiced with the practitioner under a practice agreement.**

**(6) The advanced practice registered nurse establishes a referral plan to other appropriate practitioners for complex medical cases, emergencies, and cases that are beyond the advanced practice registered nurse's scope of practice.**

**The board shall designate on the advanced practice registered nurse's prescriptive authority license, in a manner determined by the board, that the advanced practice registered nurse has completed the requirements of this subsection.**

**(e) If an advanced practice registered nurse practices independently without a practice agreement, the advanced practice registered nurse shall notify patients, through posting in a prominent and conspicuous place in the patient waiting area, that the advanced practice registered nurse is practicing independently.**

SECTION 9. IC 25-23-1-19.6, AS AMENDED BY P.L.129-2018, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 19.6. (a) When the board grants authority to an advanced practice registered nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice registered nurse.

(b) An advanced practice registered nurse who is granted authority by the board to prescribe legend drugs must do the following:

(1) Enter on each prescription form that the advanced practice registered nurse uses to prescribe a legend drug:

(A) the signature of the advanced practice registered nurse;

(B) initials indicating the credentials awarded to the advanced practice registered nurse under this chapter; and

(C) the identification number assigned to the advanced practice registered nurse under subsection (a).

(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs.

(c) An advanced practice registered nurse may be granted authority



to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice registered nurse and, **if applicable**, the scope of the licensed collaborating health practitioner.

**SECTION 10. [EFFECTIVE UPON PASSAGE] (a) Before October 1, 2019, the Indiana state board of nursing shall study and report to the general assembly in an electronic format under IC 5-14-6 the following information concerning advanced practice registered nurses:**

**(1) The clinical training required for an advanced practice registered nurse in Indiana.**

**(2) Information concerning the implementation of this act concerning allowing advanced practice registered nurses to operate without a practice agreement with a practitioner, as specified in this act.**

**(b) This SECTION expires December 31, 2019.**

**SECTION 11. An emergency is declared for this act."**

Delete page 3.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1097 as introduced.)

KIRCHHOFER

Committee Vote: yeas 9, nays 3.

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1097 be amended to read as follows:

Page 5, line 26, delete "Beginning July 1, 2022:" and insert "**Except for a podiatrist, an optometrist, or a dentist who is part of a practice agreement entered into with an advanced practice registered nurse before July 1, 2019:**".

(Reference is to HB 1097 as printed February 15, 2019.)

BACON



HOUSE MOTION

Mr. Speaker: I move that House Bill 1097 be amended to read as follows:

Page 6, line 7, delete "the full" and insert "**six thousand (6,000) hours of documented patient care.**".

Page 6, delete line 8.

Page 6, line 20, delete "required" and insert "**requirements under subdivision (1).**".

Page 6, delete line 21.

(Reference is to HB 1097 as printed February 15, 2019.)

BARRETT

