

# HOUSE BILL No. 1259

---

## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-42-27-1; IC 25-1-9.5-4; IC 25-27.5.

**Synopsis:** Physician assistants. Changes the role of a supervising physician to that of a collaborating physician. Makes conforming changes.

**Effective:** July 1, 2019.

---

---

## Davisson

---

---

January 10, 2019, read first time and referred to Committee on Public Health.

---

---



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. 1259

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 16-42-27-1, AS AMENDED BY P.L.129-2018,  
2 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2019]: Sec. 1. As used in this chapter, "prescriber" means any  
4 of the following:

- 5 (1) A physician licensed under IC 25-22.5.
- 6 (2) A physician assistant licensed under IC 25-27.5 and granted  
7 the authority to prescribe by the physician assistant's ~~supervisory~~  
8 **collaborating** physician and in accordance with IC 25-27.5-5-4.
- 9 (3) An advanced practice registered nurse licensed and granted  
10 the authority to prescribe drugs under IC 25-23.
- 11 (4) The state health commissioner, if the state health  
12 commissioner holds an active license under IC 25-22.5.
- 13 (5) A public health authority.

14 SECTION 2. IC 25-1-9.5-4, AS AMENDED BY P.L.129-2018,  
15 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
16 JULY 1, 2019]: Sec. 4. As used in this chapter, "prescriber" means any  
17 of the following:



- 1 (1) A physician licensed under IC 25-22.5.
- 2 (2) A physician assistant licensed under IC 25-27.5 and granted
- 3 the authority to prescribe by the physician assistant's **supervisory**
- 4 **collaborating** physician in accordance with IC 25-27.5-5-4.
- 5 (3) An advanced practice registered nurse licensed and granted
- 6 the authority to prescribe drugs under IC 25-23.
- 7 (4) An optometrist licensed under IC 25-24.
- 8 (5) A podiatrist licensed under IC 25-29.

9 SECTION 3. IC 25-27.5-1-2, AS ADDED BY P.L.90-2007,  
 10 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 11 JULY 1, 2019]: Sec. 2. This article grants a **supervising collaborating**  
 12 physician or physician designee the authority to delegate, as the  
 13 physician determines is appropriate, those tasks or services the  
 14 physician typically performs and is qualified to perform.

15 SECTION 4. IC 25-27.5-2-4.7 IS ADDED TO THE INDIANA  
 16 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 17 [EFFECTIVE JULY 1, 2019]: **Sec. 4.7. "Collaborating physician"**  
 18 **means a physician licensed by the board who collaborates with and**  
 19 **is responsible for a physician assistant.**

20 SECTION 5. IC 25-27.5-2-4.9 IS ADDED TO THE INDIANA  
 21 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 22 [EFFECTIVE JULY 1, 2019]: **Sec. 4.9. (a) "Collaboration" means**  
 23 **overseeing the activities of, and accepting responsibility for, the**  
 24 **medical services rendered by a physician assistant and that one (1)**  
 25 **of the following conditions is met at all times that services are**  
 26 **rendered or tasks are performed by the physician assistant:**

27 (1) **The collaborating physician or the physician designee is**  
 28 **physically present at the location at which services are**  
 29 **rendered or tasks are performed by the physician assistant.**

30 (2) **When the collaborating physician or the physician**  
 31 **designee is not physically present at the location at which**  
 32 **services are rendered or tasks are performed by the physician**  
 33 **assistant, the collaborating physician or the physician**  
 34 **designee is able to personally ensure proper care of the**  
 35 **patient and is:**

36 (A) **immediately available through the use of**  
 37 **telecommunications or other electronic means; and**

38 (B) **able to see the person within a medically appropriate**  
 39 **time frame;**

40 **for consultation, if requested by the patient or the physician**  
 41 **assistant.**

42 (b) **The term includes the use of protocols, guidelines, and**



1 **standing orders developed or approved by the collaborating**  
 2 **physician.**

3 SECTION 6. IC 25-27.5-2-6 IS AMENDED TO READ AS  
 4 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. "Dependent practice"  
 5 means the performance of an act, a duty, or a function delegated to a  
 6 physician assistant by the **supervising collaborating** physician or  
 7 physician designee.

8 SECTION 7. IC 25-27.5-2-11, AS AMENDED BY P.L.3-2008,  
 9 SECTION 189, IS AMENDED TO READ AS FOLLOWS  
 10 [EFFECTIVE JULY 1, 2019]: Sec. 11. "Physician designee" means a  
 11 physician:

12 (1) who:

13 (A) works in; or

14 (B) is trained in;

15 the same practice area as the practice area of the **supervising**  
 16 **collaborating** physician; and

17 (2) to whom responsibility for the ~~supervision~~ **of collaboration**  
 18 **with** a physician assistant is temporarily designated when the  
 19 **supervising collaborating** physician is unavailable.

20 SECTION 8. IC 25-27.5-2-13 IS REPEALED [EFFECTIVE JULY  
 21 1, 2019]. Sec. 13: "Supervising physician" means a physician licensed  
 22 by the board who supervises and is responsible for a physician  
 23 assistant:

24 SECTION 9. IC 25-27.5-2-14 IS REPEALED [EFFECTIVE JULY  
 25 1, 2019]. Sec. 14: (a) "Supervision" means overseeing the activities of,  
 26 and accepting responsibility for, the medical services rendered by a  
 27 physician assistant and that the conditions set forth in subdivision (1)  
 28 or (2) are met at all times that services are rendered or tasks are  
 29 performed by the physician assistant:

30 (1) The supervising physician or the physician designee is  
 31 physically present at the location at which services are rendered  
 32 or tasks are performed by the physician assistant.

33 (2) Both of the following apply:

34 (A) The supervising physician or the physician designee is  
 35 immediately available:

36 (i) through the use of telecommunications or other electronic  
 37 means; and

38 (ii) for consultation, including being able to see the patient  
 39 in person within twenty-four (24) hours if requested by the  
 40 patient or the physician assistant.

41 (B) If the supervising physician or the physician designee is  
 42 not present in the same facility as the physician assistant, the



1 supervising physician or physician designee must be within a  
 2 reasonable travel distance from the facility to personally  
 3 ensure proper care of the patients:

4 (b) The term includes the use of protocols, guidelines, and standing  
 5 orders developed or approved by the supervising physician:

6 SECTION 10. IC 25-27.5-5-1, AS AMENDED BY P.L.90-2007,  
 7 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2019]: Sec. 1. (a) This chapter does not apply to the practice  
 9 of other health care professionals set forth under IC 25-22.5-1-2(a)(1)  
 10 through IC 25-22.5-1-2(a)(19).

11 (b) This chapter does not allow the independent practice by a  
 12 physician assistant, including any of the activities of other health care  
 13 professionals set forth under IC 25-22.5-1-2(a)(1) through  
 14 IC 25-22.5-1-2(a)(19):

15 (c) (b) This chapter does not exempt a physician assistant from the  
 16 requirements of IC 16-41-35-29.

17 SECTION 11. IC 25-27.5-5-2, AS AMENDED BY P.L.168-2016,  
 18 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 19 JULY 1, 2019]: Sec. 2. (a) A physician assistant must engage in a  
 20 dependent practice with ~~physician supervision:~~ **a collaborating**  
 21 **physician.** A physician assistant may perform, under the supervision  
 22 of the supervising physician, ~~a collaborative agreement,~~ the duties  
 23 and responsibilities that are delegated by the supervising collaborating  
 24 physician and that are within the supervising collaborating physician's  
 25 scope of practice, including prescribing and dispensing drugs and  
 26 medical devices. A patient may elect to be seen, examined, and treated  
 27 by the supervising collaborating physician.

28 (b) If a physician assistant determines that a patient needs to be  
 29 examined by a physician, the physician assistant shall immediately  
 30 notify the supervising collaborating physician or physician designee.

31 (c) If a physician assistant notifies the supervising collaborating  
 32 physician that the physician should examine a patient, the supervising  
 33 collaborating physician shall:

34 (1) schedule an examination of the patient in a timely manner  
 35 unless the patient declines; or

36 (2) arrange for another physician to examine the patient.

37 (d) If a patient is subsequently examined by the supervising  
 38 physician or another physician because of circumstances described in  
 39 subsection (b) or (c), the visit must be considered as part of the same  
 40 encounter except for in the instance of a medically appropriate referral:

41 (e) (d) A supervising collaborating physician or physician assistant  
 42 who does not comply with subsections (b) through (d) and (c) is



1 subject to discipline under IC 25-1-9.

2 (f) (e) A physician assistant's **supervisory collaborative** agreement  
3 with a **supervising collaborating** physician must:

4 (1) be in writing;

5 (2) include all the tasks delegated to the physician assistant by the  
6 **supervising collaborating** physician;

7 (3) set forth the **supervisory plans collaborative agreement** for  
8 the physician assistant, including the emergency procedures that  
9 the physician assistant must follow; and

10 (4) specify the protocol the physician assistant shall follow in  
11 prescribing a drug.

12 (g) (f) The physician shall submit the **supervisory collaborative**  
13 agreement to the board. The physician assistant may prescribe a drug  
14 under the **supervisory collaborative** agreement unless the board denies  
15 the **supervisory collaborative** agreement. Any amendment to the  
16 **supervisory collaborative** agreement must be resubmitted to the board,  
17 and the physician assistant may operate under any new prescriptive  
18 authority under the amended **supervisory collaborative** agreement  
19 unless the agreement has been denied by the board.

20 (h) (g) A physician or a physician assistant who violates the  
21 **supervisory collaborative** agreement described in this section may be  
22 disciplined under IC 25-1-9.

23 SECTION 12. IC 25-27.5-5-3 IS AMENDED TO READ AS  
24 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. A physician assistant  
25 is the agent of the **supervising collaborating** physician in the  
26 performance of all practice related activities, including the ordering of  
27 diagnostic, therapeutic, and other medical services.

28 SECTION 13. IC 25-27.5-5-4, AS AMENDED BY P.L.135-2015,  
29 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
30 JULY 1, 2019]: Sec. 4. (a) Except as provided in this section, a  
31 physician assistant may prescribe, dispense, and administer drugs and  
32 medical devices or services to the extent delegated by the **supervising**  
33 **collaborating** physician.

34 (b) A physician assistant may not prescribe, dispense, or administer  
35 ophthalmic devices, including glasses, contact lenses, and low vision  
36 devices.

37 (c) A physician assistant may use or dispense only drugs prescribed  
38 or approved by the **supervising collaborating** physician. A physician  
39 assistant may not prescribe or dispense a schedule I controlled  
40 substance listed in IC 35-48-2-4.

41 (d) A physician assistant may request, receive, and sign for  
42 professional samples and may distribute professional samples to



1 patients if the samples are within the scope of the physician assistant's  
 2 prescribing privileges delegated by the ~~supervising~~ **collaborating**  
 3 physician.

4 ~~(e)~~ A physician assistant may not prescribe drugs unless the  
 5 physician assistant has successfully completed at least thirty (30)  
 6 contact hours in pharmacology from an educational program that is  
 7 approved by the committee.

8 ~~(f)~~ (e) A physician assistant may not prescribe, administer, or  
 9 monitor general anesthesia, regional anesthesia, or deep sedation as  
 10 defined by the board. A physician assistant may not administer  
 11 moderate sedation:

12 (1) if the moderate sedation contains agents in which the  
 13 manufacturer's general warning advises that the drug should be  
 14 administered and monitored by an individual who is:

15 (A) experienced in the use of general anesthesia; and

16 (B) not involved in the conduct of the surgical or diagnostic  
 17 procedure; and

18 (2) during diagnostic tests, surgical procedures, or obstetric  
 19 procedures unless the following conditions are met:

20 (A) A physician is physically present in the area, is  
 21 immediately available to assist in the management of the  
 22 patient, and is qualified to rescue patients from deep sedation.

23 (B) The physician assistant is qualified to rescue patients from  
 24 deep sedation and is competent to manage a compromised  
 25 airway and provide adequate oxygenation and ventilation by  
 26 reason of meeting the following conditions:

27 (i) The physician assistant is certified in advanced  
 28 cardiopulmonary life support.

29 (ii) The physician assistant has knowledge of and training in  
 30 the medications used in moderate sedation, including  
 31 recommended doses, contraindications, and adverse  
 32 reactions.

33 ~~(g)~~ Before a physician assistant may prescribe a controlled  
 34 substance, the physician assistant must have practiced as a physician  
 35 assistant for at least one thousand eight hundred (1,800) hours.

36 SECTION 14. IC 25-27.5-5-6, AS AMENDED BY P.L.135-2015,  
 37 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 38 JULY 1, 2019]: Sec. 6. (a) Except as provided in section 4(d) of this  
 39 chapter, a ~~supervising~~ **collaborating** physician may delegate authority  
 40 to a physician assistant to prescribe:

41 (1) legend drugs except as provided in section 4(c) of this chapter;  
 42 and



- 1 (2) medical devices (except ophthalmic devices, including  
 2 glasses, contact lenses, and low vision devices).  
 3 ~~(b) Any prescribing authority delegated to a physician assistant must~~  
 4 ~~be expressly delegated in writing by the physician assistant's~~  
 5 ~~supervising physician, including the protocols the physician assistant~~  
 6 ~~shall use when prescribing the drug.~~  
 7 ~~(c)~~ (b) A physician assistant who is delegated the authority to  
 8 prescribe legend drugs or medical devices must do the following:  
 9 (1) Enter the following on each prescription form that the  
 10 physician assistant uses to prescribe a legend drug or medical  
 11 device:  
 12 (A) The signature of the physician assistant.  
 13 (B) The initials indicating the credentials awarded to the  
 14 physician assistant by the NCCPA.  
 15 (C) The physician assistant's state license number.  
 16 (2) Comply with all applicable state and federal laws concerning  
 17 prescriptions for legend drugs and medical devices.  
 18 ~~(d)~~ (c) A ~~supervising collaborating~~ physician may delegate to a  
 19 physician assistant the authority to prescribe only legend drugs and  
 20 medical devices that are within the scope of practice of the licensed  
 21 ~~supervising collaborating~~ physician or the physician designee.  
 22 ~~(e)~~ (d) A physician assistant who is delegated the authority to  
 23 prescribe controlled substances under subsection (a) and in accordance  
 24 with the limitations specified in section 4(c) of this chapter must do the  
 25 following:  
 26 (1) Obtain an Indiana controlled substance registration and a  
 27 federal Drug Enforcement Administration registration.  
 28 (2) Enter the following on each prescription form that the  
 29 physician assistant uses to prescribe a controlled substance:  
 30 (A) The signature of the physician assistant.  
 31 (B) The initials indicating the credentials awarded to the  
 32 physician assistant by the NCCPA.  
 33 (C) The physician assistant's state license number.  
 34 (D) The physician assistant's federal Drug Enforcement  
 35 Administration (DEA) number.  
 36 (3) Comply with all applicable state and federal laws concerning  
 37 prescriptions for controlled substances.  
 38 ~~(f)~~ (e) A ~~supervising collaborating~~ physician may only delegate to  
 39 a physician assistant the authority to prescribe controlled substances:  
 40 (1) that may be prescribed within the scope of practice of the  
 41 licensed ~~supervising collaborating~~ physician or the physician  
 42 designee; **and**





1 (2) in an aggregate amount that does not exceed a thirty (30) day  
 2 supply; the prescription may be refilled by the physician assistant  
 3 as allowed for under the physician assistant's supervisory  
 4 agreement; and

5 (3) (2) in accordance with the limitations set forth in section 4(c)  
 6 of this chapter.

7 (g) (f) Unless the pharmacist has specific knowledge that filling the  
 8 prescription written by a physician assistant will violate a **supervising**  
 9 **collaborative** agreement or is illegal, a pharmacist shall fill a  
 10 prescription written by a physician assistant without requiring to see  
 11 the physician assistant's **supervising collaborative** agreement.

12 (h) (g) A prescription written by a physician assistant that complies  
 13 with this chapter does not require a cosignature from the **supervising**  
 14 **collaborative** physician or physician designee.

15 SECTION 15. IC 25-27.5-6-1, AS AMENDED BY P.L.135-2015,  
 16 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 17 JULY 1, 2019]: Sec. 1. (a) **Supervision Collaboration** by the  
 18 **supervising collaborating** physician or the physician designee must be  
 19 continuous but does not require the physical presence of the  
 20 **supervising collaborating** physician at the time and the place that the  
 21 services are rendered.

22 (b) A **supervising collaborating** physician or physician designee  
 23 shall review patient encounters not later than ten (10) business days,  
 24 and within a reasonable time, as established in the **supervising**  
 25 **collaborative** agreement, after the physician assistant has seen the  
 26 patient, that is appropriate for the maintenance of quality medical care.

27 (c) The **supervising collaborating** physician or physician designee  
 28 shall review within a reasonable time that is not later than ten (10)  
 29 business days after a patient encounter, that is appropriate for the  
 30 maintenance of quality medical care, at least, the following percentages  
 31 of the patient charts

32 (1) For the first year of practice of the physician assistant, at least  
 33 twenty-five percent (25%);

34 (2) for each subsequent year of practice of the physician assistant,  
 35 the percentage of charts that the **collaborating** physician or  
 36 physician designee determines to be reasonable for the particular  
 37 practice setting and level of experience of the physician assistant,  
 38 as stated in the **supervising collaborative** agreement, that is  
 39 appropriate for the maintenance of quality medical care.

40 (3) For the first year in which a physician assistant obtains  
 41 authority to prescribe a Schedule II controlled substance under  
 42 IC 25-27.5-5-4, fifty percent (50%) of the patient records for



- 1           which a Schedule II controlled substance is being dispensed or  
2           prescribed.
- 3           However, if the physician assistant's employment changes to a different  
4           practice speciality, the chart review described in subdivision (1) is  
5           required for the first year.
- 6           SECTION 16. IC 25-27.5-6-2 IS REPEALED [EFFECTIVE JULY  
7           1, 2019]. Sec. 2: A physician may enter into a supervising agreement  
8           with more than four (4) physician assistants but may not supervise  
9           more than four (4) physician assistants at the same time.
- 10          SECTION 17. IC 25-27.5-6-3 IS AMENDED TO READ AS  
11          FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. It is the obligation  
12          of each team of **collaborating** physician and physician assistant to  
13          ensure the following:
- 14               (1) That the physician assistant's scope of practice is identified.  
15               (2) That delegation of medical tasks is appropriate to the  
16               physician assistant's level of competence and within the  
17               supervising **collaborating** physician's scope of practice.  
18               (3) That the relationship of and access to the supervising  
19               **collaborating** physician is defined.  
20               (4) That a process for evaluation of the physician assistant's  
21               performance is established and maintained.
- 22          SECTION 18. IC 25-27.5-6-4, AS AMENDED BY P.L.102-2013,  
23          SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
24          JULY 1, 2019]: Sec. 4. (a) A physician supervising **collaborating with**  
25          a physician assistant must do the following:
- 26               (1) Be licensed under IC 25-22.5.  
27               (2) Register with the board the physician's intent to supervise  
28               **enter into a collaborative agreement with** a physician assistant.  
29               (3) Submit a statement to the board that the physician will  
30               exercise supervision over the physician assistant in accordance  
31               with rules adopted by the board and retain professional and legal  
32               responsibility for the care rendered by the physician assistant.  
33               (4) (3) Not have a disciplinary action restriction that limits the  
34               physician's ability to supervise **collaborate with** a physician  
35               assistant.  
36               (5) (4) Maintain a written agreement with the physician assistant  
37               that states the physician will:
- 38                       (A) exercise supervision over **work in collaboration with** the  
39                       physician assistant in accordance with any rules adopted by  
40                       the board; and  
41                       (B) retain responsibility for the care rendered by the physician  
42                       assistant.



1 The **collaborative** agreement must be signed by the physician and  
 2 physician assistant, updated annually, and made available to the  
 3 board upon request.

4 ~~(6)~~ **(5)** Submit to the board a list of locations that the **supervising**  
 5 **collaborating** physician and the physician assistant may practice.

6 The board may request additional information concerning the  
 7 practice locations to assist the board with considering the written  
 8 agreement described in subdivision ~~(5)~~: **(4)**.

9 (b) Except as provided in this section, this chapter may not be  
 10 construed to limit the employment arrangement with a **supervising**  
 11 **collaborating** physician under this chapter.

12 SECTION 19. IC 25-27.5-6-5 IS AMENDED TO READ AS  
 13 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) Before initiating  
 14 practice the **supervising collaborating** physician and the physician  
 15 assistant must submit, on forms approved by the board, the following  
 16 information:

17 (1) The name, the business address, and the telephone number of  
 18 the **supervising collaborating** physician.

19 (2) The name, the business address, and the telephone number of  
 20 the physician assistant.

21 (3) A brief description of the setting in which the physician  
 22 assistant will practice.

23 (4) Any other information required by the board.

24 (b) A physician assistant must notify the committee of any changes  
 25 or additions in practice sites or **supervising collaborating** physicians  
 26 not more than thirty (30) days after the change or addition.

27 SECTION 20. IC 25-27.5-6-6 IS AMENDED TO READ AS  
 28 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. The **supervising**  
 29 **collaborating** physician may delegate authority for the physician  
 30 assistant to provide volunteer work, including charitable work and  
 31 migrant health care.

32 SECTION 21. IC 25-27.5-6-7 IS AMENDED TO READ AS  
 33 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. If a physician  
 34 assistant is employed by a physician, a group of physicians, or another  
 35 legal entity, the physician assistant must be **supervised by in**  
 36 **collaboration with** and be the legal responsibility of the **supervising**  
 37 **collaborating** physician. The legal responsibility for the physician  
 38 assistant's patient care activities are that of the **supervising**  
 39 **collaborating** physician, including when the physician assistant  
 40 provides care and treatment for patients in health care facilities. If a  
 41 physician assistant is employed by a health care facility or other entity,  
 42 the legal responsibility for the physician assistant's actions is that of the



1 ~~supervising~~ **collaborating** physician. A physician assistant employed  
2 by a health care facility or entity must be ~~supervised by~~ **in**  
3 **collaboration with** a licensed physician.

4 SECTION 22. IC 25-27.5-6-8, AS ADDED BY P.L.105-2008,  
5 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
6 JULY 1, 2019]: Sec. 8. (a) This section applies to a physician assistant:

7 (1) licensed in Indiana or licensed or authorized to practice in any  
8 other state or territory of the United States; or

9 (2) credentialed as a physician assistant by a federal employer.

10 (b) As used in this section, "emergency" means an event or a  
11 condition that is an emergency, a disaster, or a public health emergency  
12 under IC 10-14.

13 (c) A physician assistant who responds to a need for medical care  
14 created by an emergency may render care that the physician assistant  
15 is able to provide without the ~~supervision~~ **collaboration** required under  
16 this chapter, but with such ~~supervision~~ **collaboration** as is available.

17 (d) A physician who ~~supervises~~ **collaborates with** a physician  
18 assistant providing medical care in response to an emergency is not  
19 required to meet the requirements under this chapter for a ~~supervising~~  
20 **collaborating** physician.

