

HOUSE BILL No. 1302

DIGEST OF INTRODUCED BILL

Citations Affected: IC 9-18.5-8-4; IC 9-19-11-2; IC 9-24-10-7.5; IC 12-7-2-3.1; IC 12-15-5-14; IC 12-20-16-14; IC 12-23-19.5-1; IC 16-18-2-163; IC 16-25-2-8; IC 16-27-3-8; IC 16-34-2-1.1; IC 16-41; IC 16-42; IC 21-44.5-1-2; IC 25-1; IC 25-22.5-13-3; IC 25-23-1; IC 25-23.5-3-1.5; IC 25-23.6-11-1; IC 25-26; IC 27-1-37.1-4; IC 27-8-24-2; IC 31-9-2-100.5; IC 34-30; IC 35-48-3-11.

Synopsis: Advanced practice registered nurse collaboration. Changes "advanced practice nurse" references to "advanced practice registered nurse". Requires the Indiana state board of nursing to adopt rules concerning educational and certification requirements that an advanced practice registered nurse must meet to prescribe legend drugs. Requires that two members of the Indiana state board of nursing be advanced practice registered nurses with different specialty areas and addresses transition of current membership. Allows an advanced practice registered nurse to operate without a collaborative agreement with a practitioner if specified conditions are met, and requires these advanced practice registered nurses to attend additional continuing education. Requires the commissioner of insurance to review the impact of allowing an advanced practice registered nurse to operate without a collaborative agreement on an advanced practice registered nurse's annual surcharge for the patient's compensation fund.

Effective: July 1, 2018.

Bacon

January 16, 2018, read first time and referred to Committee on Public Health.



Second Regular Session of the 120th General Assembly (2018)

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 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1302

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 9-18.5-8-4, AS AMENDED BY P.L.256-2017,
2 SECTION 135, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2018]: Sec. 4. (a) The bureau shall issue a
4 permanent parking placard to an individual who:
5 (1) is certified by a health care provider listed in subsection (b) as
6 having:
7 (A) a permanent physical disability that requires the use of a
8 wheelchair, a walker, braces, or crutches;
9 (B) permanently lost the use of one (1) or both legs; or
10 (C) a permanent and severe restriction in mobility due to a
11 pulmonary or cardiovascular disability, an arthritic condition,
12 or an orthopedic or neurological impairment; or
13 (2) is certified to be permanently:
14 (A) blind (as defined in IC 12-7-2-21(2)); or
15 (B) visually impaired (as defined in IC 12-7-2-198);
16 by an optometrist or ophthalmologist who has a valid unrestricted
17 license to practice optometry or ophthalmology in Indiana.



1 The certification must be provided in a manner and form prescribed by
2 the bureau.

3 (b) A certification required under subsection (a)(1) may be provided
4 by the following:

5 (1) A physician having a valid and unrestricted license to practice
6 medicine.

7 (2) A physician who is a commissioned medical officer of:

8 (A) the armed forces of the United States; or

9 (B) the United States Public Health Service.

10 (3) A physician who is a medical officer of the United States
11 Department of Veterans Affairs.

12 (4) A chiropractor with a valid and unrestricted license under
13 IC 25-10-1.

14 (5) A podiatrist with a valid and unrestricted license under
15 IC 25-29-1.

16 (6) An advanced practice **registered** nurse with a valid and
17 unrestricted license under IC 25-23.

18 (7) A physician assistant with a valid and unrestricted license
19 under IC 25-27.5.

20 (c) A permanent placard issued under this section remains in effect
21 until:

22 (1) a health care provider listed in subsection (b); or

23 (2) an optometrist or ophthalmologist that has a valid unrestricted
24 license to practice optometry or ophthalmology in Indiana;

25 certifies that the recipient's disability is no longer considered to be
26 permanent.

27 SECTION 2. IC 9-19-11-2, AS AMENDED BY P.L.146-2009,
28 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29 JULY 1, 2018]: Sec. 2. (a) A person who operates a motor vehicle in
30 which there is a child less than eight (8) years of age who is not
31 properly fastened and restrained according to the child restraint system
32 manufacturer's instructions by a child restraint system commits a Class
33 D infraction. A person may not be found to have violated this
34 subsection if the person carries a certificate from a physician,
35 physician's assistant, or advanced practice **registered** nurse stating that
36 it would be impractical to require that a child be fastened and
37 restrained by a child restraint system because of:

38 (1) a physical condition, including physical deformity; or

39 (2) a medical condition;

40 of the child and presents the certificate to the police officer or the court.

41 (b) Notwithstanding IC 34-28-5-5(c), funds collected as judgments
42 for violations under this section shall be deposited in the child restraint



1 system account established by section 9 of this chapter.

2 SECTION 3. IC 9-24-10-7.5, AS ADDED BY P.L.210-2005,
3 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2018]: Sec. 7.5. A physician licensed to practice medicine
5 under IC 25-22.5, an optometrist licensed to practice optometry under
6 IC 25-24, or an advanced practice **registered** nurse licensed under
7 IC 25-23 who has personally examined the patient not more than thirty
8 (30) days before making a report concerning the patient's fitness to
9 operate a motor vehicle is not civilly or criminally liable for a report
10 made in good faith to the:

- 11 (1) bureau;
- 12 (2) commission; or
- 13 (3) driver licensing medical advisory board;

14 concerning the fitness of a patient of the physician, optometrist, or
15 advanced practice **registered** nurse to operate a motor vehicle in a
16 manner that does not jeopardize the safety of individuals or property.

17 SECTION 4. IC 12-7-2-3.1, AS ADDED BY P.L.87-2016,
18 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2018]: Sec. 3.1. "Advanced practice **registered** nurse", for
20 purposes of IC 12-15-5-14, has the meaning set forth in
21 IC 12-15-5-14(a).

22 SECTION 5. IC 12-15-5-14, AS AMENDED BY P.L.85-2017,
23 SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2018]: Sec. 14. (a) As used in this section, "advanced practice
25 **registered** nurse" means:

- 26 (1) a nurse practitioner; or
- 27 (2) a clinical nurse specialist;

28 who is a registered nurse licensed under IC 25-23 and qualified to
29 practice nursing in a specialty role based upon the additional
30 knowledge and skill gained through a formal organized program of
31 study and clinical experience, or the equivalent as determined by the
32 Indiana state board of nursing.

33 (b) As used in this section, "office" includes the following:

- 34 (1) The office of the secretary of family and social services.
- 35 (2) A managed care organization that has contracted with the
- 36 office of Medicaid policy and planning under this article.
- 37 (3) A person that has contracted with a managed care organization
- 38 described in subdivision (2).

39 (c) The office shall reimburse eligible Medicaid claims for the
40 following services provided by an advanced practice **registered** nurse
41 employed by a community mental health center if the services are part
42 of the advanced practice **registered** nurse's scope of practice:



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

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

(e) This section:

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

SECTION 6. IC 12-20-16-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 14. The township trustee is authorized to provide insulin to individuals who are in need of insulin treatment and who are financially unable to purchase the insulin, upon application of a physician licensed under IC 25-22.5 or an advanced practice **registered** nurse who is licensed under IC 25-23 and who meets the requirements of IC 25-23-1-11 and IC 25-23-1-19.5. However, an application submitted by a physician or an advanced practice **registered** nurse under this section must meet the requirements of IC 16-41-19-4.

SECTION 7. IC 12-23-19.5-1, AS ADDED BY P.L.203-2017, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. As used in this chapter, "addiction treatment team" means a group of providers consisting of at least:

- (1) either:
 - (A) an advanced practice **registered** nurse licensed under IC 25-23 with prescriptive authority to prescribe a legend drug; or
 - (B) a physician assistant licensed under IC 25-27.5;
- (2) either:
 - (A) a psychologist licensed under IC 25-33;
 - (B) a licensed clinical addiction counselor licensed under IC 25-23.6-10.5; or
 - (C) another master's level licensed therapist certified by the



1 division; and
 2 (3) a recovery coach certified by a credentialing body endorsed by
 3 the division;
 4 that provides comprehensive treatment for addiction and substance use
 5 disorders in a manner that moves a patient with an addiction or
 6 substance use disorder to abstinence or the lowest appropriate
 7 maintenance dose and provides, in consultation with the department of
 8 workforce development, educational services and vocational training
 9 that lead to employment.

10 SECTION 8. IC 16-18-2-163, AS AMENDED BY P.L.117-2015,
 11 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2018]: Sec. 163. (a) "Health care provider", for purposes of
 13 IC 16-21 and IC 16-41, means any of the following:

- 14 (1) An individual, a partnership, a corporation, a professional
 15 corporation, a facility, or an institution licensed or legally
 16 authorized by this state to provide health care or professional
 17 services as a licensed physician, a psychiatric hospital, a hospital,
 18 a health facility, an emergency ambulance service (IC 16-31-3),
 19 a dentist, a registered or licensed practical nurse, a midwife, an
 20 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
 21 therapist, a respiratory care practitioner, an occupational therapist,
 22 a psychologist, a paramedic, an emergency medical technician, an
 23 advanced emergency medical technician, an athletic trainer, or a
 24 person who is an officer, employee, or agent of the individual,
 25 partnership, corporation, professional corporation, facility, or
 26 institution acting in the course and scope of the person's
 27 employment.
- 28 (2) A college, university, or junior college that provides health
 29 care to a student, a faculty member, or an employee, and the
 30 governing board or a person who is an officer, employee, or agent
 31 of the college, university, or junior college acting in the course
 32 and scope of the person's employment.
- 33 (3) A blood bank, community mental health center, community
 34 intellectual disability center, community health center, or migrant
 35 health center.
- 36 (4) A home health agency (as defined in IC 16-27-1-2).
- 37 (5) A health maintenance organization (as defined in
 38 IC 27-13-1-19).
- 39 (6) A health care organization whose members, shareholders, or
 40 partners are health care providers under subdivision (1).
- 41 (7) A corporation, partnership, or professional corporation not
 42 otherwise qualified under this subsection that:



- (A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;
- (B) is organized or registered under state law; and
- (C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

Coverage for a health care provider qualified under this subdivision is limited to the health care provider's health care functions and does not extend to other causes of action.

(b) "Health care provider", for purposes of IC 16-35, has the meaning set forth in subsection (a). However, for purposes of IC 16-35, the term also includes a health facility (as defined in section 167 of this chapter).

(c) "Health care provider", for purposes of IC 16-36-5 and IC 16-36-6, means an individual licensed or authorized by this state to provide health care or professional services as:

- (1) a licensed physician;
- (2) a registered nurse;
- (3) a licensed practical nurse;
- (4) an advanced practice **registered** nurse;
- (5) a certified nurse midwife;
- (6) a paramedic;
- (7) an emergency medical technician;
- (8) an advanced emergency medical technician; or
- (9) an emergency medical responder, as defined by section 109.8 of this chapter.

The term includes an individual who is an employee or agent of a health care provider acting in the course and scope of the individual's employment.

(d) "Health care provider", for purposes of section 1.5 of this chapter and IC 16-40-4, means any of the following:

- (1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or authorized by the state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), an ambulatory outpatient surgical center, a dentist, an optometrist, a pharmacist, a podiatrist, a chiropractor, a psychologist, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.



(2) A blood bank, laboratory, community mental health center, community intellectual disability center, community health center, or migrant health center.

(3) A home health agency (as defined in IC 16-27-1-2).

(4) A health maintenance organization (as defined in IC 27-13-1-19).

(5) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(6) A corporation, partnership, or professional corporation not otherwise specified in this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

(e) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).

SECTION 9. IC 16-25-2-8, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2018 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 8. If a home health agency or hospice patient's care or treatment is being managed, directed, or provided by an advanced practice **registered** nurse licensed under IC 25-23, that ~~nurses's~~ **nurse's** orders will be honored, unless it will cause the home health agency or hospice to be unreimbursed for ~~their~~ **the home health agency's or hospice's** service.

SECTION 10. IC 16-27-3-8, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2018 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 8. If a home health agency or hospice patient's care or treatment is being managed, directed, or provided by an advanced practice **registered** nurse licensed under IC 25-23, that ~~nurses's~~ **nurse's** orders will be honored, unless it will cause the home health agency or hospice to be unreimbursed for ~~their~~ **the home health agency's or hospice's** service.

SECTION 11. IC 16-34-2-1.1, AS AMENDED BY P.L.213-2016, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon



whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met:

(1) At least eighteen (18) hours before the abortion and in the private, not group, presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice **registered** nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following:

(A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis.

(B) That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) is available on an appropriate and timely basis when clinically necessary.

(C) The nature of the proposed procedure or information concerning the abortion inducing drug.

(D) Objective scientific information of the risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

- (i) the risk of infection and hemorrhage;
- (ii) the potential danger to a subsequent pregnancy; and
- (iii) the potential danger of infertility.

(E) That human physical life begins when a human ovum is fertilized by a human sperm.

(F) The probable gestational age of the fetus at the time the abortion is to be performed, including:

- (i) a picture of a fetus;
- (ii) the dimensions of a fetus; and
- (iii) relevant information on the potential survival of an unborn fetus;

at this stage of development.

(G) That objective scientific information shows that a fetus can feel pain at or before twenty (20) weeks of postfertilization age.

(H) The medical risks associated with carrying the fetus to



term.

(I) The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services.

(J) That the pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5.

(K) That Indiana does not allow a fetus to be aborted solely because of the fetus's race, color, national origin, ancestry, sex, or diagnosis or potential diagnosis of the fetus having Down syndrome or any other disability.

(2) At least eighteen (18) hours before the abortion, the pregnant woman will be informed orally and in writing of the following:

(A) That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care from the county office of the division of family resources.

(B) That the father of the unborn fetus is legally required to assist in the support of the child. In the case of rape, the information required under this clause may be omitted.

(C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.

(D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.

(E) That Indiana has enacted the safe haven law under IC 31-34-2.5.

(F) The:

(i) Internet web site address of the state department of health's web site; and

(ii) description of the information that will be provided on the web site and that are;

described in section 1.5 of this chapter.

(G) For the facility in which the abortion is to be performed, an emergency telephone number that is available and answered on a twenty-four (24) hour a day, seven (7) day a week basis.

(H) On a form developed by the state department and as described in IC 16-34-3, that the pregnant woman has a right



- 1 to determine the final disposition of the remains of the aborted
- 2 fetus.
- 3 (I) On a form developed by the state department, information
- 4 concerning the available options for disposition of the aborted
- 5 fetus.
- 6 (J) On a form developed by the state department, information
- 7 concerning any counseling that is available to a pregnant
- 8 woman after having an abortion.
- 9 The state department shall develop and distribute the forms
- 10 required by clauses (H) through (J).
- 11 (3) The pregnant woman certifies in writing, on a form developed
- 12 by the state department, before the abortion is performed, that:
- 13 (A) the information required by subdivisions (1) and (2) has
- 14 been provided to the pregnant woman;
- 15 (B) the pregnant woman has been offered by the provider the
- 16 opportunity to view the fetal ultrasound imaging and hear the
- 17 auscultation of the fetal heart tone if the fetal heart tone is
- 18 audible and that the woman has:
- 19 (i) viewed or refused to view the offered fetal ultrasound
- 20 imaging; and
- 21 (ii) listened to or refused to listen to the offered auscultation
- 22 of the fetal heart tone if the fetal heart tone is audible; and
- 23 (C) the pregnant woman has been given a written copy of the
- 24 printed materials described in section 1.5 of this chapter.
- 25 (4) At least eighteen (18) hours before the abortion and in the
- 26 presence of the pregnant woman, the physician who is to perform
- 27 the abortion, the referring physician or a physician assistant (as
- 28 defined in IC 25-27.5-2-10), an advanced practice **registered**
- 29 nurse (as defined in IC 25-23-1-1(b)), or a **certified nurse**
- 30 midwife (as defined in ~~IC 34-18-2-19~~ **IC 34-18-2-6.5**) to whom
- 31 the responsibility has been delegated by the physician who is to
- 32 perform the abortion or the referring physician has provided the
- 33 pregnant woman with a color copy of the informed consent
- 34 brochure described in section 1.5 of this chapter by printing the
- 35 informed consent brochure from the state department's Internet
- 36 web site and including the following information on the back
- 37 cover of the brochure:
- 38 (A) The name of the physician performing the abortion and the
- 39 physician's medical license number.
- 40 (B) An emergency telephone number where the physician or
- 41 the physician's designee may be contacted twenty-four (24)
- 42 hours a day, seven (7) days a week.



- 1 (C) A statement that follow-up care by the physician or the
 2 physician's designee who is licensed under IC 25-22.5 is
 3 available on an appropriate and timely basis when clinically
 4 necessary.
- 5 (5) At least eighteen (18) hours before an abortion is performed
 6 and at the same time that the pregnant woman receives the
 7 information required by subdivision (1), the provider shall
 8 perform, and the pregnant woman shall view, the fetal ultrasound
 9 imaging and hear the auscultation of the fetal heart tone if the
 10 fetal heart tone is audible unless the pregnant woman certifies in
 11 writing, on a form developed by the state department, before the
 12 abortion is performed, that the pregnant woman:
- 13 (A) does not want to view the fetal ultrasound imaging; and
 14 (B) does not want to listen to the auscultation of the fetal heart
 15 tone if the fetal heart tone is audible.
- 16 (b) This subsection applies to a pregnant woman whose unborn
 17 child has been diagnosed with a lethal fetal anomaly. The requirements
 18 of this subsection are in addition to the other requirements of this
 19 section. At least eighteen (18) hours before an abortion is performed on
 20 the pregnant woman, the physician who will perform the abortion shall:
- 21 (1) orally and in person, inform the pregnant woman of the
 22 availability of perinatal hospice services; and
 23 (2) provide the pregnant woman copies of the perinatal hospice
 24 brochure developed by the state department under IC 16-25-4.5-4
 25 and the list of perinatal hospice providers and programs
 26 developed under IC 16-25-4.5-5, by printing the perinatal hospice
 27 brochure and list of perinatal hospice providers from the state
 28 department's Internet web site.
- 29 (c) If a pregnant woman described in subsection (b) chooses to have
 30 an abortion rather than continuing the pregnancy in perinatal hospice
 31 care, the pregnant woman shall certify in writing, on a form developed
 32 by the state department under IC 16-25-4.5-6, at least eighteen (18)
 33 hours before the abortion is performed, that the pregnant woman has
 34 been provided the information described in subsection (b) in the
 35 manner required by subsection (b).
- 36 SECTION 12. IC 16-41-6-1, AS AMENDED BY P.L.147-2012,
 37 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 38 JULY 1, 2018]: Sec. 1. (a) As used in this section, "physician's
 39 authorized representative" means:
- 40 (1) an advanced practice **registered** nurse (as defined by
 41 IC 25-23-1-1(b)) who is operating in collaboration with a licensed
 42 physician; or



(2) an individual acting under the supervision of a licensed physician and within the individual's scope of employment.

(b) If a physician or the physician's authorized representative determines that it is medically necessary to conduct an HIV test on an individual under the care of a physician, the physician or physician's authorized representative may order the test if the physician or the physician's authorized representative:

- (1) informs the patient of the test;
- (2) provides an explanation of the test; and
- (3) informs the patient of the patient's right to refuse the test.

Subject to subsection (d), if the patient refuses the test, the physician or the physician's authorized representative may not perform the test and shall document the patient's refusal in the patient's medical record.

(c) After ordering an HIV test for a patient, the physician or the physician's authorized representative shall:

- (1) discuss with the patient the availability of counseling concerning the test results; and
- (2) notify the patient of the test results.

If a test conducted under this section indicates that a patient is HIV infected, in addition to the requirements set forth in IC 16-41-2, the physician or the physician's authorized representative shall inform the patient of treatment and referral options available to the patient.

(d) A physician or a physician's authorized representative may order an HIV test to be performed without informing the patient or the patient's representative (as defined in IC 16-36-1-2) of the test or regardless of the patient's or the patient's representative's refusal of the HIV test if any of the following conditions apply:

- (1) If ordered by a physician, consent can be implied due to emergency circumstances and the test is medically necessary to diagnose or treat the patient's condition.
- (2) Under a court order based on clear and convincing evidence of a serious and present health threat to others posed by an individual. A hearing held under this subdivision shall be held in camera at the request of the individual.
- (3) If the test is done on blood collected or tested anonymously as part of an epidemiologic survey under IC 16-41-2-3 or IC 16-41-17-10(a)(5).
- (4) The test is ordered under section 4 of this chapter.
- (5) The test is required or authorized under IC 11-10-3-2.5.
- (6) The individual upon whom the test will be performed is described in IC 16-41-8-6 or IC 16-41-10-2.5.
- (7) A court has ordered the individual to undergo testing for HIV



under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(17).

(8) Both of the following are met:

(A) The individual is not capable of providing consent and an authorized representative of the individual is not immediately available to provide consent or refusal of the test.

(B) A health care provider acting within the scope of the health care provider's employment comes into contact with the blood or body fluids of the individual in a manner that has been epidemiologically demonstrated to transmit HIV.

(e) The state department shall make HIV testing and treatment information from the federal Centers for Disease Control and Prevention available to health care providers.

(f) The state department may adopt rules under IC 4-22-2 necessary to implement this section.

SECTION 13. IC 16-41-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. (a) This section applies to:

(1) a physician licensed under IC 25-22.5; or

(2) an advanced practice **registered** nurse licensed under IC 25-23;

who provides prenatal care within the scope of the provider's license.

(b) Subject to section 8 of this chapter, an individual described in subsection (a) who:

(1) diagnoses the pregnancy of a woman; or

(2) is primarily responsible for providing prenatal care to a pregnant woman;

shall order to be taken a sample of the pregnant woman's blood and shall submit the sample to an approved laboratory for a standard licensed diagnostic test for HIV.

SECTION 14. IC 16-41-6-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 6. Subject to section 8 of this chapter, if, at the time of delivery, there is no written evidence that a standard licensed diagnostic test for HIV has been performed under section 5 of this chapter, the physician or advanced practice **registered** nurse in attendance at the delivery shall order to be taken a sample of the woman's blood at the time of the delivery and shall submit the sample to an approved laboratory for a standard licensed diagnostic test for HIV.

SECTION 15. IC 16-41-6-8, AS AMENDED BY P.L.112-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 8. (a) This section applies to a physician or an advanced practice **registered** nurse who orders an HIV test under



1 section 5 or 6 of this chapter or to the physician's or nurse's designee.

2 (b) An individual described in subsection (a) shall:

3 (1) inform the pregnant woman that:

4 (A) the individual is required by law to order an HIV test
5 unless the pregnant woman refuses; and

6 (B) the pregnant woman has a right to refuse the test; and

7 (2) explain to the pregnant woman:

8 (A) the purpose of the test; and

9 (B) the risks and benefits of the test.

10 (c) An individual described in subsection (a) shall document in the
11 pregnant woman's medical records that the pregnant woman received
12 the information required under subsection (b).

13 (d) If a pregnant woman refuses to consent to an HIV test, the
14 refusal must be noted by an individual described in subsection (a) in
15 the pregnant woman's medical records.

16 (e) If a test ordered under section 5 or 6 of this chapter is positive,
17 an individual described in subsection (a):

18 (1) shall inform the pregnant woman of the test results;

19 (2) shall inform the pregnant woman of the treatment options or
20 referral options available to the pregnant woman; and

21 (3) shall:

22 (A) provide the pregnant woman with a description of the
23 methods of HIV transmission;

24 (B) discuss risk reduction behavior modifications with the
25 pregnant woman, including methods to reduce the risk of
26 perinatal HIV transmission and HIV transmission through
27 breast milk; and

28 (C) provide the pregnant woman with referral information to
29 other HIV prevention, health care, and psychosocial services.

30 (f) The provisions of IC 16-41-2-3 apply to a positive HIV test under
31 section 5 or 6 of this chapter.

32 (g) The results of a test performed under section 5 or 6 of this
33 chapter are confidential.

34 (h) As a routine component of prenatal care, every individual
35 described in subsection (a) is required to provide information and
36 counseling regarding HIV and the standard licensed diagnostic test for
37 HIV and to offer and recommend the standard licensed diagnostic test
38 for HIV.

39 (i) An individual described in subsection (a) shall document:

40 (1) the oral or written consent of the pregnant woman to be tested;
41 and

42 (2) that the pregnant woman was counseled and provided the



required information set forth in subsection (b) to ensure that an informed decision has been made.

(j) A pregnant woman who refuses a test under this section must do so in writing.

SECTION 16. IC 16-41-19-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 4. The physician or advanced practice **registered** nurse applying for free biologicals as provided in this chapter and IC 12-20-16-14 shall sign in ink the following affirmation printed on the application form:

I solemnly affirm that the free biologicals applied for will be administered to the person named above, and it is my belief after inquiry that the person is financially unable to pay for the biologicals.

SECTION 17. IC 16-42-19-5, AS AMENDED BY P.L.177-2009, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. As used in this chapter, "practitioner" means any of the following:

- (1) A physician licensed under IC 25-22.5.
- (2) A veterinarian licensed to practice veterinary medicine in Indiana.
- (3) A dentist licensed to practice dentistry in Indiana.
- (4) A podiatrist licensed to practice podiatric medicine in Indiana.
- (5) An optometrist who is:
 - (A) licensed to practice optometry in Indiana; and
 - (B) certified under IC 25-24-3.
- (6) An advanced practice **registered** nurse who meets the requirements of IC 25-23-1-19.5.
- (7) A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6.

SECTION 18. IC 16-42-19-29, AS ADDED BY P.L.131-2014, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 29. A legend drug that is composed wholly or partly of insulin may be sold for retail sale by a pharmacy only to an individual who possesses a prescription from one (1) of the following:

- (1) A physician licensed under IC 25-22.5.
- (2) A veterinarian licensed to practice veterinary medicine in Indiana.
- (3) An advanced practice **registered** nurse who meets the requirements of IC 25-23-1-19.5.
- (4) A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6.

SECTION 19. IC 16-42-21-3, AS AMENDED BY P.L.105-2008,



SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 3. As used in this chapter, "practitioner" means any of the following:

- (1) A licensed physician.
- (2) A dentist licensed to practice dentistry in Indiana.
- (3) A podiatrist licensed to practice podiatry in Indiana.
- (4) A veterinarian licensed to practice veterinary medicine in Indiana.
- (5) An optometrist who is:
 - (A) licensed to practice optometry in Indiana; and
 - (B) certified under IC 25-24-3.
- (6) An advanced practice **registered** nurse licensed and granted the authority to prescribe legend drugs under IC 25-23.

SECTION 20. IC 16-42-22-4.5, AS AMENDED BY P.L.157-2006, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 4.5. As used in this chapter, "practitioner" means any of the following:

- (1) A licensed physician.
- (2) A dentist licensed to practice dentistry in Indiana.
- (3) A podiatrist licensed to practice podiatric medicine in Indiana.
- (4) An optometrist who is:
 - (A) licensed to practice optometry in Indiana; and
 - (B) certified under IC 25-24-3.
- (5) An advanced practice **registered** nurse licensed and granted the authority to prescribe legend drugs under IC 25-23.

SECTION 21. IC 16-42-27-1, AS AMENDED BY P.L.6-2016, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. As used in this chapter, "prescriber" means any of the following:

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

SECTION 22. IC 21-44.5-1-2, AS ADDED BY P.L.45-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. "Licensed campus medical professional" means any of the following individuals who are employed by or have



1 contracted with a postsecondary educational institution and are
 2 designated by the postsecondary educational institution to serve in such
 3 a capacity under IC 21-44.5-2-2(b):

- 4 (1) A physician licensed under IC 25-22.5.
- 5 (2) A physician assistant licensed under IC 25-27.5.
- 6 (3) An advanced practice **registered** nurse or registered nurse
 7 who is licensed under IC 25-23.

8 SECTION 23. IC 25-1-9-6.8 IS AMENDED TO READ AS
 9 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 6.8. (a) This section
 10 applies to a practitioner who is:

- 11 (1) licensed to practice medicine or osteopathic medicine under
 12 IC 25-22.5; or
- 13 (2) an advanced practice **registered** nurse granted prescriptive
 14 authority under IC 25-23 and whose practice agreement with a
 15 collaborating physician reflects the conditions specified in
 16 subsection (b).

17 (b) Before prescribing a stimulant medication for a child for the
 18 treatment of attention deficit disorder or attention deficit hyperactivity
 19 disorder, a practitioner described in subsection (a) shall follow the most
 20 recent guidelines adopted by the American Academy of Pediatrics or
 21 the American Academy of Child and Adolescent Psychiatry for the
 22 diagnosis and evaluation of a child with attention deficit disorder or
 23 attention deficit hyperactivity disorder.

24 SECTION 24. IC 25-1-9-22, AS ADDED BY P.L.33-2016,
 25 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2018]: Sec. 22. (a) This section applies to:

- 27 (1) a physician licensed under IC 25-22.5;
- 28 (2) a physician assistant licensed under IC 25-27.5;
- 29 (3) a certified direct entry midwife licensed under IC 25-23.4; and
- 30 (4) an advanced practice **registered** nurse licensed under
 31 IC 25-23;

32 who provides prenatal care within the scope of the provider's license.

33 (b) Unless ordered by a court, an individual described in subsection
 34 (a) may not release to a law enforcement agency (as defined in
 35 IC 35-47-15-2) the results of:

- 36 (1) a verbal screening or questioning concerning drug or alcohol
 37 use;
- 38 (2) a urine test; or
- 39 (3) a blood test;

40 provided to a pregnant woman without the pregnant woman's consent.

41 SECTION 25. IC 25-1-9.5-4, AS AMENDED BY P.L.150-2017,
 42 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2018]: Sec. 4. As used in this chapter, "prescriber" means any of the following:

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

SECTION 26. IC 25-1-9.5-7, AS AMENDED BY P.L.150-2017, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) A prescriber who provides health care services through telemedicine shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.

(b) A prescriber may not use telemedicine, including issuing a prescription, for an individual who is located in Indiana unless a provider-patient relationship between the prescriber and the individual has been established. A prescriber who uses telemedicine shall, if such action would otherwise be required in the provision of the same health care services in a manner other than telemedicine, ensure that a proper provider-patient relationship is established. The provider-patient relationship by a prescriber who uses telemedicine must at a minimum include the following:

- (1) Obtain the patient's name and contact information and:
 - (A) a verbal statement or other data from the patient identifying the patient's location; and
 - (B) to the extent reasonably possible, the identity of the requesting patient.
- (2) Disclose the prescriber's name and disclose whether the prescriber is a physician, physician assistant, advanced practice **registered** nurse, optometrist, or podiatrist.
- (3) Obtain informed consent from the patient.
- (4) Obtain the patient's medical history and other information necessary to establish a diagnosis.
- (5) Discuss with the patient the:
 - (A) diagnosis;
 - (B) evidence for the diagnosis; and
 - (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care.
- (6) Create and maintain a medical record for the patient and,



subject to the consent of the patient, notify the patient's primary care provider of any prescriptions the prescriber has issued for the patient if the primary care provider's contact information is provided by the patient. The requirements in this subdivision do not apply when any of the following are met:

(A) The prescriber is using an electronic health record system that the patient's primary care provider is authorized to access.

(B) The prescriber has established an ongoing provider-patient relationship with the patient by providing care to the patient at least two (2) consecutive times through the use of telemedicine services. If the conditions of this clause are met, the prescriber shall maintain a medical record for the patient and shall notify the patient's primary care provider of any issued prescriptions.

(7) Issue proper instructions for appropriate follow-up care.

(8) Provide a telemedicine visit summary to the patient, including information that indicates any prescription that is being prescribed.

SECTION 27. IC 25-22.5-13-3, AS AMENDED BY P.L.54-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 3. (a) Before March 1, 2016, the:

- (1) board, concerning physician assistants;
- (2) board of podiatric medicine, concerning podiatrists;
- (3) state board of dentistry, concerning dentists; and
- (4) Indiana state board of nursing, concerning advanced practice **registered** nurses;

shall adopt rules necessary to complement the rules for prescribing opioid controlled substances for pain management treatment adopted by the board under sections 1 and 2 of this chapter.

(b) Before December 31, 2015, each board specified in subsection (a) shall provide a report in an electronic format under IC 5-14-6 to the legislative council providing a status report on efforts to adopt the rules required by subsection (a). The status report must include:

- (1) a copy of the board's rulemaking docket required by IC 4-22-2-22.5; and
- (2) a reasonable estimate of the timetable for action required under IC 4-22-2-22.5(d)(8).

SECTION 28. IC 25-23-1-1, AS AMENDED BY P.L.58-2014, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. As used in this chapter:

- (a) "Board" means the Indiana state board of nursing.
- (b) "Advanced practice **registered** nurse" means:
 - (1) a nurse practitioner;



- (2) a certified nurse midwife;
- (3) a clinical nurse specialist; or
- (4) a certified registered nurse anesthetist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations. Notwithstanding any other law, this subsection does not add to the powers and duties or scope of practice of certified registered nurse anesthetists as described in section 30 of this chapter.

(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

SECTION 29. IC 25-23-1-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. (a) There is established the Indiana state board of nursing consisting of nine (9) members appointed by the governor, each to serve a term of four (4) years subject to death, resignation, or removal by the governor.

(b) Six (6) of the board members must be registered nurses, **two (2) of whom are also advanced practice registered nurses in different specialty areas**, who are committed to advancing and safeguarding the nursing profession as a whole. Two (2) of the board's members must be licensed practical nurses. One (1) member of the board, to represent the general public, must be a resident of this state and not be associated with nursing in any way other than as a consumer.

(c) Each appointed board member may serve until the member's successor has been appointed and qualified. Any vacancy occurring in the membership of the board for any cause shall be filled by appointment by the governor for the unexpired term. Members of the board may be appointed for more than one (1) term. However, no person who has served as a member of the board for more than six (6) consecutive years may be reappointed. Reappointments of persons who have served six (6) consecutive years as a member of the board may be made after three (3) years have elapsed.

SECTION 30. IC 25-23-1-7, AS AMENDED BY P.L.138-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) The board shall do the following:

- (1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
- (2) Prescribe standards and approve curricula for nursing



education programs preparing persons for licensure under this chapter.

(3) Provide for surveys of such programs at such times as it considers necessary.

(4) Accredit such programs as meet the requirements of this chapter and of the board.

(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.

(6) Examine, license, and renew the license of qualified applicants.

(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.

(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.

(9) Adopt rules under IC 4-22-2 that do the following:

(A) Prescribe standards for the competent practice of registered, practical, and advanced practice **registered** nursing.

(B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice **registered** nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.

(C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.

(10) Keep a record of all its proceedings.

(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.

(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:

(A) Recommendation of rules necessary to carry out the duties of the board.

(B) Recommendations concerning educational programs and



- 1 requirements.
- 2 (C) Recommendations regarding examinations and licensure
- 3 of applicants.
- 4 (3) Appoint nurses to serve on each of the ad hoc subcommittees.
- 5 (4) Withdraw from the interstate nurse licensure compact under
- 6 IC 25-23.2 (repealed).
- 7 (c) Nurses appointed under subsection (b) must:
- 8 (1) be committed to advancing and safeguarding the nursing
- 9 profession as a whole; and
- 10 (2) represent nurses who practice in the field directly affected by
- 11 a subcommittee's actions.
- 12 SECTION 31. IC 25-23-1-19.4, AS AMENDED BY P.L.35-2016,
- 13 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 14 JULY 1, 2018]: Sec. 19.4. (a) This section does not apply to certified
- 15 registered nurse anesthetists.
- 16 (b) As used in this section, "practitioner" has the meaning set forth
- 17 in IC 16-42-19-5. However, the term does not include the following:
- 18 (1) A veterinarian.
- 19 (2) An advanced practice **registered** nurse.
- 20 (3) A physician assistant.
- 21 (c) An advanced practice **registered** nurse shall operate:
- 22 (1) **except as provided in subsection (d)**, in collaboration with
- 23 a licensed practitioner as evidenced by a practice agreement;
- 24 (2) by privileges granted by the governing board of a hospital
- 25 licensed under IC 16-21 with the advice of the medical staff of the
- 26 hospital that sets forth the manner in which an advanced practice
- 27 **registered** nurse and a licensed practitioner will cooperate,
- 28 coordinate, and consult with each other in the provision of health
- 29 care to their patients; or
- 30 (3) by privileges granted by the governing body of a hospital
- 31 operated under IC 12-24-1 that sets forth the manner in which an
- 32 advanced practice **registered** nurse and a licensed practitioner
- 33 will cooperate, coordinate, and consult with each other in the
- 34 provision of health care to their patients.
- 35 (d) **An advanced practice registered nurse may operate without**
- 36 **the collaboration of a licensed practitioner if all of the following**
- 37 **conditions are met:**
- 38 (1) **The advanced practice registered nurse has operated**
- 39 **under a collaborative agreement with a practitioner for at**
- 40 **least five (5) years and in the same medical specialty set forth**
- 41 **in subdivision (4).**
- 42 (2) **The practitioner described in subdivision (1) has**



recommended the advanced practice registered nurse to the medical licensing board of Indiana to practice in the medical specialty for which the collaboration occurred.

(3) The practitioner has reviewed at least ten percent (10%) of the advanced practice registered nurse's medical charts or prescriptions during the first three (3) years of collaboration.

(4) The advanced practice registered nurse has been recommended to work without a collaborative agreement in one (1) of the following medical specialty areas:

(A) Acute care.

(B) Family practice.

(C) Pediatrics.

(D) Mental health.

(E) Obstetrics and gynecology.

SECTION 32. IC 25-23-1-19.5, AS AMENDED BY P.L.58-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 19.5. (a) This section does not apply to certified registered nurse anesthetists.

(b) The board shall establish a program under which advanced practice **registered** nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1-9).

(c) The authority granted by the board under this section:

(1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and

(2) is subject to renewal indefinitely for successive periods of two (2) years.

(d) The rules adopted under section 7 of this chapter concerning the authority of advanced practice **registered** nurses to prescribe legend drugs must do the following:

(1) Require an advanced practice **registered** nurse or a prospective advanced practice **registered** nurse who seeks the authority to submit an application to the board.

(2) Require **an applicant to satisfy the following** as a prerequisite to the initial granting of the authority:

(A) **Meet all the qualifications for licensure as a registered nurse under this article.**

(B) **the successful completion by the applicant of Successfully complete:**

(i) **education requirements determined by the board to be appropriate to the advanced practice registered nurse's duties; and**



(ii) a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.

(C) Be certified by (or have the equivalency of certification from) an accrediting organization that has been approved by the board.

(D) Either:

(i) provide documentation, as requested by the board, that the applicant has graduated before December 31, 1997, from an advanced, organized formal education program appropriate to the practice and that is acceptable to the board; or

(ii) complete a graduate, postgraduate, or doctoral advanced practice registered nurse program from an accredited college or university.

(3) Establish requirements for an advanced practice registered nurse to comply with national certification or the certification's equivalence, including a portfolio equivalence, appropriate to the advanced practice registered nurse's duties.

(4) Require, as a condition of the renewal of the authority the completion by the advanced practice **registered** nurse of the continuing education requirements set out in section 19.7 of this chapter.

SECTION 33. IC 25-23-1-19.6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: 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 the scope of the



1 licensed collaborating health practitioner.

2 SECTION 34. IC 25-23-1-19.7, AS AMENDED BY P.L.1-2006,
3 SECTION 452, IS AMENDED TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2018]: Sec. 19.7. (a) This subsection applies to
5 an applicant for renewal who has never received a renewal of
6 prescriptive authority under section 19.5 of this chapter and whose
7 prescriptive authority has never lapsed. If the applicant was initially
8 granted prescriptive authority:

9 (1) less than twelve (12) months before the expiration date of the
10 prescriptive authority, no continuing education is required; or

11 (2) at least twelve (12) months before the expiration date of the
12 prescriptive authority, the applicant shall, subject to IC 25-1-4-3,
13 attest to the board that the applicant has successfully completed
14 at least fifteen (15) contact hours of continuing education. The
15 hours must:

16 (A) be completed after the prescriptive authority was granted
17 and before the expiration of the prescriptive authority;

18 (B) include at least four (4) contact hours of pharmacology;
19 and

20 (C) be approved by a nationally approved sponsor of
21 continuing education for nurses, approved by the board, and
22 listed by the Indiana professional licensing agency as approved
23 hours.

24 (b) This subsection applies to an applicant for renewal of
25 prescriptive authority under section 19.5 of this chapter who is not
26 described in subsection (a). The applicant shall, subject to IC 25-1-4-3,
27 attest to the board that the applicant has successfully completed at least
28 thirty (30) contact hours of continuing education **or, if applicable, the**
29 **hours required under subsection (d).** The hours must:

30 (1) be completed within the two (2) years immediately preceding
31 the renewal;

32 (2) include at least eight (8) contact hours of pharmacology; and

33 (3) be approved by a nationally approved sponsor of continuing
34 education for nurses, be approved by the board, and be listed by
35 the Indiana professional licensing agency as approved hours.

36 **(c) An applicant for renewal of prescriptive authority under this**
37 **section must maintain national certification or certification**
38 **equivalence, as required by section 19.5(d) of this chapter.**

39 **(d) An advanced practice registered nurse who:**

40 **(1) has prescriptive authority; and**

41 **(2) operates without a collaborative agreement in accordance**
42 **with this chapter;**



1 shall take one hundred twenty (120) hours of continuing education
 2 every three (3) years. The board shall determine how many of the
 3 hours required under this subsection must be contact hours of
 4 continuing education.

5 SECTION 35. IC 25-23-1-19.8, AS AMENDED BY P.L.157-2006,
 6 SECTION 62, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2018]: Sec. 19.8. (a) Before December 31 of an
 8 even-numbered year, the Indiana professional licensing agency or the
 9 agency's designee shall randomly audit at least one percent (1%) but
 10 not more than ten percent (10%) of the practice agreements of
 11 advanced practice **registered** nurses with authority to prescribe legend
 12 drugs under section 19.5 of this chapter to determine whether the
 13 practice agreement meets the requirements of this chapter or rules
 14 adopted by the board.

15 (b) The Indiana professional licensing agency shall establish an
 16 audit procedure, which may include the following:

17 (1) Requiring the advanced practice **registered** nurse to provide
 18 the agency with a copy of verification of attendance at or
 19 completion of a continuing education course or program the
 20 advanced practice **registered** nurse attended during the previous
 21 two (2) years.

22 (2) Requiring the advanced practice **registered** nurse and the
 23 licensed practitioner who have entered into a practice agreement
 24 to submit information on a form prescribed by the agency that
 25 must include a sworn statement signed by the advanced practice
 26 **registered** nurse and the licensed practitioner that the parties are
 27 operating within the terms of the practice agreement and the
 28 requirements under this chapter or rules adopted by the board.

29 (3) Reviewing patient health records and other patient information
 30 at the practice location or by requiring the submission of accurate
 31 copies to determine if the parties are operating within the terms
 32 of the practice agreement and the requirements under this chapter
 33 or rules adopted by the board.

34 (4) After a reasonable determination that the advanced practice
 35 **registered** nurse and the licensed practitioner who have entered
 36 into a practice agreement are not operating within the terms of the
 37 practice agreement, requiring the parties to appear before the
 38 agency or the agency's designee to provide evidence of
 39 compliance with the practice agreement.

40 (c) Not more than sixty (60) days after the completion of the audit
 41 required in subsection (a), the Indiana professional licensing agency
 42 shall provide the board with the following:



(1) A summary of the information obtained in the audit.

(2) A statement regarding whether an advanced practice **registered** nurse and a licensed practitioner who have entered into a practice agreement that is audited under subsection (a) are operating within the terms of the practice agreement.

The agency shall also provide a copy of the information described in this subsection to the board that regulates the licensed practitioner.

(d) The Indiana professional licensing agency may cause to be served upon the advanced practice **registered** nurse an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the advanced practice **registered** nurse for the advanced practice **registered** nurse's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(e) Except for a violation concerning continuing education requirements under IC 25-1-4, the board shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (d).

(f) The board that regulates the licensed practitioner may cause to be served upon the licensed practitioner an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the licensed practitioner for the licensed practitioner's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(g) The board that regulates the licensed practitioner shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (f).

(h) An order to show cause issued under this section must comply with the notice requirements of IC 4-21.5.

(i) The licensed practitioner may divulge health records and other patient information to the Indiana professional licensing agency or the agency's designee. The licensed practitioner is immune from civil liability for any action based upon release of the patient information under this section.

SECTION 36. IC 25-23-1-19.9, AS ADDED BY P.L.82-2016, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 19.9. (a) This section does not apply to certified registered nurse anesthetists.

(b) An advanced practice **registered** nurse may include a report from the INSPECT program in a patient's medical file. Any disclosure or release of a patient's medical file must be in compliance with



1 IC 35-48-7-11.1.

2 SECTION 37. IC 25-23.5-3-1.5, AS AMENDED BY P.L.274-2013,
3 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2018]: Sec. 1.5. (a) Except as provided in subsection (b), an
5 occupational therapist may not provide occupational therapy services
6 to a person until the person has been referred to the occupational
7 therapist by, or the occupational therapist is acting on the order of, one
8 (1) of the following:

9 (1) A physician or osteopathic physician licensed under
10 IC 25-22.5.

11 (2) A podiatrist licensed under IC 25-29.

12 (3) An advanced practice **registered** nurse licensed under
13 IC 25-23.

14 (4) A psychologist licensed under IC 25-33.

15 (5) A chiropractor licensed under IC 25-10.

16 (6) An optometrist licensed under IC 25-24.

17 (7) A physician assistant licensed under IC 25-27.5.

18 The occupational therapist shall report to the practitioner as specified
19 by the practitioner who provided the referral or order. However, if the
20 practitioner does not specify a reporting requirement, the occupational
21 therapist shall report to the practitioner upon completion or termination
22 of occupational therapy services.

23 (b) An occupational therapist may provide the following services
24 without a referral from a person listed in subsection (a):

25 (1) Ergonomic or home assessment.

26 (2) Injury or illness prevention education and wellness services.

27 (3) Occupational therapy activities provided in an educational
28 setting.

29 (4) Occupational therapy activities that the board determines,
30 after reviewing the recommendations of the committee, are
31 appropriate to be conducted in a community based environment.

32 SECTION 38. IC 25-23.6-11-1 IS AMENDED TO READ AS
33 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. (a) Except for an
34 individual who is licensed under IC 25-22.5, **is** licensed under
35 IC 25-33, is an advanced practice **registered** nurse (as defined by
36 IC 25-23-1-1(b)), or **is** licensed under this article, and who uses the
37 terms within the scope of the individual's education, training, and
38 licensure, an individual may not knowingly describe services the
39 individual performs using the following terms:

40 ~~(A)~~ (1) "Psychotherapy".

41 ~~(B)~~ (2) "Clinical psychology".

42 (b) An individual who violates this section commits a Class A



1 misdemeanor.

2 SECTION 39. IC 25-26-13-31.5, AS ADDED BY P.L.113-2013,
3 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2018]: Sec. 31.5. (a) Subject to rules adopted under
5 subsection (c), a pharmacist intern or a pharmacist student may
6 administer an immunization to an individual under a drug order or
7 prescription.

8 (b) Subject to rules adopted under subsection (c), a pharmacist
9 intern or a pharmacist student may administer an immunization to an
10 individual or a group of individuals under a drug order, under a
11 prescription, or according to a protocol approved by a physician.

12 (c) The board shall adopt rules under IC 4-22-2 to establish
13 requirements applying to a pharmacist intern or a pharmacist student
14 who administers an immunization to an individual or group of
15 individuals. The rules adopted under this section:

- 16 (1) must provide for the direct supervision of the pharmacist
17 intern or pharmacist student by a pharmacist, a physician, a
18 physician assistant, or an advanced practice **registered** nurse; and
19 (2) may not be less stringent than the requirements applying to a
20 pharmacist who administers an immunization to an individual as
21 provided under section 31.2 of this chapter.

22 SECTION 40. IC 25-26-16-4.5, AS AMENDED BY P.L.202-2017,
23 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2018]: Sec. 4.5. (a) This section does not apply to a
25 pharmacist who is practicing in a hospital.

26 (b) As used in this section, "direct supervision" means that a
27 supervising:

- 28 (1) physician;
29 (2) advanced practice **registered** nurse who meets the
30 requirements of IC 25-23-1-19.5; or
31 (3) physician assistant licensed under IC 25-27.5 who is delegated
32 prescriptive authority under IC 25-27.5-5-6;

33 is readily available to consult with the pharmacist while the protocol
34 services are being provided.

35 (c) This section applies to a pharmacist who:

- 36 (1) is employed by, or has entered into a contract with, a
37 physician, a group of physicians, or an outpatient clinic; and
38 (2) is under the direct supervision of a person described in
39 subsection (b)(1) through (b)(3).

40 (d) The protocols developed under this chapter:

- 41 (1) must be agreed upon by:
42 (A) the physician or the physician administrator described in



- 1 section 3.5(d) of this chapter; and
- 2 (B) the pharmacist;
- 3 (2) must, at a minimum, require that:
 - 4 (A) the medical records of the patient are available to both the
 - 5 patient's physician and the pharmacist; and
 - 6 (B) the procedures performed by the pharmacist relate to a
 - 7 condition for which the patient has first seen the physician or
 - 8 another licensed practitioner; and
 - 9 (3) may apply to a single patient or group of patients, as specified
 - 10 by the physician.

11 SECTION 41. IC 27-1-37.1-4 IS AMENDED TO READ AS
 12 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 4. As used in this
 13 chapter, "provider" means:

- 14 (1) a physician licensed under IC 25-22.5;
- 15 (2) a dentist licensed under IC 25-14;
- 16 (3) an advanced practice **registered** nurse licensed under
- 17 IC 25-23;
- 18 (4) a chiropractor licensed under IC 25-10;
- 19 (5) a podiatrist licensed under IC 25-29;
- 20 (6) an optometrist licensed under IC 25-24; or
- 21 (7) a clinical psychologist licensed under IC 25-33.

22 SECTION 42. IC 27-8-24-2 IS AMENDED TO READ AS
 23 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. As used in this
 24 chapter, "at-home postdelivery care" refers to health care provided to
 25 a woman at her residence by a physician licensed under IC 25-22.5 or
 26 a registered nurse or an advanced practice **registered** nurse licensed
 27 under IC 25-23 whose scope of practice includes providing postpartum
 28 care in the area of maternal and child health care. The health care
 29 services provided must include, at a minimum:

- 30 (1) parent education;
- 31 (2) assistance and training in breast or bottle feeding; and
- 32 (3) performance of any maternal and neonatal tests routinely
- 33 performed during the usual course of inpatient care for the woman
- 34 or her newborn child, including the collection of an adequate
- 35 sample for the hereditary and metabolic newborn screening.

36 SECTION 43. IC 31-9-2-100.5, AS ADDED BY P.L.162-2011,
 37 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 38 JULY 1, 2018]: Sec. 100.5. "Qualified medical practitioner", for
 39 purposes of IC 31-9-2 means the following:

- 40 (1) A physician licensed under IC 25-22.5.
- 41 (2) A physician assistant licensed under IC 25-27.5.
- 42 (3) A physical therapist licensed under IC 25-27.



(4) An advanced practice **registered** nurse licensed under IC 25-23.

(5) A chiropractor licensed under IC 25-10.

(6) A psychologist licensed under IC 25-33.

SECTION 44. IC 34-30-2-30.5, AS ADDED BY P.L.210-2005, SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 30.5. IC 9-24-10-7.5 (Concerning physicians, optometrists, or advanced practice **registered** nurses making reports concerning driver impairment).

SECTION 45. IC 34-30-13-1.2, AS ADDED BY P.L.161-2015, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.2. (a) Except as provided in section 2 of this chapter, a person who meets each of the following criteria is immune from civil liability resulting from any act or omission related to the provision of a health care service:

(1) Is licensed as any of the following:

(A) A physician under IC 25-22.5.

(B) A physician assistant under IC 25-27.5.

(C) A dentist under IC 25-14.

(D) A nurse under IC 25-23.

(E) An advanced practice **registered** nurse (as defined in IC 25-23-1-1(b)) who is licensed under IC 25-23.

(F) An optometrist under IC 25-24.

(G) A podiatrist under IC 25-29.

(2) Provides the health care service:

(A) voluntarily;

(B) to another individual;

(C) without compensation;

(D) within the scope of the person's license described in subdivision (1); and

(E) at a location that is determined to be appropriate and listed on the health care volunteer registry under IC 25-22.5-15.

(3) Notifies, before providing the health care service:

(A) the individual receiving the health care service; or

(B) the person who is legally responsible for the care of the individual receiving the health care service;

that the person providing the health care service is immune from civil liability in relation to the provision of the health care service.

(4) Obtains the signature of:

(A) the individual receiving the health care service; or

(B) the person who is legally responsible for the care of the individual receiving the health care service;



on a waiver that states the person providing the health care service is immune from civil liability in relation to the provision of the health care service.

(5) Is listed on the health care volunteer registry under IC 25-22.5-15.

(b) The immunity provided under this chapter applies to:

(1) dental services provided in a dental office; and

(2) health care services that are provided in a setting other than:

(A) a physician's office;

(B) an entity licensed or certified by the state department of health;

(C) a health care facility, including a facility that receives federal funding; or

(D) any other permanent facility in which the primary purpose is to provide health care services.

(c) A sponsoring organization, owner, operator, lessor, or lessee:

(1) of a location described in subsection (a)(2)(E); and

(2) that:

(A) permits a person described in subsection (a) to provide a health care service at the location as described in this section; and

(B) receives no compensation for permitting the provision of the health care service as described in clause (A);

is immune from civil liability resulting from an act or omission related to the provision of the health care service.

(d) A person who provides a health care service as described in this section may recommend laboratory and imaging based screenings and tests, and provide written documentation of the recommendation, to:

(1) the individual receiving the health care service; or

(2) the person who is legally responsible for the care of the individual receiving the health care service.

SECTION 46. IC 35-48-3-11, AS AMENDED BY P.L.135-2015, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 11. (a) Only a physician licensed under IC 25-22.5, a physician assistant licensed under IC 25-27.5, or an advanced practice **registered** nurse licensed under IC 25-23 with prescriptive authority may treat a patient with a Schedule III or Schedule IV controlled substance for the purpose of weight reduction or to control obesity.

(b) A physician licensed under IC 25-22.5, a physician assistant licensed under IC 25-27.5, or an advanced practice **registered** nurse licensed under IC 25-23 with prescriptive authority may not prescribe,



1 dispense, administer, supply, sell, or give any amphetamine,
 2 sympathomimetic amine drug, or compound designated as a Schedule
 3 III or Schedule IV controlled substance under IC 35-48-2-8 and
 4 IC 35-48-2-10 for a patient for purposes of weight reduction or to
 5 control obesity, unless the physician, physician assistant, or advanced
 6 practice **registered** nurse does the following:

7 (1) Determines:

8 (A) through review of:

9 (i) the physician's records of prior treatment of the patient;

10 or

11 (ii) the records of prior treatment of the patient provided by
 12 a previous treating physician or weight loss program;

13 that the physician's patient has made a reasonable effort to lose
 14 weight in a treatment program using a regimen of weight
 15 reduction based on caloric restriction, nutritional counseling,
 16 behavior modification, and exercise without using controlled
 17 substances; and

18 (B) that the treatment described in clause (A) has been
 19 ineffective for the physician's patient.

20 (2) Obtains a thorough history and performs a thorough physical
 21 examination of the physician's patient before initiating a treatment
 22 plan using a Schedule III or Schedule IV controlled substance for
 23 purposes of weight reduction or to control obesity.

24 (c) A physician licensed under IC 25-22.5, a physician assistant
 25 licensed under IC 25-27.5, or an advanced practice **registered** nurse
 26 licensed under IC 25-23 with prescriptive authority may not begin and
 27 shall discontinue using a Schedule III or Schedule IV controlled
 28 substance for purposes of weight reduction or to control obesity after
 29 the physician, physician assistant, or advanced practice **registered**
 30 nurse determines in the physician's, physician assistant's, or advanced
 31 practice **registered** nurse's professional judgment that:

32 (1) the physician's patient has failed to lose weight using a
 33 treatment plan involving the controlled substance;

34 (2) the controlled substance has provided a decreasing
 35 contribution toward further weight loss for the patient unless
 36 continuing to take the controlled substance is medically necessary
 37 or appropriate for maintenance therapy;

38 (3) the physician's patient:

39 (A) has a history of; or

40 (B) shows a propensity for;

41 alcohol or drug abuse; or

42 (4) the physician's patient has consumed or disposed of a



1 controlled substance in a manner that does not strictly comply
 2 with a treating physician's, physician assistant's, or ~~advance~~
 3 **advanced practice registered** nurse's direction.

4 (d) A physician assistant licensed under IC 25-27.5 or an advanced
 5 practice **registered** nurse licensed under IC 25-23 with prescriptive
 6 authority may not prescribe a schedule II controlled substance for the
 7 purpose of weight reduction or to control obesity.

8 SECTION 47. [EFFECTIVE JULY 1, 2018] (a) As used in this
 9 SECTION, "board" refers to the Indiana state board of nursing
 10 established by IC 25-23-1-2, as amended by this act.

11 (b) If, on June 30, 2018, the board does not include two (2)
 12 advanced practice registered nurses, as required by
 13 IC 25-23-1-2(b), as amended by this act, the governor shall remove
 14 two (2) of the registered nurses appointed to the board and appoint
 15 two (2) advanced practice registered nurses with different specialty
 16 areas to the board to serve the remainder of the removed board
 17 members' terms.

18 (c) This SECTION expires December 31, 2018.

19 SECTION 48. [EFFECTIVE JULY 1, 2018] (a) The commissioner
 20 of insurance shall review the impact of allowing an advanced
 21 practice registered nurse to operate without a collaborative
 22 agreement as set forth in IC 25-23-1-19.4, as amended by this act,
 23 on an advanced practice registered nurse's annual surcharge for
 24 the patient's compensation fund under IC 34-18-5-2 to ensure that
 25 the surcharge for an advanced practice registered nurse will
 26 automatically adjust with the change in the advanced practice
 27 registered nurse's practice.

28 (b) If the commissioner of insurance determines that a statutory
 29 change in the surcharge calculation is necessary to address the
 30 change in the advanced practice registered nurse's practice, the
 31 commissioner of insurance shall report before November 1, 2018,
 32 the commissioner's suggested changes to the general assembly in
 33 an electronic format under IC 5-14-6.

34 (c) This SECTION expires December 31, 2018.

