

HOUSE BILL No. 1399

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.3; IC 8-2.1-24-18; IC 9-24-2-3; IC 12-17.2; IC 16-39-4-2; IC 21-18-13-7; IC 21-38-6-1; IC 21-40-1-3; IC 22-3; IC 22-15-5-15; IC 25-26; IC 25-27-1-2; IC 25-34.5; IC 27-8-27-6.

Synopsis: Advanced practice registered nurses. Allows an advanced practice registered nurse (APRN) to sign the individualized family service plan to authorize services under a public employee health benefits plan, state higher education employee health benefits plan, or health insurance plan. Allows an APRN to sign certain health documents concerning driving privileges. For purposes of child care, allows an APRN to document limitations on a child's outdoor play. Allows an APRN to certify to a day care ministry that an immunization that may be detrimental to the child is not required. Allows a treating APRN to consent to the release of certain mental health information to certain persons involved in the patient's care. Allows an APRN to issue permission for a student athlete who had a symptom of sudden cardiac arrest to return to play or practice. Amends the definition of "certificate of immunity" to include an APRN certificate. Adds an APRN to the providers who may perform an examination and provide a statement concerning an injured employee for purposes of worker's compensation claims. Allows an APRN to affirm that an applicant has a temporary disability for purposes of a waiver from continuing education requirements to work on certain lift devices. Allows a pharmacist, pharmacist student, or pharmacist intern to administer an immunization under a drug order, prescription, or protocol approved by an APRN.
(Continued next page)

Effective: July 1, 2021.

Mayfield, Ledbetter

January 14, 2021, read first time and referred to Committee on Public Health.



Digest Continued

Authorizes an APRN to adopt a protocol concerning the adjustment of a patient's drug regimen by a pharmacist. Allows an attending APRN to be responsible for the ongoing care of a person who resides in a health facility. Provides that an APRN may order a referral for physical therapy. Amends the definition of "practice of respiratory care" to include an APRN as a practitioner who may be assisted by respiratory therapists. Allows an APRN to provide direct supervision to a respiratory therapist. Makes technical corrections.



Introduced

First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

HOUSE BILL No. 1399

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 5-10-8-7.3, AS AMENDED BY P.L.133-2020,
2 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2021]: Sec. 7.3. (a) As used in this section, "covered
4 individual" means an individual who is:
5 (1) covered under a self-insurance program established under
6 section 7(b) of this chapter to provide group health coverage; or
7 (2) entitled to services under a contract with a prepaid health care
8 delivery plan that is entered into or renewed under section 7(c) of
9 this chapter.
10 (b) As used in this section, "early intervention services" means
11 services provided to a first steps child under IC 12-12.7-2 and 20
12 U.S.C. 1432(4).
13 (c) As used in this section, "first steps child" means an infant or
14 toddler from birth through two (2) years of age who is enrolled in the
15 Indiana first steps program and is a covered individual.



(d) As used in this section, "first steps program" refers to the program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to meet the needs of:

- (1) children who are eligible for early intervention services; and
- (2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

(e) As used in this section, "health benefits plan" means a:

- (1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services established by IC 12-9-1-1. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.

(h) The first steps program may pay required deductibles, copayments, or other out-of-pocket expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.

(i) A health benefits plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse.**

(j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 2. IC 8-2.1-24-18, AS AMENDED BY P.L.198-2016, SECTION 62, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18. (a) 49 CFR Parts 40, 375, 380, 382 through 387, 390 through 393, and 395 through 398 are incorporated into Indiana law by reference, and, except as provided in subsections (d), (e), (f), (g), and (j), must be complied with by an interstate and intrastate motor carrier of persons or property throughout Indiana.



Intrastate motor carriers subject to compliance reviews under 49 CFR 385 shall be selected according to criteria determined by the superintendent which must include but are not limited to factors such as previous history of violations found in roadside compliance checks and other recorded violations. However, the provisions of 49 CFR 395 that regulate the hours of service of drivers, including requirements for the maintenance of logs, do not apply to a driver of a truck that is registered by the bureau of motor vehicles and used as a farm truck under IC 9-18 (before its expiration) or IC 9-18.1-7 or a vehicle operated in intrastate construction or construction related service, or the restoration of public utility services interrupted by an emergency. Except as provided in subsection (i) and (j):

(1) intrastate motor carriers not operating under authority issued by the United States Department of Transportation shall comply with the requirements of 49 CFR 390.21(b)(3) by registering with the department of state revenue as an intrastate motor carrier and displaying the certification number issued by the department of state revenue preceded by the letters "IN"; and

(2) all other requirements of 49 CFR 390.21 apply equally to interstate and intrastate motor carriers.

(b) 49 CFR 107 subpart (F) and subpart (G), 171 through 173, 177 through 178, and 180, are incorporated into Indiana law by reference, and every:

(1) private carrier;

(2) common carrier;

(3) contract carrier;

(4) motor carrier of property, intrastate;

(5) hazardous material shipper; and

(6) carrier otherwise exempt under section 3 of this chapter;

must comply with the federal regulations incorporated under this subsection, whether engaged in interstate or intrastate commerce.

(c) Notwithstanding subsection (b), nonspecification bulk and nonbulk packaging, including cargo tank motor vehicles, may be used only if all the following conditions exist:

(1) The maximum capacity of the vehicle is less than three thousand five hundred (3,500) gallons.

(2) The shipment of goods is limited to intrastate commerce.

(3) The vehicle is used only for the purpose of transporting fuel oil, kerosene, diesel fuel, gasoline, gasohol, or any combination of these substances.

Maintenance, inspection, and marking requirements of 49 CFR 173.8 and Part 180 are applicable. In accordance with federal hazardous



materials regulations, new or additional nonspecification cargo tank motor vehicles may not be placed in service under this subsection.

(d) For the purpose of enforcing this section, only:

(1) a state police officer or state police motor carrier inspector who:

(A) has successfully completed a course of instruction approved by the United States Department of Transportation; and

(B) maintains an acceptable competency level as established by the state police department; or

(2) an employee of a law enforcement agency who:

(A) before January 1, 1991, has successfully completed a course of instruction approved by the United States Department of Transportation; and

(B) maintains an acceptable competency level as established by the state police department;

on the enforcement of 49 CFR, may, upon demand, inspect the books, accounts, papers, records, memoranda, equipment, and premises of any carrier, including a carrier exempt under section 3 of this chapter.

(e) A person hired before September 1, 1985, who operates a motor vehicle intrastate incidentally to the person's normal employment duties and who is not employed to operate a motor vehicle for hire is exempt from 49 CFR 391 as incorporated by this section.

(f) Notwithstanding any provision of 49 CFR 391 to the contrary, a person at least eighteen (18) years of age and less than twenty-one (21) years of age may be employed as a driver to operate a commercial motor vehicle intrastate. However, a person employed under this subsection is not exempt from any other provision of 49 CFR 391.

(g) Notwithstanding subsection (a) or (b), the following provisions of 49 CFR do not apply to private carriers of property operated only in intrastate commerce or any carriers of property operated only in intrastate commerce while employed in construction or construction related service:

(1) Subpart 391.41(b)(3) as it applies to physical qualifications of a driver who has been diagnosed as an insulin dependent diabetic, if the driver has applied for and been granted an intrastate medical waiver by the bureau of motor vehicles pursuant to this subsection. The same standards and the following procedures shall apply for this waiver whether or not the driver is required to hold a commercial driver's license. An application for the waiver shall be submitted by the driver and completed and signed by a certified endocrinologist, ~~or~~ the driver's treating physician, ~~or the~~



1 **driver's treating advanced practice registered nurse** attesting
 2 that the driver:

3 (A) is not otherwise physically disqualified under Subpart
 4 391.41 to operate a motor vehicle, whether or not any
 5 additional disqualifying condition results from the diabetic
 6 condition, and is not likely to suffer any diminution in driving
 7 ability due to the driver's diabetic condition;

8 (B) is free of severe hypoglycemia or hypoglycemia
 9 unawareness and has had less than one (1) documented,
 10 symptomatic hypoglycemic reaction per month;

11 (C) has demonstrated the ability and willingness to properly
 12 monitor and manage the driver's diabetic condition;

13 (D) has agreed to and, to the endocrinologist's, ~~or~~ treating
 14 physician's, **or treating advanced practice registered**
 15 **nurse's** knowledge, has carried a source of rapidly absorbable
 16 glucose at all times while driving a motor vehicle, has self
 17 monitored blood glucose levels one (1) hour before driving
 18 and at least once every four (4) hours while driving or on duty
 19 before driving using a portable glucose monitoring device
 20 equipped with a computerized memory; and

21 (E) has submitted the blood glucose logs from the monitoring
 22 device to the endocrinologist, ~~or~~ treating physician, **or**
 23 **treating advanced practice registered nurse** at the time of
 24 the annual medical examination.

25 A copy of the blood glucose logs shall be filed along with the
 26 annual statement from the endocrinologist, ~~or~~ treating physician,
 27 **or treating advanced practice registered nurse** with the bureau
 28 of motor vehicles for review by the driver licensing medical
 29 advisory board established under IC 9-14-11. A copy of the
 30 annual statement shall also be provided to the driver's employer
 31 for retention in the driver's qualification file, and a copy shall be
 32 retained and held by the driver while driving for presentation to
 33 an authorized federal, state, or local law enforcement official.
 34 Notwithstanding the requirements of this subdivision, the
 35 endocrinologist, the treating physician, **the treating advanced**
 36 **practice registered nurse**, the advisory board of the bureau of
 37 motor vehicles, or the bureau of motor vehicles may, where
 38 medical indications warrant, establish a short period for the
 39 medical examinations required under this subdivision.

40 (2) Subpart 396.9 as it applies to inspection of vehicles carrying
 41 or loaded with a perishable product. However, this exemption
 42 does not prohibit a law enforcement officer from stopping these



vehicles for an obvious violation that poses an imminent threat of an accident or incident. The exemption is not intended to include refrigerated vehicles loaded with perishables when the refrigeration unit is working.

(3) Subpart 396.11 as it applies to driver vehicle inspection reports.

(4) Subpart 396.13 as it applies to driver inspection.

(h) For purposes of 49 CFR 395.1(k)(2), "planting and harvesting season" refers to the period between January 1 and December 31 of each year. The intrastate commerce exception set forth in 49 CFR 395.1(k), as it applies to the transportation of agricultural commodities and farm supplies, is restricted to single vehicles and cargo tank motor vehicles with a capacity of not more than five thousand four hundred (5,400) gallons.

(i) The requirements of 49 CFR 390.21 do not apply to an intrastate motor carrier or a guest operator not engaged in interstate commerce and operating a motor vehicle as a farm vehicle in connection with agricultural pursuits usual and normal to the user's farming operation or for personal purposes unless the vehicle is operated either part time or incidentally in the conduct of a commercial enterprise.

(j) This section does not apply to private carriers that operate using only the type of motor vehicles specified in IC 8-2.1-24-3(6).

(k) The superintendent of state police may adopt rules under IC 4-22-2 governing the parts and subparts of 49 CFR incorporated by reference under this section.

SECTION 3. IC 9-24-2-3, AS AMENDED BY P.L.198-2016, SECTION 424, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. (a) The bureau may not issue a driver's license or learner's permit or grant driving privileges to the following individuals:

(1) An individual whose driving privileges have been suspended, during the period for which the driving privileges are suspended, or to an individual whose driver's license has been revoked, until the time the bureau is authorized under Indiana law to issue the individual a new driver's license.

(2) An individual whose learner's permit has been suspended or revoked until the time the bureau is authorized under Indiana law to issue the individual a new learner's permit.

(3) An individual who, in the opinion of the bureau, is afflicted with or suffering from a physical or mental disability or disease that prevents the individual from exercising reasonable and ordinary control over a motor vehicle while operating the motor



vehicle on a highway.

(4) An individual who is unable to understand highway warnings or direction signs written in the English language.

(5) An individual who is required under this article to take an examination unless:

(A) the individual successfully passes the examination; or

(B) the bureau waives the examination requirement.

(6) An individual who is required under IC 9-25 or any other statute to deposit or provide proof of financial responsibility and who has not deposited or provided that proof.

(7) An individual when the bureau has good cause to believe that the operation of a motor vehicle on a highway by the individual would be inimical to public safety or welfare.

(8) An individual who is the subject of an order issued by:

(A) a court under IC 31-16-12-7 (or IC 31-1-11.5-13, IC 31-6-6.1-16, or IC 31-14-12-4 before their repeal); or

(B) the Title IV-D agency;

ordering that a driver's license or permit not be issued to the individual.

(9) An individual who has not presented valid documentary evidence to the bureau of the individual's legal status in the United States, as required by IC 9-24-9-2.5.

(10) An individual who does not otherwise satisfy the requirements of this article.

(b) An individual subject to epileptic seizures may not be denied a driver's license or permit under this section if the individual presents a statement from a licensed physician **or an advanced practice registered nurse**, on a form prescribed by the bureau, that the individual is under medication and is free from seizures while under medication.

SECTION 4. IC 12-17.2-3.5-5, AS AMENDED BY P.L.25-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) A provider shall have:

(1) working smoke detectors that meet the standards adopted by rule for smoke detectors in licensed child care homes; and

(2) hot and cold running water;

in the area of the facility where the provider operates a child care program.

(b) A provider shall do all of the following:

(1) Meet sanitation standards for bathrooms and handwashing, as established by the division.

(2) If the county, city, or town in which the facility where the



provider operates a child care program is located:

(A) requires a business permit or license to operate a child care home in the county, city, or town, provide to the division proof that the provider has a valid business permit or license; or

(B) does not require a business permit or license described in clause (A), provide to the division a statement from the county, city, or town that a business permit or license is not required.

(c) ~~Beginning July 1, 2015,~~ A provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following:

(1) Safe conditions in the facility and on the grounds.

(2) Safety of motor vehicles used to transport children.

(d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall:

(1) file with the division;

(2) post in a public location in the facility where the provider operates a child care program; and

(3) provide to the parent or guardian of each child in the care of the provider;

a copy of the written policy or change. The written policy required by subsection (c) is not subject to approval by the division.

(e) ~~Beginning July 1, 2015,~~ A provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including the following:

(1) Both active and quiet play. The provider may include the use of safe, age-appropriate toys, games, and equipment for indoor and outdoor play.

(2) Daily outdoor play, unless one (1) of the following applies:

(A) Severity of the weather poses a safety or health hazard.

(B) A health related reason for a child to remain indoors is documented by the child's parent, guardian, ~~or~~ physician, **or advanced practice registered nurse.**

(f) ~~Beginning July 1, 2015,~~ A provider shall make available to each child in the provider's care the following:

(1) Appropriately timed, nutritious meals and snacks in a quantity sufficient to meet the needs of the child.

(2) Drinking water at all times.

(g) The division may make available to a provider educational materials related to quality of child care, as follows:



- (1) The materials are available at no cost to the provider.
- (2) The materials are appropriate to the ages of children cared for by the provider.
- (3) The materials are current.
- (4) The materials are available electronically.
- (5) Use of the materials by the provider is voluntary.

SECTION 5. IC 12-17.2-6-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. (a) The parent or guardian of a child shall, when the child is enrolled in a child care ministry, provide the child care ministry with proof that the child has received the required immunizations against the following:

- (1) Diphtheria.
- (2) Whooping cough.
- (3) Tetanus.
- (4) Measles.
- (5) Rubella.
- (6) Poliomyelitis.
- (7) Mumps.

(b) A child enrolled in a child care ministry may not be required to undergo an immunization required under this section if the parents object for religious reasons. The objection must be:

- (1) made in writing;
- (2) signed by the child's parent or guardian; and
- (3) delivered to the child care ministry.

(c) If a physician **or an advanced practice registered nurse** certifies that a particular immunization required by this section is or may be detrimental to the child's health, the requirements of this section for that particular immunization are inapplicable to that child until the immunization is found to be no longer detrimental to the child's health.

SECTION 6. IC 16-39-4-2, AS AMENDED BY P.L.41-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) As used in this section, "primary caregiver" means an individual who provides for the physical, emotional, and social needs of another individual who cannot provide for the other individual's own needs.

(b) Upon the written request of a patient's:

- (1) spouse;
- (2) parent if:
 - (A) the patient does not have a spouse; or
 - (B) the parent is the primary caregiver to the patient;
- (3) adult child if the patient has neither a spouse nor a parent;



(4) sibling if the patient has neither a spouse, a parent, nor an adult child; or

(5) guardian, guardian ad litem, or court appointed special guardian;

who is involved in the planning, provision, and monitoring of mental health services delivered to the patient and the written consent of the treating physician **or advanced practice registered nurse** for the patient, the provider shall provide the individual described in subdivision (1), (2), (3), (4), or (5) with the information described in section 3 of this chapter.

(c) Upon the written request of the parent, guardian, or court appointed special guardian who is involved in the planning, provision, and monitoring of the mental health of a child enrolled in a school, the provider shall provide the child's school principal or school leader with information described in section 3 of this chapter without charge.

(d) A parent, guardian, guardian ad litem, or court appointed special guardian who prepares a written request under this section shall sign an authorization for the release of mental health records, as may be requested by the provider in satisfaction of any requirements under the federal Health Insurance Portability and Accountability Act (42 U.S.C. 201 et seq., as amended and including governing regulations) and state law. A provider that discloses information and records to a school principal or school leader as requested under this chapter is immune from civil, criminal, and administrative liability for the disclosure to the school principal or school leader. The authorization required by the provider may confirm the provider's immunity.

SECTION 7. IC 21-18-13-7, AS ADDED BY P.L.139-2014, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. A student athlete who has been removed from practice or play under section 6 of this chapter may not return to practice and play until the coach has received verbal permission from an athletic trainer, ~~or~~ a physician, **or an advanced practice registered nurse** that the student athlete may return to practice and play. Within twenty-four (24) hours after giving verbal permission for the student athlete to return to practice and play, the athletic trainer, ~~or~~ physician, **or advanced practice registered nurse** must provide the coach with a written statement that the student athlete has permission to return to practice and play.

SECTION 8. IC 21-38-6-1, AS AMENDED BY P.L.133-2020, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. (a) An employee health plan that provides coverage for early intervention services shall reimburse the first steps



1 program a monthly fee established by the division of disability and
 2 rehabilitative services. Except when the monthly fee is less than the
 3 product determined under IC 12-12.7-2-23(b), the monthly fee shall be
 4 provided instead of claims processing of individual claims.

5 (b) An employee health plan may not require authorization for
 6 services specified in the covered individual's individualized family
 7 service plan, if those services are a covered benefit under the plan,
 8 once the individualized family service plan is signed by a physician **or**
 9 **an advanced practice registered nurse.**

10 (c) The department of insurance shall adopt rules under IC 4-22-2
 11 to ensure compliance with this section.

12 SECTION 9. IC 21-40-1-3, AS AMENDED BY P.L.130-2017,
 13 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2021]: Sec. 3. "Certificate of immunity" means a form that
 15 meets the following requirements:

- 16 (1) Is acceptable to a state educational institution.
- 17 (2) Establishes the immunity of the certificate holder.
- 18 (3) Consists of:
 - 19 (A) a physician's **or an advanced practice registered nurse's**
 - 20 certificate, if available;
 - 21 (B) immunization records forwarded from another school or
 - 22 state educational institution;
 - 23 (C) a record maintained by the student or a parent of the
 - 24 student showing the month and year during which each dose
 - 25 of vaccine was administered;
 - 26 (D) a form developed by the department that may be used by
 - 27 state educational institutions to meet the requirements of
 - 28 IC 21-40-5; or
 - 29 (E) evidence of having met alternative criteria defined by rules
 - 30 adopted under IC 4-22-2 by the department.
- 31 ~~(4) Before July 1, 2018, includes a line to be signed by the student~~
- 32 ~~or the student's parent or guardian that indicates compliance with~~
- 33 ~~IC 21-40-5-5.~~

34 SECTION 10. IC 22-3-3-6, AS AMENDED BY P.L.1-2006,
 35 SECTION 337, IS AMENDED TO READ AS FOLLOWS
 36 [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) After an injury and during the
 37 period of claimed resulting disability or impairment, the employee, if
 38 so requested by the employee's employer or ordered by the worker's
 39 compensation board, shall submit to an examination at reasonable
 40 times and places by a duly qualified physician, **or surgeon, or**
 41 **advanced practice registered nurse** designated and paid by the
 42 employer or by order of the worker's compensation board. The



1 employee shall have the right to have present at any such examination
 2 any duly qualified physician, ~~or~~ surgeon, **or advanced practice**
 3 **registered nurse** provided and paid for by the employee. No fact
 4 communicated to, or otherwise learned by, any physician, ~~or~~ surgeon,
 5 **or advanced practice registered nurse** who may have attended or
 6 examined the employee, or who may have been present at any
 7 examination, shall be privileged, either in the hearings provided for in
 8 IC 22-3-2 through IC 22-3-6, or in any action at law brought to recover
 9 damages against any employer who is subject to the compensation
 10 provisions of IC 22-3-2 through IC 22-3-6. If the employee refuses to
 11 submit to or in any way obstructs such examinations, the employee's
 12 right to compensation and ~~his~~ **the employee's** right to take or prosecute
 13 any proceedings under IC 22-3-2 through IC 22-3-6 shall be suspended
 14 until such refusal or obstruction ceases. No compensation shall at any
 15 time be payable for the period of suspension unless in the opinion of
 16 the worker's compensation board the circumstances justified the refusal
 17 or obstruction. The employee must be served with a notice setting forth
 18 the consequences of the refusal under this subsection. The notice must
 19 be in a form prescribed by the board.

20 (b) Any employer requesting an examination of any employee
 21 residing within Indiana shall pay, in advance of the time fixed for the
 22 examination, sufficient money to defray the necessary expenses of
 23 travel by the most convenient means to and from the place of
 24 examination, and the cost of meals and lodging necessary during the
 25 travel. If the method of travel is by automobile, the mileage rate to be
 26 paid by the employer shall be the rate currently being paid by the state
 27 to its employees under the state travel policies and procedures
 28 established by the department of administration and approved by the
 29 budget agency. If such examination or travel to or from the place of
 30 examination causes any loss of working time on the part of the
 31 employee, the employer shall reimburse the employee for such loss of
 32 wages upon the basis of the employee's average daily wage. When any
 33 employee injured in Indiana moves outside Indiana, the travel expense
 34 and the cost of meals and lodging necessary during the travel payable
 35 under this section shall be paid from the point in Indiana nearest to the
 36 employee's then residence to the place of examination. No travel and
 37 other expense shall be paid for any travel and other expense required
 38 outside Indiana.

39 (c) A duly qualified physician, ~~or~~ surgeon, **or advanced practice**
 40 **registered nurse** provided and paid for by the employee may be
 41 present at an examination if the employee so desires. In all cases where
 42 the examination is made by a physician, ~~or a~~ surgeon, **or an advanced**



1 **practice registered nurse** engaged by the employer and the injured
 2 employee has no physician, ~~or~~ surgeon, **or advanced practice**
 3 **registered nurse** present at such examination, it shall be the duty of
 4 the physician, ~~or~~ surgeon, **or advanced practice registered nurse**
 5 making the examination to deliver to the injured employee, or the
 6 employee's representative, a statement in writing of the conditions
 7 evidenced by such examination. The statement shall disclose all facts
 8 that are reported by such physician, ~~or~~ surgeon, **or advanced practice**
 9 **registered nurse** to the employer. Such statement shall be furnished to
 10 the employee or the employee's representative, as soon as practicable,
 11 but not later than thirty (30) days before the time the case is set for
 12 hearing. The statement may be submitted by either party as evidence
 13 by that physician, ~~or~~ surgeon, **or advanced practice registered nurse**
 14 at a hearing before the worker's compensation board if the statement
 15 meets the requirements of subsection (e). If such physician, ~~or~~ surgeon,
 16 **or advanced practice registered nurse** fails or refuses to furnish the
 17 employee or the employee's representative with such statement thirty
 18 (30) days before the hearing, then the statement may not be submitted
 19 as evidence, and such physician, ~~or~~ surgeon, **or advanced practice**
 20 **registered nurse** shall not be permitted to testify before the worker's
 21 compensation board as to any facts learned in such examination. All of
 22 the requirements of this subsection apply to all subsequent
 23 examinations requested by the employer.

24 (d) In all cases where an examination of an employee is made by a
 25 physician, ~~or a~~ surgeon, **or an advanced practice registered nurse**
 26 engaged by the employee, and the employer has no physician, ~~or~~
 27 surgeon, **or advanced practice registered nurse** present at such
 28 examination, it shall be the duty of the physician, ~~or~~ surgeon, **or**
 29 **advanced practice registered nurse** making the examination to
 30 deliver to the employer or the employer's representative a statement in
 31 writing of the conditions evidenced by such examination. The
 32 statement shall disclose all facts that are reported by such physician, ~~or~~
 33 surgeon, **or advanced practice registered nurse** to the employee.
 34 Such statement shall be furnished to the employer or the employer's
 35 representative as soon as practicable, but not later than thirty (30) days
 36 before the time the case is set for hearing. The statement may be
 37 submitted by either party as evidence by that physician, ~~or~~ surgeon, **or**
 38 **advanced practice registered nurse** at a hearing before the worker's
 39 compensation board if the statement meets the requirements of
 40 subsection (e). If such physician, ~~or~~ surgeon, **or advanced practice**
 41 **registered nurse** fails or refuses to furnish the employer, or the
 42 employer's representative, with such statement thirty (30) days before



the hearing, then the statement may not be submitted as evidence, and such physician, ~~or~~ surgeon, **or advanced practice registered nurse** shall not be permitted to testify before the worker's compensation board as to any facts learned in such examination. All of the requirements of this subsection apply to all subsequent examinations made by a physician, ~~or a~~ surgeon, **or an advanced practice registered nurse** engaged by the employee.

(e) All statements of physicians, ~~or~~ surgeons, **or advanced practice registered nurses** required by this section, whether those engaged by employee or employer, shall contain the following information:

(1) The history of the injury, or claimed injury, as given by the patient.

(2) The diagnosis of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** concerning the patient's physical or mental condition.

(3) The opinion of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** concerning the causal relationship, if any, between the injury and the patient's physical or mental condition, including the physician's, ~~or~~ surgeon's, **or advanced practice registered nurse's** reasons for the opinion.

(4) The opinion of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** concerning whether the injury or claimed injury resulted in a disability or impairment and, if so, the opinion of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** concerning the extent of the disability or impairment and the reasons for the opinion.

(5) The original signature of the physician, ~~or~~ surgeon, **or advanced practice registered nurse**.

Notwithstanding any hearsay objection, the worker's compensation board shall admit into evidence a statement that meets the requirements of this subsection unless the statement is ruled inadmissible on other grounds.

(f) Delivery of any statement required by this section may be made to the attorney or agent of the employer or employee and such action shall be construed as delivery to the employer or employee.

(g) Any party may object to a statement on the basis that the statement does not meet the requirements of subsection (e). The objecting party must give written notice to the party providing the statement and specify the basis for the objection. Notice of the objection must be given no later than twenty (20) days before the hearing. Failure to object as provided in this subsection precludes any further objection as to the adequacy of the statement under subsection



1 (e).

2 (h) The employer upon proper application, or the worker's
3 compensation board, shall have the right in any case of death to require
4 an autopsy at the expense of the party requesting the same. If, after a
5 hearing, the worker's compensation board orders an autopsy and such
6 autopsy is refused by the surviving spouse or next of kin, then any
7 claim for compensation on account of such death shall be suspended
8 and abated during such refusal. The surviving spouse or dependent
9 must be served with a notice setting forth the consequences of the
10 refusal under this subsection. The notice must be in a form prescribed
11 by the worker's compensation board. No autopsy, except one performed
12 by or on the authority or order of the coroner in the discharge of the
13 coroner's duties, shall be held in any case by any person, without notice
14 first being given to the surviving spouse or next of kin, if they reside in
15 Indiana or their whereabouts can reasonably be ascertained, of the time
16 and place thereof, and reasonable time and opportunity given such
17 surviving spouse or next of kin to have a representative or
18 representatives present to witness same. However, if such notice is not
19 given, all evidence obtained by such autopsy shall be suppressed on
20 motion duly made to the worker's compensation board.

21 SECTION 11. IC 22-3-3-10.5, AS ADDED BY P.L.204-2018,
22 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2021]: Sec. 10.5. (a) The following must be tendered to an
24 employee not later than fifteen (15) days after the date of the
25 physician's **or advanced practice registered nurse's** statement
26 described in subdivision (2):

- 27 (1) A proposed permanent partial impairment agreement.
- 28 (2) The associated physician's **or advanced practice registered**
29 **nurse's** statement required by IC 22-3-3-6(e).
- 30 (3) The employee waiver of examination.
- 31 (4) A hand/foot chart, if necessary.

32 (b) A permanent partial impairment agreement signed by the
33 employee, along with the supporting documentation listed in subsection
34 (a), must be submitted to the worker's compensation board for approval
35 not later than fifteen (15) days after the date of receipt from the
36 employee.

37 (c) Not later than thirty (30) days after the date the worker's
38 compensation board approves the permanent partial impairment
39 agreement, one (1) of the following amounts must be paid:

- 40 (1) The first weekly installment of compensation for permanent
41 partial impairment.
- 42 (2) The lump sum, if the compensation is to be paid in a lump



1 sum amount.

2 (d) An employer that fails to comply with subsection (c) is subject
3 to a civil penalty under IC 22-3-4-15.

4 SECTION 12. IC 22-3-7-20, AS AMENDED BY P.L.99-2007,
5 SECTION 183, IS AMENDED TO READ AS FOLLOWS
6 [EFFECTIVE JULY 1, 2021]: Sec. 20. (a) After disablement and
7 during the period of claimed resulting disability or impairment, the
8 employee, if so requested by the employee's employer or ordered by the
9 worker's compensation board, shall submit to an examination at
10 reasonable times and places by a duly qualified physician, ~~or~~ surgeon,
11 **or advanced practice registered nurse** designated and paid by the
12 employer or by order of the board. The employee shall have the right
13 to have present at any such examination any duly qualified physician,
14 ~~or~~ surgeon, **or advanced practice registered nurse** provided and paid
15 for by the employee. No fact communicated to or otherwise learned by
16 any physician, ~~or~~ surgeon, **or advanced practice registered nurse**
17 who may have attended or examined the employee, or who may have
18 been present at any examination, shall be privileged either in the
19 hearings provided for in this chapter, or in any action at law brought to
20 recover damages against any employer who is subject to the
21 compensation provisions of this chapter. If the employee refuses to
22 submit to, or in any way obstructs the examinations, the employee's
23 right to compensation and right to take or prosecute any proceedings
24 under this chapter shall be suspended until the refusal or obstruction
25 ceases. No compensation shall at any time be payable for the period of
26 suspension unless in the opinion of the board, the circumstances
27 justified the refusal or obstruction. The employee must be served with
28 a notice setting forth the consequences of the refusal under this
29 subsection. The notice must be in a form prescribed by the worker's
30 compensation board.

31 (b) Any employer requesting an examination of any employee
32 residing within Indiana shall pay, in advance of the time fixed for the
33 examination, sufficient money to defray the necessary expenses of
34 travel by the most convenient means to and from the place of
35 examination, and the cost of meals and lodging necessary during the
36 travel. If the method of travel is by automobile, the mileage rate to be
37 paid by the employer shall be the rate as is then currently being paid by
38 the state to its employees under the state travel policies and procedures
39 established by the department of administration and approved by the
40 state budget agency. If the examination or travel to or from the place of
41 examination causes any loss of working time on the part of the
42 employee, the employer shall reimburse the employee for the loss of



wages upon the basis of such employee's average daily wage.

(c) When any employee injured in Indiana moves outside Indiana, the travel expense and the cost of meals and lodging necessary during the travel, payable under this section, shall be paid from the point in Indiana nearest to the employee's then residence to the place of examination. No travel and other expense shall be paid for any travel and other expense required outside Indiana.

(d) A duly qualified physician, ~~or~~ surgeon, **or advanced practice registered nurse** provided and paid for by the employee may be present at an examination, if the employee so desires. In all cases, where the examination is made by a physician, ~~or a~~ surgeon, **or an advanced practice registered nurse** engaged by the employer and the employee who has a disability or is injured has no physician, ~~or~~ surgeon, **or advanced practice registered nurse** present at the examination, it shall be the duty of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** making the examination to deliver to the injured employee, or the employee's representative, a statement in writing of the conditions evidenced by such examination. The statement shall disclose all facts that are reported by the physician, ~~or~~ surgeon, **or advanced practice registered nurse** to the employer. This statement shall be furnished to the employee or the employee's representative as soon as practicable, but not later than thirty (30) days before the time the case is set for hearing. The statement may be submitted by either party as evidence by that physician, ~~or~~ surgeon, **or advanced practice registered nurse** at a hearing before the worker's compensation board if the statement meets the requirements of subsection (f). If the physician, ~~or~~ surgeon, **or advanced practice registered nurse** fails or refuses to furnish the employee or the employee's representative with such statement thirty (30) days before the hearing, then the statement may not be submitted as evidence, and the physician, **surgeon, or advanced practice registered nurse** shall not be permitted to testify before the worker's compensation board as to any facts learned in the examination. All of the requirements of this subsection apply to all subsequent examinations requested by the employer.

(e) In all cases where an examination of an employee is made by a physician, ~~or a~~ surgeon, **or an advanced practice registered nurse** engaged by the employee, and the employer has no physician, ~~or~~ surgeon, **or advanced practice registered nurse** present at such examination, it shall be the duty of the physician, ~~or~~ surgeon, **or advanced practice registered nurse** making the examination to deliver to the employer or the employer's representative a statement in



1 writing of the conditions evidenced by such examination. The
 2 statement shall disclose all the facts that are reported by such
 3 physician, ~~or~~ surgeon, **or advanced practice registered nurse** to the
 4 employee. The statement shall be furnished to the employer or the
 5 employer's representative as soon as practicable, but not later than
 6 thirty (30) days before the time the case is set for hearing. The
 7 statement may be submitted by either party as evidence by that
 8 physician, ~~or~~ surgeon, **or advanced practice registered nurse** at a
 9 hearing before the worker's compensation board if the statement meets
 10 the requirements of subsection (f). If the physician, ~~or~~ surgeon, **or**
 11 **advanced practice registered nurse** fails or refuses to furnish the
 12 employer or the employer's representative with such statement thirty
 13 (30) days before the hearing, then the statement may not be submitted
 14 as evidence, and the physician, ~~or~~ surgeon, **or advanced practice**
 15 **registered nurse** shall not be permitted to testify before the worker's
 16 compensation board as to any facts learned in such examination. All of
 17 the requirements of this subsection apply to all subsequent
 18 examinations made by a physician, ~~or~~ surgeon, **or advanced practice**
 19 **registered nurse** engaged by the employee.

20 (f) All statements of physicians, ~~or~~ surgeons, **or advanced practice**
 21 **registered nurses** required by this section, whether those engaged by
 22 employee or employer, shall contain the following information:

23 (1) The history of the injury, or claimed injury, as given by the
 24 patient.

25 (2) The diagnosis of the physician, ~~or~~ surgeon, **or advanced**
 26 **practice registered nurse** concerning the patient's physical or
 27 mental condition.

28 (3) The opinion of the physician, ~~or~~ surgeon, **or advanced**
 29 **practice registered nurse** concerning the causal relationship, if
 30 any, between the injury and the patient's physical or mental
 31 condition, including the physician's, ~~or~~ surgeon's, **or advanced**
 32 **practice registered nurse's** reasons for the opinion.

33 (4) The opinion of the physician, ~~or~~ surgeon, **or advanced**
 34 **practice registered nurse** concerning whether the injury or
 35 claimed injury resulted in a disability or impairment and, if so, the
 36 opinion of the physician, ~~or~~ surgeon, **or advanced practice**
 37 **registered nurse** concerning the extent of the disability or
 38 impairment and the reasons for the opinion.

39 (5) The original signature of the physician, ~~or~~ surgeon, **or**
 40 **advanced practice registered nurse**.

41 Notwithstanding any hearsay objection, the worker's compensation
 42 board shall admit into evidence a statement that meets the requirements



1 of this subsection unless the statement is ruled inadmissible on other
2 grounds.

3 (g) Delivery of any statement required by this section may be made
4 to the attorney or agent of the employer or employee and such an action
5 shall be construed as delivery to the employer or employee.

6 (h) Any party may object to a statement on the basis that the
7 statement does not meet the requirements of subsection ~~(e)~~: **(f)**. The
8 objecting party must give written notice to the party providing the
9 statement and specify the basis for the objection. Notice of the
10 objection must be given no later than twenty (20) days before the
11 hearing. Failure to object as provided in this subsection precludes any
12 further objection as to the adequacy of the statement under subsection
13 (f).

14 (i) The employer upon proper application, or the worker's
15 compensation board, shall have the right in any case of death to require
16 an autopsy at the expense of the party requesting the same. If, after a
17 hearing, the board orders an autopsy and the autopsy is refused by the
18 surviving spouse or next of kin, in this event any claim for
19 compensation on account of the death shall be suspended and abated
20 during the refusal. The surviving spouse or dependent must be served
21 with a notice setting forth the consequences of the refusal under this
22 subsection. The notice must be in a form prescribed by the worker's
23 compensation board. No autopsy, except one performed by or on the
24 authority or order of the coroner in discharge of the coroner's duties,
25 shall be held in any case by any person without notice first being given
26 to the surviving spouse or next of kin, if they reside in Indiana or their
27 whereabouts can reasonably be ascertained, of the time and place
28 thereof, and reasonable time and opportunity shall be given such
29 surviving spouse or next of kin to have a representative or
30 representatives present to witness same. However, if such notice is not
31 given, all evidence obtained by the autopsy shall be suspended on
32 motion duly made to the board.

33 SECTION 13. IC 22-3-7-27, AS AMENDED BY P.L.134-2006,
34 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2021]: Sec. 27. (a) If the employer and the employee or the
36 employee's dependents disagree in regard to the compensation payable
37 under this chapter, or, if they have reached such an agreement, which
38 has been signed by them, filed with and approved by the worker's
39 compensation board, and afterward disagree as to the continuance of
40 payments under such agreement, or as to the period for which payments
41 shall be made, or as to the amount to be paid, because of a change in
42 conditions since the making of such agreement, either party may then



1 make an application to the board for the determination of the matters
2 in dispute. When compensation which is payable in accordance with an
3 award or by agreement approved by the board is ordered paid in a lump
4 sum by the board, no review shall be had as in this subsection
5 mentioned.

6 (b) The application making claim for compensation filed with the
7 worker's compensation board shall state the following:

8 (1) The approximate date of the last day of the last exposure and
9 the approximate date of the disablement.

10 (2) The general nature and character of the illness or disease
11 claimed.

12 (3) The name and address of the employer by whom employed on
13 the last day of the last exposure, and if employed by any other
14 employer after such last exposure and before disablement, the
15 name and address of such other employer or employers.

16 (4) In case of death, the date and place of death.

17 (5) Amendments to applications making claim for compensation
18 which relate to the same disablement or disablement resulting in
19 death originally claimed upon may be allowed by the board in its
20 discretion, and, in the exercise of such discretion, it may, in
21 proper cases, order a trial de novo. Such amendment shall relate
22 back to the date of the filing of the original application so
23 amended.

24 (c) Upon the filing of such application, the board shall set the date
25 of hearing, which shall be as early as practicable, and shall notify the
26 parties, in the manner prescribed by the board, of the time and place of
27 hearing. The hearing of all claims for compensation on account of
28 occupational disease shall be held in the county in which the last
29 exposure occurred or in any adjoining county, except when the parties
30 consent to a hearing elsewhere. Claims assigned to an individual board
31 member that are considered to be of an emergency nature by that board
32 member, may be heard in any county within the board member's
33 jurisdiction.

34 (d) The board by any or all of its members shall hear the parties at
35 issue, their representatives, and witnesses, and shall determine the
36 dispute in a summary manner. The award shall be filed with the record
37 of proceedings, and a copy thereof shall immediately be sent by
38 registered mail to each of the parties in dispute.

39 (e) If an application for review is made to the board within thirty
40 (30) days from the date of the award made by less than all the
41 members, the full board, if the first hearing was not held before the full
42 board, shall review the evidence, or, if deemed advisable, hear the



1 parties at issue, their representatives, and witnesses as soon as
 2 practicable, and shall make an award and file the same with the finding
 3 of the facts on which it is based and send a copy thereof to each of the
 4 parties in dispute, in like manner as specified in subsection (d).

5 (f) An award of the board by less than all of the members as
 6 provided in this section, if not reviewed as provided in this section,
 7 shall be final and conclusive. An award by the full board shall be
 8 conclusive and binding unless either party to the dispute, within thirty
 9 (30) days after receiving a copy of such award, appeals to the court of
 10 appeals under the same terms and conditions as govern appeals in
 11 ordinary civil actions. The court of appeals shall have jurisdiction to
 12 review all questions of law and of fact. The board, of its own motion,
 13 may certify questions of law to the court of appeals for its decision and
 14 determination. An assignment of errors that the award of the full board
 15 is contrary to law shall be sufficient to present both the sufficiency of
 16 the facts found to sustain the award and the sufficiency of the evidence
 17 to sustain the finding of facts. All such appeals and certified questions
 18 of law shall be submitted upon the date filed in the court of appeals,
 19 shall be advanced upon the docket of the court, and shall be determined
 20 at the earliest practicable date, without any extensions of time for filing
 21 briefs. An award of the full board affirmed on appeal, by the employer,
 22 shall be increased thereby five percent (5%), and by order of the court
 23 may be increased ten percent (10%).

24 (g) Upon order of the worker's compensation board made after five
 25 (5) days notice is given to the opposite party, any party in interest may
 26 file in the circuit or superior court of the county in which the
 27 disablement occurred a certified copy of the memorandum of
 28 agreement, approved by the board, or of an order or decision of the
 29 board, or of an award of the full board unappealed from, or of an award
 30 of the full board affirmed upon an appeal, whereupon the court shall
 31 render judgment in accordance therewith and notify the parties. Such
 32 judgment shall have the same effect and all proceedings in relation
 33 thereto shall thereafter be the same as though such judgment has been
 34 rendered in a suit duly heard and determined by the court. Any such
 35 judgment of such circuit or superior court, unappealed from or affirmed
 36 on appeal or modified in obedience to the mandate of the court of
 37 appeals, shall be modified to conform to any decision of the worker's
 38 compensation board ending, diminishing, or increasing any weekly
 39 payment under the provisions of subsection (i) upon the presentation
 40 to it of a certified copy of such decision.

41 (h) In all proceedings before the worker's compensation board or in
 42 a court under the compensation provisions of this chapter, the costs



1 shall be awarded and taxed as provided by law in ordinary civil actions
2 in the circuit court.

3 (i) The power and jurisdiction of the worker's compensation board
4 over each case shall be continuing, and, from time to time, it may, upon
5 its own motion or upon the application of either party on account of a
6 change in conditions, make such modification or change in the award
7 ending, lessening, continuing, or extending the payments previously
8 awarded, either by agreement or upon hearing, as it may deem just,
9 subject to the maximum and minimum provided for in this chapter.
10 When compensation which is payable in accordance with an award or
11 settlement contract approved by the board is ordered paid in a lump
12 sum by the board, no review shall be had as in this subsection
13 mentioned. Upon making any such change, the board shall immediately
14 send to each of the parties a copy of the modified award. No such
15 modification shall affect the previous award as to any money paid
16 thereunder. The board shall not make any such modification upon its
17 own motion, nor shall any application therefor be filed by either party
18 after the expiration of two (2) years from the last day for which
19 compensation was paid. The board may at any time correct any clerical
20 error in any finding or award.

21 (j) The board or any member thereof may, upon the application of
22 either party or upon its own motion, appoint a disinterested and duly
23 qualified physician, ~~or~~ surgeon, **or advanced practice registered**
24 **nurse** to make any necessary medical examination of the employee and
25 to testify in respect thereto. Such physician, ~~or~~ surgeon, **or advanced**
26 **practice registered nurse** shall be allowed traveling expenses and a
27 reasonable fee, to be fixed by the board. The fees and expenses of such
28 physician, ~~or~~ surgeon, **or advanced practice registered nurse** shall be
29 paid by the state only on special order of the board or a member
30 thereof.

31 (k) The board or any member thereof may, upon the application of
32 either party or upon its own motion, appoint a disinterested and duly
33 qualified industrial hygienist, industrial engineer, industrial physician,
34 or chemist to make any necessary investigation of the occupation in
35 which the employee alleges that the employee was last exposed to the
36 hazards of the occupational disease claimed upon, and testify with
37 respect to the occupational disease health hazards found by such person
38 or persons to exist in such occupation. Such person or persons shall be
39 allowed traveling expenses and a reasonable fee, to be fixed by the
40 board. The fees and expenses of such persons shall be paid by the state,
41 only on special order of the board or a member thereof.

42 (l) Whenever any claimant misconceives the claimant's remedy and



1 files an application for adjustment of a claim under IC 22-3-2 through
 2 IC 22-3-6 and it is subsequently discovered, at any time before the final
 3 disposition of such cause, that the claim for injury or death which was
 4 the basis for such application should properly have been made under
 5 the provisions of this chapter, then the application so filed under
 6 IC 22-3-2 through IC 22-3-6 may be amended in form or substance or
 7 both to assert a claim for such disability or death under the provisions
 8 of this chapter, and it shall be deemed to have been so filed as amended
 9 on the date of the original filing thereof, and such compensation may
 10 be awarded as is warranted by the whole evidence pursuant to the
 11 provisions of this chapter. When such amendment is submitted, further
 12 or additional evidence may be heard by the worker's compensation
 13 board when deemed necessary. Nothing in this section contained shall
 14 be construed to be or permit a waiver of any of the provisions of this
 15 chapter with reference to notice or time for filing a claim, but notice of
 16 filing of a claim, if given or done, shall be deemed to be a notice or
 17 filing of a claim under the provisions of this chapter if given or done
 18 within the time required in this chapter.

19 SECTION 14. IC 22-15-5-15 IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 15. (a) This section
 21 does not apply to a licensed elevator contractor that is not an
 22 individual.

23 (b) To renew a license issued under this licensing program, the
 24 license holder must satisfy the continuing education requirement and
 25 submit a proof of completion of training to the department.

26 (c) The continuing education requirement is at least eight (8) hours
 27 of instruction that must be attended and completed within one (1) year
 28 before a license renewal.

29 (d) The continuing education courses designed to ensure the
 30 continuing education of an individual holding a license regarding new
 31 and existing provisions of the rules of the commission may include:

- 32 (1) programs sponsored by the commission;
- 33 (2) trade association seminars;
- 34 (3) labor training programs; or
- 35 (4) joint labor management apprenticeship and journeyman
 36 upgrade training programs.

37 For an individual's completion of a continuing education course to
 38 satisfy the individual's continuing education requirement under this
 39 chapter, the continuing education provider, instructor and the
 40 curriculum must have been approved by the department.

41 (e) All instructors of continuing education courses must be approved
 42 by the department. If an instructor is approved by the department, has



1 worked as an instructor teaching a curriculum approved by the
 2 department at any time within the year preceding the expiration date of
 3 the license, and submits proof of this work to the department, the
 4 instructor is exempt from the requirements of subsection (c).

5 (f) Continuing education providers shall keep uniform records of
 6 attendance at approved continuing education courses for at least ten
 7 (10) years on forms designed and distributed by the department.

8 (g) A license holder who is unable to complete the continuing
 9 education required under this chapter before the expiration of the
 10 individual's license due to temporary physical or mental disability may
 11 apply for a waiver from the department in accordance with the
 12 following:

13 (1) A waiver application must be submitted to the department on
 14 a form established by the department.

15 (2) A waiver application must be signed and accompanied by an
 16 affidavit signed by the physician **or advanced practice**
 17 **registered nurse** of the applicant attesting to the applicant's
 18 temporary disability.

19 (h) After the cessation of the temporary disability, the applicant
 20 must submit to the department a certification from the same physician
 21 **or advanced practice registered nurse**, if the physician **or advanced**
 22 **practice registered nurse** is still the treating physician **or advanced**
 23 **practice registered nurse** of the applicant, or from a subsequent
 24 treating physician **or advanced practice registered nurse** attesting to
 25 the termination of the temporary disability.

26 (i) Upon the submission of the certification under subsection (h), the
 27 department shall issue a temporary waiver of the continuing education
 28 requirement. A temporary waiver is valid for ninety (90) days after the
 29 date of issue and allows the individual to work as an elevator
 30 contractor, elevator inspector, or elevator mechanic without the
 31 completion of the continuing education requirement for ninety (90)
 32 days.

33 (j) A temporary waiver of the continuing education requirement may
 34 not be renewed.

35 SECTION 15. IC 25-26-13-31.2, AS AMENDED BY P.L.202-2017,
 36 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2021]: Sec. 31.2. (a) A pharmacist may administer an
 38 immunization to an individual under a drug order or prescription.

39 (b) Subject to subsection (c), a pharmacist may administer
 40 immunizations for the following to a group of individuals under a drug
 41 order, under a prescription, or according to a protocol approved by a
 42 physician **or an advanced practice registered nurse**:



- (1) Influenza.
- (2) Shingles (herpes zoster).
- (3) Pneumonia.
- (4) Tetanus, diphtheria, and acellular pertussis (whooping cough).
- (5) Human papillomavirus (HPV) infection.
- (6) Meningitis.
- (7) Measles, mumps, and rubella.
- (8) Varicella.
- (9) Hepatitis A.
- (10) Hepatitis B.
- (11) Haemophilus influenzae type b (Hib).

(c) A pharmacist may administer an immunization under subsection (b) if the following requirements are met:

- (1) The physician **or advanced practice registered nurse** specifies in the drug order, prescription, or protocol the group of individuals to whom the immunization may be administered.
- (2) The physician **or advanced practice registered nurse** who writes the drug order, prescription, or protocol is licensed and actively practicing with a medical office in Indiana and not employed by a pharmacy.
- (3) The pharmacist who administers the immunization is responsible for notifying, not later than fourteen (14) days after the pharmacist administers the immunization, the physician **or advanced practice registered nurse** who authorized the immunization and the individual's primary care physician that the individual received the immunization.
- (4) If the physician **or advanced practice registered nurse** uses a protocol, the protocol may apply only to an individual or group of individuals who:
 - (A) except as provided in clause (B), are at least eleven (11) years of age; or
 - (B) for the pneumonia immunization under subsection (b)(3), are at least fifty (50) years of age.
- (5) Before administering an immunization to an individual according to a protocol approved by a physician **or an advanced practice registered nurse**, the pharmacist must receive the consent of one (1) of the following:
 - (A) If the individual to whom the immunization is to be administered is at least eleven (11) years of age but less than eighteen (18) years of age, the parent or legal guardian of the individual.
 - (B) If the individual to whom the immunization is to be



administered is at least eighteen (18) years of age but has a legal guardian, the legal guardian of the individual.

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has no legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization.

(d) If the state department of health or the department of homeland security determines that an emergency exists, subject to IC 16-41-9-1.7(a)(2), a pharmacist may administer any immunization in accordance with:

- (1) the requirements of subsection (c)(1) through (c)(3); and
- (2) any instructions in the emergency determination.

(e) A pharmacist or pharmacist's designee shall provide immunization data to the immunization data registry (IC 16-38-5) in a manner prescribed by the state department of health unless:

- (1) the individual receiving the immunization;
- (2) the parent of the individual receiving the immunization, if the individual receiving the immunization is less than eighteen (18) years of age; or
- (3) the legal guardian of the individual receiving the immunization, if a legal guardian has been appointed;

has completed and filed with the pharmacist or pharmacist's designee a written immunization data exemption form, as provided in IC 16-38-5-2.

(f) If an immunization is administered under a protocol, then the name, license number, and contact information of the physician **or advanced practice registered nurse** who wrote the protocol must be posted in the location where the immunization is administered. A copy of the protocol must be available for inspection by the individual receiving the immunization.

(g) A pharmacist may administer an immunization that is provided according to a standing order, prescription, or protocol issued under this section or IC 16-19-4-11 by the state health commissioner or the commissioner's designated public health authority who is a licensed prescriber. If a pharmacist has received a protocol to administer an immunization from a physician **or an advanced practice registered nurse** and that specific immunization is covered by a standing order, prescription, or protocol issued by the state health commissioner or the commissioner's designated public health authority, the pharmacist must administer the immunization according to the standing order, prescription, or protocol issued by the state health commissioner or the



commissioner's designated public health authority.

SECTION 16. IC 25-26-13-31.5, AS AMENDED BY P.L.129-2018, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 31.5. (a) Subject to rules adopted under subsection (c), a pharmacist intern or a pharmacist student may administer an immunization to an individual under a drug order or prescription.

(b) Subject to rules adopted under subsection (c), a pharmacist intern or a pharmacist student may administer an immunization to an individual or a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician **or an advanced practice registered nurse.**

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

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

SECTION 17. IC 25-26-16-0.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 0.5. The definitions set forth in IC 25-26-13-2 apply to this chapter.**

SECTION 18. IC 25-26-16-1, AS AMENDED BY P.L.202-2017, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of: ~~or~~

- (1) ~~a~~ hospital listed in IC 16-18-2-161(a)(1);
- (2) ~~a~~ physician licensed under IC 25-22.5; ~~or~~
- (3) ~~physician~~ ~~a~~ group practice; ~~or~~
- (4) **an advanced practice registered nurse;**

concerning the adjustment of a patient's drug regimen by a pharmacist.

SECTION 19. IC 25-26-16-3.5, AS AMENDED BY P.L.202-2017, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3.5. (a) This section does not apply to a protocol adopted in a hospital.

(b) Upon authorization of a physician, ~~or physician~~ ~~a~~ group practice, **or an advanced practice registered nurse** that has adopted a protocol under this chapter, the following apply:



(1) The physician **or advanced practice registered nurse** shall signify in writing or by means of electronic transmission whether the protocol applies in the care and treatment of the patient or a group of patients, at the discretion of the physician, ~~or physician~~ group practice, **or advanced practice registered nurse**.

(2) A pharmacist may adjust the drug therapy regimen of the patient or group of patients under the authorization of the physician **or advanced practice registered nurse**, including issuing new prescriptions in writing, by electronic transmission, or by other means allowed by law.

(3) The pharmacist shall review the appropriate medical records of the patient to determine whether the physician **or advanced practice registered nurse** has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen.

(c) The physician, ~~or physician~~ group practice, **or advanced practice registered nurse** that has adopted a protocol under this chapter:

(1) shall take appropriate actions to assure that the pharmacist has the appropriate training to administer the protocol; and

(2) may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

(d) A ~~physician~~ group practice that has adopted a protocol under this chapter shall designate a physician **or an advanced practice registered nurse** administrator who may adopt a protocol on behalf of the ~~physician~~ group practice for authorization by individual physicians **or advanced practice registered nurses**.

SECTION 20. IC 25-26-16-4, AS AMENDED BY P.L.1-2009, SECTION 144, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) This section applies to a pharmacist who is practicing in a hospital:

(1) that is listed in IC 16-18-2-161(a)(1); and

(2) in which the pharmacist is supervised by a physician **or an advanced practice registered nurse** as required under the protocols of the facility that are developed by health care professionals, including physicians, pharmacists, and registered nurses.

(b) The protocols developed under this chapter must at a minimum require that the medical records of the patient are available to both the patient's practitioner and the pharmacist and that the procedures performed by the pharmacist relate to a condition for which the patient has first seen a physician or other licensed practitioner.

SECTION 21. IC 25-26-16-4.5, AS AMENDED BY P.L.129-2018,



SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4.5. (a) This section does not apply to a pharmacist who is practicing in a hospital.

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

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

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

(c) This section applies to a pharmacist who:

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

(d) The protocols developed under this chapter:

- (1) must be agreed upon by:
 - (A) the physician, **the advanced practice registered nurse**, or the physician administrator described in section 3.5(d) of this chapter; and
 - (B) the pharmacist;
- (2) must, at a minimum, require that:
 - (A) the medical records of the patient are available to both the patient's physician **or advanced practice registered nurse** and the pharmacist; and
 - (B) the procedures performed by the pharmacist relate to a condition for which the patient has first seen the physician, **advanced practice registered nurse**, or another licensed practitioner; and

(3) may apply to a single patient or group of patients, as specified by the physician **or advanced practice registered nurse**.

SECTION 22. IC 25-26-16-5, AS AMENDED BY P.L.197-2011, SECTION 114, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the



1 protocol.

2 (b) If a physician **or an advanced practice registered nurse** elects
3 to implement, revise, or renew a protocol in a setting other than a
4 hospital or private mental health institution, the physician **or advanced**
5 **practice registered nurse** shall consult with a pharmacist. However,
6 the physician **or advanced practice registered nurse** is the ultimate
7 authority regarding the terms, implementation, revision, and renewal
8 of the protocol.

9 SECTION 23. IC 25-26-16-7, AS AMENDED BY P.L.202-2017,
10 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2021]: Sec. 7. A protocol of a health care facility, ~~a physician,~~
12 ~~or physician~~ **a group practice, or an advanced practice registered**
13 **nurse** that is developed under this chapter must be reviewed at least
14 annually.

15 SECTION 24. IC 25-26-16.5-2 IS AMENDED TO READ AS
16 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) As used in this
17 chapter, "attending ~~physician~~ **practitioner**" means:

- 18 (1) a physician licensed under IC 25-22.5; **or**
19 (2) **an advanced practice registered nurse licensed under**
20 **IC 25-23;**

21 who is responsible for the ongoing health care of an individual who
22 resides in a health facility.

23 (b) The medical director of a health facility to which the individual
24 is admitted may not serve as the individual's attending ~~physician~~
25 **practitioner** unless the medical director meets the requirements set
26 forth in subsection (a).

27 SECTION 25. IC 25-26-16.5-6 IS AMENDED TO READ AS
28 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. At the time an
29 individual is admitted to a health facility that has adopted a protocol
30 under this chapter, the individual's attending ~~physician~~ **practitioner**
31 shall signify in writing in the form and manner prescribed by the health
32 facility whether the protocol applies in the care and treatment of the
33 individual.

34 SECTION 26. IC 25-26-16.5-7 IS AMENDED TO READ AS
35 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. (a) A pharmacist
36 may adjust the drug therapy regimen of the individual under:

- 37 (1) the written authorization of the individual's attending
38 ~~physician~~ **practitioner** under section 6 of this chapter;
39 (2) the health facility's protocols; and
40 (3) this chapter.

41 (b) The pharmacist shall review the appropriate medical records of
42 the individual to determine whether the attending ~~physician~~



practitioner has authorized the use of a specific protocol before the pharmacist adjusts the individual's drug therapy regimen.

(c) Notwithstanding subsection (a), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the attending ~~physician~~ **practitioner** to receive approval to begin the protocol. The pharmacist shall document the authorization of the attending ~~physician~~ **practitioner** to use the protocol immediately in the individual's medical record.

SECTION 27. IC 25-26-16.5-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 9. Except for the addition or deletion of authorized physicians, **advanced practice registered nurses**, and pharmacists, a modification to a written protocol requires the initiation of a new protocol.

SECTION 28. IC 25-26-16.5-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 10. (a) A protocol of a health facility developed under this chapter must be:

- (1) based on clinical considerations; and
- (2) reviewed by the health facility's drug regimen committee at least quarterly.

(b) A protocol of a health facility developed under this chapter may not:

- (1) prohibit the attending ~~physician~~ **practitioner** from approving only specific parts of a protocol; or
- (2) provide for an adjustment to an individual's drug regimen for the sole purpose of achieving a higher reimbursement for the substituted drug therapy than what would have been received for the original drug therapy ordered by the attending ~~physician~~ **practitioner**.

SECTION 29. IC 25-26-16.5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. A protocol developed under this chapter must include the following:

- (1) The identification of:
 - (A) the individual whose drug regimen may be adjusted;
 - (B) the attending ~~physician~~ **practitioner** who is delegating the authority to adjust an individual's drug regimen; and
 - (C) the pharmacist who is authorized to adjust the individual's drug regimen.
- (2) The attending ~~physician's~~ **practitioner's** diagnosis of the individual's:
 - (A) condition; or
 - (B) disease state;
 whose drug regimen may be adjusted.



(3) A statement regarding:

(A) the types and:

(i) categories; or

(ii) therapeutic classifications;

of medication, including the specific therapeutic alternatives that may be substituted for a drug prescribed by a physician **or an advanced practice registered nurse;**

(B) the minimum and maximum dosage levels within the types and:

(i) categories; or

(ii) therapeutic classifications;

of medications described in clause (A);

(C) the dosage forms;

(D) the frequency of administration;

(E) the route of administration;

(F) the duration of the administration of the drug regimen and any adjustment to the drug regimen; and

(G) exceptions to the application of the drug regimen or the adjustment to the drug regimen;

for which the pharmacist may adjust the individual's drug regimen.

(4) A requirement that:

(A) the individual's medical records be available to both the individual's attending ~~physician~~ **practitioner** and the pharmacist; and

(B) the procedures performed by the pharmacist relate to a disease or condition for which the patient has been under the attending ~~physician's~~ **practitioner's** medical care.

SECTION 30. IC 25-26-16.5-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 13. If a protocol developed under this chapter allows a pharmacist to substitute a therapeutic alternative for the drug prescribed by the individual's attending ~~physician~~, **practitioner**, the attending ~~physician's~~ **practitioner's** authorization of the substitution is valid only for the duration of the prescription or drug order.

SECTION 31. IC 25-26-16.5-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 14. This chapter does not allow a pharmacist to substitute a therapeutic alternative for the drug prescribed by the individual's attending ~~physician~~ **practitioner** unless the substitution is authorized by the attending ~~physician~~ **practitioner** under a valid protocol under this chapter.

SECTION 32. IC 25-26-16.5-15 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 15. The individual's
 2 attending ~~physician~~ **practitioner**:

3 (1) shall review a protocol approved and implemented for a
 4 patient of the ~~physician~~ **practitioner** at the ~~physician's~~
 5 **practitioner's** next visit to the health facility, and at each
 6 subsequent visit of the ~~physician~~ **practitioner** to the health
 7 facility; and

8 (2) may at any time modify or cancel a protocol by entering the
 9 modification or cancellation in the individual's medical record.

10 SECTION 33. IC 25-26-16.5-16 IS AMENDED TO READ AS
 11 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) Documentation
 12 of protocols must be maintained in a current, consistent, and readily
 13 retrievable manner.

14 (b) After making an adjustment to an individual's drug regimen, the
 15 pharmacist shall immediately document the adjustment in the patient's
 16 medical record.

17 (c) The pharmacist shall notify the individual's attending ~~physician~~
 18 **practitioner** of an adjustment at least one (1) business day before the
 19 adjustment is made.

20 SECTION 34. IC 25-26-16.5-17 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 17. (a) This chapter
 22 does not modify the requirements of other statutes relating to the
 23 confidentiality of medical records.

24 (b) This chapter does not make any other licensed health care
 25 provider or pharmaceutical manufacturer liable for the actions of a
 26 pharmacist carried out under this section.

27 (c) A physician **or advanced practice registered nurse** who
 28 approves the use of a protocol under this chapter and a pharmacist who
 29 adjusts a drug regimen of a patient pursuant to a protocol under this
 30 chapter do not violate IC 25-22.5-1-2(d).

31 SECTION 35. IC 25-27-1-2, AS AMENDED BY P.L.160-2019,
 32 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 33 JULY 1, 2021]: Sec. 2. (a) Except as otherwise provided in this
 34 chapter, it is unlawful for a person or business entity to do the
 35 following:

36 (1) Practice physical therapy without first obtaining from the
 37 board a license authorizing the person to practice physical therapy
 38 in this state.

39 (2) Profess to be or promote an employee to be a physical
 40 therapist, physiotherapist, doctor of physiotherapy, doctor of
 41 physical therapy, or registered physical therapist or to use the
 42 initials "P.T.", "D.P.T.", "L.P.T.", or "R.P.T.", or any other letters,



words, abbreviations, or insignia indicating that physical therapy is provided by a physical therapist, unless physical therapy is provided by or under the direction of a physical therapist.

(3) Advertise services for physical therapy or physiotherapy services, unless the individual performing those services is a physical therapist.

(b) Except as provided in section 2.5 of this chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, podiatrist, psychologist, chiropractor, dentist, ~~nurse practitioner~~, **advanced practice registered nurse**, or physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist assistant except as provided under this chapter. For the purposes of this subsection, the function of:

- (1) teaching;
- (2) doing research;
- (3) providing advisory services; or
- (4) conducting seminars on physical therapy;

is not considered to be a practice of physical therapy.

(c) Except as otherwise provided in this chapter, it is unlawful for a person to profess to be or act as a physical therapist assistant or to use the initials "P.T.A." or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist assistant. It is unlawful for the person to act as a physical therapist assistant other than under the general supervision of a licensed physical therapist who is in responsible charge of a patient. However, nothing in this chapter prohibits a person licensed or registered in this state under another law from engaging in the practice for which the person is licensed or registered. These exempted persons include persons engaged in the practice of osteopathic medicine, chiropractic, or podiatric medicine.

(d) Except as provided in section 2.5 of this chapter, this chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist assistant to:

- (1) evaluate any physical disability or mental disorder except upon the order or referral of a physician, a podiatrist, a psychologist, a chiropractor, a physician assistant, ~~nurse practitioner~~, **an advanced practice registered nurse**, or a dentist;
- (2) practice medicine, surgery (as described in



IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic medicine, psychology, chiropractic, or podiatric medicine; or
 (3) prescribe a drug or other remedial substance used in medicine.

SECTION 36. IC 25-34.5-1-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. "Practice of respiratory care" means the allied health specialty designed to aid the supervising physician, ~~or osteopath,~~ **or advanced practice registered nurse** in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes the following:

(1) Administration of pharmacological, diagnostic, and therapeutic aids related to the implementation of a treatment, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by and under the direct supervision of a physician licensed under IC 25-22.5 **or an advanced practice registered nurse licensed under IC 25-23** as follows:

(A) Administration of medical gases (except for the purpose of anesthesia), aerosols, and humidification.

(B) Environmental control mechanisms and hyperbaric therapy.

(C) Mechanical or physiological ventilatory support.

(D) Bronchopulmonary hygiene.

(E) Cardiopulmonary resuscitation.

(F) Maintenance of the natural airway.

(G) Insertion and maintenance of artificial airways.

(H) Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures, and flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions, and pulmonary function testing.

(I) Utilization of hemodynamic and other related physiologic measurements to assess the status of the cardiopulmonary system.

(2) Transcription and implementation of the written or verbal orders of a physician **or an advanced practice registered nurse**.

(3) Observing and monitoring signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether the signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics.



(4) Observing and referring based on abnormalities, protocols, or changes in treatment.

(5) Repairing equipment used in the practice of respiratory care.

SECTION 37. IC 25-34.5-2-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. The board shall adopt rules under IC 4-22-2 establishing:

(1) standards for the competent practice of respiratory care under the direct supervision of a physician licensed under IC 25-22.5 **or an advanced practice registered nurse licensed under IC 25-23**, including a designation of tasks;

(2) fees for the administration of this article; and

(3) standards for the administration of this article;

after considering rules proposed by the committee.

SECTION 38. IC 27-8-27-6, AS AMENDED BY P.L.133-2020, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) A health insurance plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.

(b) A health insurance plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse**.

(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

