



March 15, 2019

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# ENGROSSED SENATE BILL No. 176

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DIGEST OF SB 176 (Updated March 13, 2019 5:49 pm - DI 77)

**Citations Affected:** IC 16-41; IC 16-42; IC 20-34; IC 21-44.5; IC 25-1; IC 25-22.5; IC 25-23; IC 25-24; IC 25-26; IC 25-27.5; noncode.

**Synopsis:** Prescriptions. Allows certain prescriptions to be transmitted electronically. Requires dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists to issue a prescription for a controlled substance in an electronic format  
(Continued next page)

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

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**Grooms, Garten, Houchin, Glick,  
Randolph Lonnie M, Walker**  
(HOUSE SPONSORS — DAVISSON, CLERE, ENGLEMAN)

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January 3, 2019, read first time and referred to Committee on Health and Provider Services.  
January 16, 2019, reported favorably — Do Pass.  
January 22, 2019, read second time, ordered engrossed.  
January 24, 2019, read third time, passed. Yeas 48, nays 0.  
HOUSE ACTION  
February 26, 2019, read first time and referred to Committee on Public Health.  
March 14, 2019, amended, reported — Do Pass.

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ES 176—LS 6444/DI 104



## Digest Continued

and by electronic transmission after December 31, 2020. Provides exceptions to issuing an electronically transmitted prescription for a controlled substance. Requires the Indiana board of pharmacy to adopt rules concerning electronically transmitted prescriptions for controlled substances. Provides that dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists are subject to disciplinary action for violating these provisions. Requires a pharmacy to transfer, upon the request of a patient, a prescription for the patient that the pharmacy has received but not filled to another pharmacy. Sets forth exceptions. Urges the legislative council to assign to an appropriate interim study committee the task of studying: (1) the advantages, disadvantages, and feasibility of requiring health care providers to issue prescriptions in an electronic format and by electronic transmission; and (2) any exceptions that would be needed to a requirement for health care providers to issue prescriptions in an electronic format and by electronic transmission. Makes conforming changes.

**ES 176—LS 6444/DI 104**



March 15, 2019

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

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

## ENGROSSED SENATE BILL No. 176

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

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

- 1 SECTION 1. IC 16-41-43-3, AS ADDED BY P.L.59-2015,  
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2019]: Sec. 3. (a) An entity may fill a prescription for  
4 auto-injectable epinephrine and store the auto-injectable epinephrine  
5 on the premises of the entity if a health care provider who is licensed  
6 in Indiana and whose scope of practice includes the prescribing of  
7 medication writes **or electronically transmits** the prescription for  
8 auto-injectable epinephrine for the entity.  
9 (b) The entity shall store the auto-injectable epinephrine in a safe  
10 location in which only the entity's personnel or agents have access.  
11 SECTION 2. IC 16-41-43-5, AS ADDED BY P.L.59-2015,  
12 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
13 JULY 1, 2019]: Sec. 5. (a) A health care provider who is licensed in  
14 Indiana and whose scope of practice includes the prescribing of  
15 medication may write **or electronically transmit** a prescription, drug  
16 order, or protocol for auto-injectable epinephrine for the entity.  
17 (b) A pharmacist licensed under IC 25-26 may dispense a valid

ES 176—LS 6444/DI 104



1 prescription, drug order, or protocol for auto-injectable epinephrine  
2 issued in the name of an entity.

3 SECTION 3. IC 16-41-43-6, AS ADDED BY P.L.59-2015,  
4 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
5 JULY 1, 2019]: Sec. 6. (a) A nurse employed by an entity or an  
6 employee of the entity who administers auto-injectable epinephrine in  
7 accordance with the manufacturer's guidelines and with this chapter is  
8 not liable for civil damages resulting from the administration of  
9 auto-injectable epinephrine under this chapter unless the act or  
10 omission constitutes gross negligence or willful or wanton misconduct.

11 (b) A licensed health care provider who:

12 (1) writes a prescription, drug order, or protocol under this  
13 chapter; ~~or~~

14 **(2) transmits in an electronic format a prescription, drug  
15 order, or protocol for an electronically transmitted  
16 prescription under this chapter; or**

17 ~~(2)~~ **(3)** provides training to an entity's personnel under this  
18 chapter;

19 is not liable for civil damages resulting from the administration of  
20 auto-injectable epinephrine under this chapter.

21 SECTION 4. IC 16-42-19-7, AS AMENDED BY P.L.204-2005,  
22 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
23 JULY 1, 2019]: Sec. 7. As used in this chapter, "prescription" means:

24 (1) a written order to or for an ultimate user for a drug or device  
25 containing the name and address of the patient, the name and  
26 strength or size of the drug or device, the amount to be dispensed,  
27 adequate directions for the proper use of the drug or device by the  
28 patient, and the name of the practitioner, issued and signed by a  
29 practitioner; or

30 (2) an order transmitted by other means of communication from  
31 a practitioner that is:

32 (A) immediately reduced to writing by the pharmacist or  
33 pharmacist intern (as defined in IC 25-26-13-2); or

34 (B) for an electronically transmitted prescription:

35 (i) has the electronic signature of the practitioner; ~~and~~

36 (ii) is recorded by the pharmacist in an electronic format;

37 **and**

38 **(iii) is issued in accordance with IC 25-1-9.3.**

39 SECTION 5. IC 20-34-4.5-3, AS AMENDED BY P.L.117-2017,  
40 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
41 JULY 1, 2019]: Sec. 3. (a) A health care provider who is licensed in  
42 Indiana and whose scope of practice includes the prescribing of



1 medication may:

2 **(1) write; or**

3 **(2) transmit in an electronic format for an electronically**  
 4 **transmitted prescription;**

5 a prescription, drug order, or protocol for an emergency medication for  
 6 a school or school corporation.

7 (b) A pharmacist licensed under IC 25-26 may dispense a valid  
 8 prescription, drug order, or protocol for an emergency medication  
 9 issued in the name of a school or school corporation.

10 SECTION 6. IC 20-34-4.5-4, AS AMENDED BY P.L.117-2017,  
 11 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2019]: Sec. 4. (a) A school nurse or school employee who  
 13 administers an emergency stock medication in accordance with the  
 14 manufacturer's guidelines and with this chapter is not liable for civil  
 15 damages resulting from the administration of the emergency stock  
 16 medication under this chapter unless the act or omission constitutes  
 17 gross negligence or willful or wanton misconduct.

18 (b) A health care provider described in section 3 of this chapter  
 19 who:

20 **(1) writes; or**

21 **(2) transmits in an electronic format for an electronically**  
 22 **transmitted prescription;**

23 a prescription, drug order, or protocol under this chapter is not liable  
 24 for civil damages resulting from the administration of an emergency  
 25 stock medication under this chapter.

26 (c) A health care provider described in section 2(b)(1) of this  
 27 chapter who provides training to school employees under this chapter  
 28 is not liable for civil damages resulting from the administration of an  
 29 emergency stock medication.

30 SECTION 7. IC 21-44.5-2-5, AS ADDED BY P.L.45-2014,  
 31 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 32 JULY 1, 2019]: Sec. 5. (a) A postsecondary educational institution may  
 33 fill a prescription for auto-injectable epinephrine and store the  
 34 auto-injectable epinephrine on the campus if a health care provider  
 35 who is licensed in Indiana and whose scope of practice includes the  
 36 prescribing of medication:

37 **(1) writes; or**

38 **(2) transmits in an electronic format for an electronically**  
 39 **transmitted prescription;**

40 the prescription for auto-injectable epinephrine for the postsecondary  
 41 educational institution.

42 (b) The postsecondary educational institution shall store the



1 auto-injectable epinephrine in a safe location in which only  
2 postsecondary educational institution personnel have access.

3 (c) A health care provider who is licensed in Indiana and whose  
4 scope of practice includes the prescribing of medication may:

5 (1) write; or

6 (2) **transmit in an electronic format for an electronically**  
7 **transmitted prescription;**

8 a prescription, drug order, or protocol for auto-injectable epinephrine  
9 for the postsecondary educational institution.

10 (d) A pharmacist licensed under IC 25-26 may dispense a valid  
11 prescription, drug order, or protocol for auto-injectable epinephrine  
12 issued in the name of a postsecondary educational institution.

13 SECTION 8. IC 21-44.5-2-6, AS ADDED BY P.L.45-2014,  
14 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
15 JULY 1, 2019]: Sec. 6. (a) A licensed campus medical professional  
16 who acts in accordance with this chapter is not liable for civil damages  
17 for any act or omission committed in accordance with this chapter  
18 unless the act or omission constitutes gross negligence or willful or  
19 wanton misconduct.

20 (b) A trained designee who administers auto-injectable epinephrine  
21 in accordance with this chapter is not liable for civil damages resulting  
22 from the administration of auto-injectable epinephrine under this  
23 chapter unless the act or omission constitutes gross negligence or  
24 willful or wanton misconduct.

25 (c) A licensed health care provider who:

26 (1) writes; or

27 (2) **transmits in an electronic format for an electronically**  
28 **transmitted prescription;**

29 a prescription, drug order, or protocol under this chapter is not liable  
30 for civil damages resulting from the administration of auto-injectable  
31 epinephrine under this chapter unless the act or omission constitutes  
32 gross negligence or willful or wanton misconduct.

33 SECTION 9. IC 25-1-9.3 IS ADDED TO THE INDIANA CODE  
34 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
35 JULY 1, 2019]:

36 **Chapter 9.3. Electronically Transmitted Prescriptions for**  
37 **Controlled Substances**

38 **Sec. 1. A reference to a written or electronically transmitted**  
39 **prescription for a controlled substance in the Indiana Code shall**  
40 **be construed to be issued under this chapter.**

41 **Sec. 2. As used in this chapter, "board" refers to the Indiana**  
42 **board of pharmacy established by IC 25-26-13-3.**



1           **Sec. 3. As used in this chapter, "controlled substance" has the**  
 2 **meaning set forth in IC 35-48-1-9.**

3           **Sec. 4. As used in this chapter, "electronically transmitted" or**  
 4 **"electronic transmission" has the meaning set forth in**  
 5 **IC 25-26-13-2.**

6           **Sec. 5. As used in this chapter, "prescriber" means any of the**  
 7 **following:**

8           **(1) A dentist licensed under IC 25-14.**

9           **(2) A physician licensed under IC 25-22.5.**

10           **(3) An advanced practice registered nurse licensed and**  
 11 **granted the authority to prescribe under IC 25-23.**

12           **(4) An optometrist licensed under IC 25-24.**

13           **(5) A physician assistant licensed under IC 25-27.5 and**  
 14 **granted the authority to prescribe by the physician assistant's**  
 15 **supervisory physician in accordance with IC 25-27.5-5-4.**

16           **(6) A podiatrist licensed under IC 25-29.**

17           **Sec. 6. As used in this chapter, "prescription" has the meaning**  
 18 **set forth in IC 25-26-13-2.**

19           **Sec. 7. After December 31, 2020, except as provided in section**  
 20 **8 of this chapter, a prescriber shall issue a prescription for a**  
 21 **controlled substance:**

22           **(1) in an electronic format; and**

23           **(2) by electronic transmission from the prescriber to a**  
 24 **pharmacy;**

25 **in accordance with rules adopted by the board under**  
 26 **IC 25-26-13-4(d).**

27           **Sec. 8. A prescriber may issue a prescription for a controlled**  
 28 **substance in a written format, a faxed format, or an oral order if**  
 29 **any of the following apply:**

30           **(1) The prescriber cannot transmit an electronically**  
 31 **transmitted prescription due to temporary technological or**  
 32 **electrical failure.**

33           **(2) The prescriber issues a prescription to be dispensed by a**  
 34 **pharmacy located outside Indiana.**

35           **(3) The prescriber and the pharmacist are the same entity.**

36           **(4) The prescriber issues a prescription that meets any of the**  
 37 **following:**

38           **(A) The prescription contains elements that are not**  
 39 **supported by the technical standards developed by the**  
 40 **National Council for Prescription Drug Programs for**  
 41 **electronically transmitted prescriptions (NCPDP SCRIPT).**

42           **(B) The federal Food and Drug Administration requires**



1 the prescription to contain certain elements that cannot be  
2 supported in an electronically transmitted prescription.

3 (C) The prescription is a non-patient specific prescription  
4 in response to a public health emergency or another  
5 instance allowable under state law and that requires a  
6 non-patient specific prescription under:

- 7 (i) a standing order;  
8 (ii) approved protocol for drug therapy;  
9 (iii) collaborative drug management; or  
10 (iv) comprehensive medication management.

11 (D) The prescription is issued under a research protocol.

12 (5) The prescriber has received a waiver or a renewal of a  
13 previously received waiver from the board in accordance with  
14 rules adopted under section 9 of this chapter.

15 (6) The board, in accordance with rules adopted under section  
16 9 of this chapter, has determined that issuing an electronically  
17 transmitted prescription would be impractical and cause  
18 delay, adversely impacting the patient's medical condition.

19 **Sec. 9. (a)** The board shall, in consultation with the medical  
20 licensing board, adopt rules under IC 4-22-2 to implement this  
21 chapter, including:

22 (1) a process to grant or deny waivers or renewals of waivers  
23 from the requirement to issue electronically transmitted  
24 prescriptions for controlled substances due to:

- 25 (A) economic hardship;  
26 (B) technological limitations outside the control of the  
27 prescriber; or  
28 (C) other circumstances determined by the board; and

29 (2) a list of circumstances in which issuing an electronically  
30 transmitted prescription would be impractical and cause  
31 delay that would adversely impact the user's medical  
32 condition.

33 (b) Any rules adopted under this chapter must be substantially  
34 similar to the requirements and exceptions under 42 U.S.C.  
35 1395w-104.

36 **Sec. 10.** The following do not violate this chapter if the  
37 pharmacy or pharmacist fills a written, faxed, or oral prescription  
38 for a controlled substance and the pharmacy or pharmacist is  
39 unaware that the prescription does not fall within an allowable  
40 exception under section 8 of this chapter:

- 41 (1) A pharmacy.  
42 (2) A pharmacist.





1           **Sec. 11. A prescriber who violates this chapter is subject to**  
 2           **disciplinary action by the prescriber's governing board under**  
 3           **IC 25-1-9.**

4           SECTION 10. IC 25-1-9.5-8, AS AMENDED BY P.L.150-2017,  
 5           SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 6           JULY 1, 2019]: Sec. 8. (a) A prescriber may issue a prescription to a  
 7           patient who is receiving services through the use of telemedicine if the  
 8           patient has not been examined previously by the prescriber in person  
 9           if the following conditions are met:

10           (1) The prescriber has satisfied the applicable standard of care in  
 11           the treatment of the patient.

12           (2) The issuance of the prescription by the prescriber is within the  
 13           prescriber's scope of practice and certification.

14           (3) The prescription:

15           (A) meets the requirements of subsection (b); and

16           (B) is not for an opioid. However, an opioid may be prescribed  
 17           if the opioid is a partial agonist that is used to treat or manage  
 18           opioid dependence.

19           (4) The prescription is not for an abortion inducing drug (as  
 20           defined in IC 16-18-2-1.6).

21           (5) The prescription is not for an ophthalmic device, including:

22           (A) glasses;

23           (B) contact lenses; or

24           (C) low vision devices.

25           (b) Except as provided in subsection (a), a prescriber may issue a  
 26           prescription for a controlled substance (as defined in IC 35-48-1-9) to  
 27           a patient who is receiving services through the use of telemedicine,  
 28           even if the patient has not been examined previously by the prescriber  
 29           in person, if the following conditions are met:

30           (1) The prescriber maintains a valid controlled substance  
 31           registration under IC 35-48-3.

32           (2) The prescriber meets the conditions set forth in 21 U.S.C. 829  
 33           et seq.

34           (3) The patient has been examined in person by a licensed Indiana  
 35           health care provider and the licensed health care provider has  
 36           established a treatment plan to assist the prescriber in the  
 37           diagnosis of the patient.

38           (4) The prescriber has reviewed and approved the treatment plan  
 39           described in subdivision (3) and is prescribing for the patient  
 40           pursuant to the treatment plan.

41           (5) The prescriber complies with the requirements of the  
 42           INSPECT program (IC 35-48-7).



1 (c) A prescription for a controlled substance under this section must  
 2 be prescribed and dispensed in accordance with **IC 25-1-9.3 and**  
 3 **IC 35-48-7.**

4 SECTION 11. IC 25-1-9.5-11, AS AMENDED BY P.L.150-2017,  
 5 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 6 JULY 1, 2019]: Sec. 11. A pharmacy does not violate this chapter if the  
 7 pharmacy fills a prescription for an opioid and the pharmacy is  
 8 unaware that the prescription was written **or electronically**  
 9 **transmitted** by a prescriber providing telemedicine services under this  
 10 chapter.

11 SECTION 12. IC 25-22.5-1-1.1, AS AMENDED BY P.L.82-2016,  
 12 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 13 JULY 1, 2019]: Sec. 1.1. As used in this article:

14 (a) "Practice of medicine or osteopathic medicine" means any one  
 15 (1) or a combination of the following:

- 16 (1) Holding oneself out to the public as being engaged in:  
 17 (A) the diagnosis, treatment, correction, or prevention of any  
 18 disease, ailment, defect, injury, infirmity, deformity, pain, or  
 19 other condition of human beings;  
 20 (B) the suggestion, recommendation, or prescription or  
 21 administration of any form of treatment, without limitation;  
 22 (C) the performing of any kind of surgical operation upon a  
 23 human being, including tattooing (except for providing a tattoo  
 24 as defined in IC 35-45-21-4(a)), in which human tissue is cut,  
 25 burned, or vaporized by the use of any mechanical means,  
 26 laser, or ionizing radiation, or the penetration of the skin or  
 27 body orifice by any means, for the intended palliation, relief,  
 28 or cure; or  
 29 (D) the prevention of any physical, mental, or functional  
 30 ailment or defect of any person.  
 31 (2) The maintenance of an office or a place of business for the  
 32 reception, examination, or treatment of persons suffering from  
 33 disease, ailment, defect, injury, infirmity, deformity, pain, or other  
 34 conditions of body or mind.  
 35 (3) Attaching the designation "doctor of medicine", "M.D.",  
 36 "doctor of osteopathy", "D.O.", "osteopathic medical physician",  
 37 "physician", "surgeon", or "physician and surgeon", either alone  
 38 or in connection with other words, or any other words or  
 39 abbreviations to a name, indicating or inducing others to believe  
 40 that the person is engaged in the practice of medicine or  
 41 osteopathic medicine (as defined in this section).  
 42 (4) Providing diagnostic or treatment services to a person in



- 1 Indiana when the diagnostic or treatment services:  
 2 (A) are transmitted through electronic communications; and  
 3 (B) are on a regular, routine, and nonepisodic basis or under  
 4 an oral or written agreement to regularly provide medical  
 5 services.
- 6 In addition to the exceptions described in section 2 of this chapter,  
 7 a nonresident physician who is located outside Indiana does not  
 8 practice medicine or osteopathy in Indiana by providing a second  
 9 opinion to a licensee or diagnostic or treatment services to a  
 10 patient in Indiana following medical care originally provided to  
 11 the patient while outside Indiana.
- 12 (b) "Board" refers to the medical licensing board of Indiana.
- 13 (c) "Diagnose or diagnosis" means to examine a patient, parts of a  
 14 patient's body, substances taken or removed from a patient's body, or  
 15 materials produced by a patient's body to determine the source or  
 16 nature of a disease or other physical or mental condition, or to hold  
 17 oneself out or represent that a person is a physician and is so examining  
 18 a patient. It is not necessary that the examination be made in the  
 19 presence of the patient; it may be made on information supplied either  
 20 directly or indirectly by the patient.
- 21 (d) "Drug or medicine" means any medicine, compound, or  
 22 chemical or biological preparation intended for internal or external use  
 23 of humans, and all substances intended to be used for the diagnosis,  
 24 cure, mitigation, or prevention of diseases or abnormalities of humans,  
 25 which are recognized in the latest editions published of the United  
 26 States Pharmacopoeia or National Formulary, or otherwise established  
 27 as a drug or medicine.
- 28 (e) "Licensee" means any individual holding a valid unlimited  
 29 license issued by the board under this article.
- 30 (f) "Prescribe or prescription" means to direct, order, or designate  
 31 the use of or manner of using a drug, medicine, or treatment, by spoken  
 32 or written words or other means **and in accordance with IC 25-1-9.3.**
- 33 (g) "Physician" means any person who holds the degree of doctor of  
 34 medicine or doctor of osteopathy or its equivalent and who holds a  
 35 valid unlimited license to practice medicine or osteopathic medicine in  
 36 Indiana.
- 37 (h) "Medical school" means a nationally accredited college of  
 38 medicine or of osteopathic medicine approved by the board.
- 39 (i) "Physician assistant" means an individual who:  
 40 (1) is supervised by a physician;  
 41 (2) graduated from an approved physician assistant program  
 42 described in IC 25-27.5-2-2;



1 (3) passed the examination administered by the National  
 2 Commission on Certification of Physician Assistants (NCCPA)  
 3 and maintains certification; and

4 (4) has been licensed by the physician assistant committee under  
 5 IC 25-27.5.

6 (j) "Agency" refers to the Indiana professional licensing agency  
 7 under IC 25-1-5.

8 (k) "INSPECT program" means the Indiana scheduled prescription  
 9 electronic collection and tracking program established by IC 25-1-13-4.

10 SECTION 13. IC 25-23-1-19.5, AS AMENDED BY P.L. 129-2018,  
 11 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2019]: Sec. 19.5. (a) This section does not apply to certified  
 13 registered nurse anesthetists.

14 (b) The board shall establish a program under which advanced  
 15 practice registered nurses who meet the requirements established by  
 16 the board are authorized to prescribe drugs, including controlled  
 17 substances (as defined in IC 35-48-1-9) **in accordance with**  
 18 **IC 25-1-9.3.**

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

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

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

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

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

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

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

34 (B) Successfully complete:

35 (i) education requirements determined by the board to be  
 36 appropriate to the advanced practice registered nurse's role;  
 37 and

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

40 (C) Either:

41 (i) provide documentation, as requested by the board, that  
 42 the applicant has graduated before December 31, 1997, from



- 1 an advanced, organized formal education program
- 2 appropriate to the practice and that is acceptable to the
- 3 board; or
- 4 (ii) complete a graduate, postgraduate, or doctoral advanced
- 5 practice registered nurse program from an accredited college
- 6 or university.
- 7 (3) Establish requirements for an advanced practice registered
- 8 nurse to comply with national certification or the certification's
- 9 equivalence, including a portfolio equivalence, appropriate to the
- 10 advance practice registered nurse's role.
- 11 (4) Require, as a condition of the renewal of the authority, the
- 12 completion by the advanced practice registered nurse of the
- 13 continuing education requirements set out in section 19.7 of this
- 14 chapter.

15 SECTION 14. IC 25-23-1-19.6, AS AMENDED BY P.L.129-2018,  
 16 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 17 JULY 1, 2019]: Sec. 19.6. (a) When the board grants authority to an  
 18 advanced practice registered nurse to prescribe legend drugs under this  
 19 chapter, the board shall assign an identification number to the  
 20 advanced practice registered nurse.

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

- 23 (1) Enter on each prescription form that the advanced practice
- 24 registered nurse uses to prescribe a legend drug:
  - 25 (A) the signature of the advanced practice registered nurse;
  - 26 (B) initials indicating the credentials awarded to the advanced
  - 27 practice registered nurse under this chapter; and
  - 28 (C) the identification number assigned to the advanced
  - 29 practice registered nurse under subsection (a).

30 **(2) Transmit the prescription in an electronic format for an**  
 31 **electronically transmitted prescription.**

32 ~~(2)~~ **(3) Comply with all applicable state and federal laws**  
 33 **concerning prescriptions for legend drugs, including the**  
 34 **requirement to issue electronically transmitted prescriptions**  
 35 **under IC 25-1-9.3.**

36 (c) An advanced practice registered nurse may be granted authority  
 37 to prescribe legend drugs under this chapter only within the scope of  
 38 practice of the advanced practice registered nurse and the scope of the  
 39 licensed collaborating health practitioner.

40 SECTION 15. IC 25-24-3-8, AS ADDED BY P.L.157-2006,  
 41 SECTION 65, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 42 JULY 1, 2019]: Sec. 8. As used in this chapter, "prescription" means



1 a written order or an order transmitted by other means of  
 2 communication that is immediately reduced to writing by the  
 3 pharmacist or, for electronically transmitted orders **in accordance with**  
 4 **IC 25-1-9.3**, recorded in an electronic format from an optometrist to or  
 5 for an ultimate user for a drug or device, containing:

- 6 (1) the name and address of the patient;  
 7 (2) the date of issue;  
 8 (3) the name and strength or size (if applicable) of the drug or  
 9 device;  
 10 (4) the amount to be dispensed (unless indicated by directions and  
 11 duration of therapy);  
 12 (5) adequate directions for the proper use of the drug or device by  
 13 the patient;  
 14 (6) the name and certification number of the prescribing  
 15 optometrist; and  
 16 (7) if the prescription:  
 17 (A) is in written form, the signature of the optometrist; or  
 18 (B) is in electronic form, the electronic signature of the  
 19 optometrist.

20 SECTION 16. IC 25-26-13-24.8 IS ADDED TO THE INDIANA  
 21 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 22 [EFFECTIVE JULY 1, 2019]: **Sec. 24.8. Upon request of a patient,**  
 23 **a pharmacy shall transfer to another pharmacy a prescription for**  
 24 **the patient that the pharmacy has received but not filled unless:**

- 25 (1) **prohibited in writing on the prescription by the**  
 26 **prescriber; or**  
 27 (2) **otherwise prohibited by federal law.**

28 SECTION 17. IC 25-27.5-5-4, AS AMENDED BY P.L.135-2015,  
 29 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 30 JULY 1, 2019]: Sec. 4. (a) Except as provided in this section, a  
 31 physician assistant may prescribe, dispense, and administer drugs and  
 32 medical devices or services to the extent delegated by the supervising  
 33 physician.

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

37 (c) A physician assistant may use or dispense only drugs prescribed  
 38 or approved by the supervising physician, **in accordance with**  
 39 **IC 25-1-9.3**. A physician assistant may not prescribe or dispense a  
 40 schedule I controlled substance listed in IC 35-48-2-4.

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



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

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

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

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

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

14 (B) not involved in the conduct of the surgical or diagnostic  
 15 procedure; and

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

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

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

25 (i) The physician assistant is certified in advanced  
 26 cardiopulmonary life support.

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

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

34 **SECTION 18. [EFFECTIVE UPON PASSAGE] (a) The legislative**  
 35 **council is urged to assign to an appropriate interim study**  
 36 **committee the task of studying:**

37 **(1) the advantages, disadvantages, and feasibility of requiring**  
 38 **health care providers to issue prescriptions in an electronic**  
 39 **format and by electronic transmission; and**

40 **(2) any exceptions that would be needed to a requirement for**  
 41 **health care providers to issue prescriptions in an electronic**  
 42 **format and by electronic transmission.**



1           **(b) If an appropriate interim study committee is assigned the**  
2 **topic described under subsection (a), the interim study committee**  
3 **shall issue to the legislative council a report containing the interim**  
4 **study committee's findings and recommendations, including any**  
5 **recommended legislation, in an electronic format under IC 5-14-6**  
6 **not later than November 1, 2019.**

7           **(c) This SECTION expires January 1, 2020.**  
8           **SECTION 19. An emergency is declared for this act.**





## COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 176, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 176 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0

## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 176, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-41-43-3, AS ADDED BY P.L.59-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. (a) An entity may fill a prescription for auto-injectable epinephrine and store the auto-injectable epinephrine on the premises of the entity if a health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication writes **or electronically transmits** the prescription for auto-injectable epinephrine for the entity.

(b) The entity shall store the auto-injectable epinephrine in a safe location in which only the entity's personnel or agents have access.

SECTION 2. IC 16-41-43-5, AS ADDED BY P.L.59-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may write **or electronically transmit** a prescription, drug order, or protocol for auto-injectable epinephrine for the entity.

(b) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for auto-injectable epinephrine issued in the name of an entity.

SECTION 3. IC 16-41-43-6, AS ADDED BY P.L.59-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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JULY 1, 2019]: Sec. 6. (a) A nurse employed by an entity or an employee of the entity who administers auto-injectable epinephrine in accordance with the manufacturer's guidelines and with this chapter is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(b) A licensed health care provider who:

(1) writes a prescription, drug order, or protocol under this chapter; ~~or~~

**(2) transmits in an electronic format a prescription, drug order, or protocol for an electronically transmitted prescription under this chapter; or**

~~(2)~~ **(3)** provides training to an entity's personnel under this chapter;

is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter.

SECTION 4. IC 16-42-19-7, AS AMENDED BY P.L.204-2005, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. As used in this chapter, "prescription" means:

(1) a written order to or for an ultimate user for a drug or device containing the name and address of the patient, the name and strength or size of the drug or device, the amount to be dispensed, adequate directions for the proper use of the drug or device by the patient, and the name of the practitioner, issued and signed by a practitioner; or

(2) an order transmitted by other means of communication from a practitioner that is:

(A) immediately reduced to writing by the pharmacist or pharmacist intern (as defined in IC 25-26-13-2); or

(B) for an electronically transmitted prescription:

(i) has the electronic signature of the practitioner; ~~and~~

(ii) is recorded by the pharmacist in an electronic format;

**and**

**(iii) is issued in accordance with IC 25-1-9.3.**

SECTION 5. IC 20-34-4.5-3, AS AMENDED BY P.L.117-2017, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. (a) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may:

(1) write; or

**(2) transmit in an electronic format for an electronically transmitted prescription;**



a prescription, drug order, or protocol for an emergency medication for a school or school corporation.

(b) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for an emergency medication issued in the name of a school or school corporation.

SECTION 6. IC 20-34-4.5-4, AS AMENDED BY P.L.117-2017, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) A school nurse or school employee who administers an emergency stock medication in accordance with the manufacturer's guidelines and with this chapter is not liable for civil damages resulting from the administration of the emergency stock medication under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(b) A health care provider described in section 3 of this chapter who:

**(1) writes; or**

**(2) transmits in an electronic format for an electronically transmitted prescription;**

a prescription, drug order, or protocol under this chapter is not liable for civil damages resulting from the administration of an emergency stock medication under this chapter.

(c) A health care provider described in section 2(b)(1) of this chapter who provides training to school employees under this chapter is not liable for civil damages resulting from the administration of an emergency stock medication.

SECTION 7. IC 21-44.5-2-5, AS ADDED BY P.L.45-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) A postsecondary educational institution may fill a prescription for auto-injectable epinephrine and store the auto-injectable epinephrine on the campus if a health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication:

**(1) writes; or**

**(2) transmits in an electronic format for an electronically transmitted prescription;**

the prescription for auto-injectable epinephrine for the postsecondary educational institution.

(b) The postsecondary educational institution shall store the auto-injectable epinephrine in a safe location in which only postsecondary educational institution personnel have access.

(c) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may:



- (1) write; or  
**(2) transmit in an electronic format for an electronically transmitted prescription;**

a prescription, drug order, or protocol for auto-injectable epinephrine for the postsecondary educational institution.

(d) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for auto-injectable epinephrine issued in the name of a postsecondary educational institution.

SECTION 8. IC 21-44.5-2-6, AS ADDED BY P.L.45-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) A licensed campus medical professional who acts in accordance with this chapter is not liable for civil damages for any act or omission committed in accordance with this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(b) A trained designee who administers auto-injectable epinephrine in accordance with this chapter is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(c) A licensed health care provider who:

- (1) writes; or  
**(2) transmits in an electronic format for an electronically transmitted prescription;**

a prescription, drug order, or protocol under this chapter is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

SECTION 9. IC 25-1-9.3 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

**Chapter 9.3. Electronically Transmitted Prescriptions for Controlled Substances**

**Sec. 1. A reference to a written or electronically transmitted prescription for a controlled substance in the Indiana Code shall be construed to be issued under this chapter.**

**Sec. 2. As used in this chapter, "board" refers to the Indiana board of pharmacy established by IC 25-26-13-3.**

**Sec. 3. As used in this chapter, "controlled substance" has the meaning set forth in IC 35-48-1-9.**

**Sec. 4. As used in this chapter, "electronically transmitted" or "electronic transmission" has the meaning set forth in**



**IC 25-26-13-2.**

**Sec. 5.** As used in this chapter, "prescriber" means any of the following:

- (1)** A dentist licensed under IC 25-14.
- (2)** A physician licensed under IC 25-22.5.
- (3)** An advanced practice registered nurse licensed and granted the authority to prescribe under IC 25-23.
- (4)** An optometrist licensed under IC 25-24.
- (5)** A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's supervisory physician in accordance with IC 25-27.5-5-4.
- (6)** A podiatrist licensed under IC 25-29.

**Sec. 6.** As used in this chapter, "prescription" has the meaning set forth in IC 25-26-13-2.

**Sec. 7.** After December 31, 2020, except as provided in section 8 of this chapter, a prescriber shall issue a prescription for a controlled substance:

- (1)** in an electronic format; and
- (2)** by electronic transmission from the prescriber to a pharmacy;

in accordance with rules adopted by the board under IC 25-26-13-4(d).

**Sec. 8.** A prescriber may issue a prescription for a controlled substance in a written format, a faxed format, or an oral order if any of the following apply:

- (1)** The prescriber cannot transmit an electronically transmitted prescription due to temporary technological or electrical failure.
- (2)** The prescriber issues a prescription to be dispensed by a pharmacy located outside Indiana.
- (3)** The prescriber and the pharmacist are the same entity.
- (4)** The prescriber issues a prescription that meets any of the following:

- (A)** The prescription contains elements that are not supported by the technical standards developed by the National Council for Prescription Drug Programs for electronically transmitted prescriptions (NCPDP SCRIPT).
- (B)** The federal Food and Drug Administration requires the prescription to contain certain elements that cannot be supported in an electronically transmitted prescription.
- (C)** The prescription is a non-patient specific prescription in response to a public health emergency or another



instance allowable under state law and that requires a non-patient specific prescription under:

- (i) a standing order;
- (ii) approved protocol for drug therapy;
- (iii) collaborative drug management; or
- (iv) comprehensive medication management.

(D) The prescription is issued under a research protocol.

(5) The prescriber has received a waiver or a renewal of a previously received waiver from the board in accordance with rules adopted under section 9 of this chapter.

(6) The board, in accordance with rules adopted under section 9 of this chapter, has determined that issuing an electronically transmitted prescription would be impractical and cause delay, adversely impacting the patient's medical condition.

Sec. 9. (a) The board shall, in consultation with the medical licensing board, adopt rules under IC 4-22-2 to implement this chapter, including:

(1) a process to grant or deny waivers or renewals of waivers from the requirement to issue electronically transmitted prescriptions for controlled substances due to:

- (A) economic hardship;
- (B) technological limitations outside the control of the prescriber; or
- (C) other circumstances determined by the board; and

(2) a list of circumstances in which issuing an electronically transmitted prescription would be impractical and cause delay that would adversely impact the user's medical condition.

(b) Any rules adopted under this chapter must be substantially similar to the requirements and exceptions under 42 U.S.C. 1395w-104.

Sec. 10. The following do not violate this chapter if the pharmacy or pharmacist fills a written, faxed, or oral prescription for a controlled substance and the pharmacy or pharmacist is unaware that the prescription does not fall within an allowable exception under section 8 of this chapter:

- (1) A pharmacy.
- (2) A pharmacist.

Sec. 11. A prescriber who violates this chapter is subject to disciplinary action by the prescriber's governing board under IC 25-1-9.

SECTION 10. IC 25-1-9.5-8, AS AMENDED BY P.L.150-2017,



SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) A prescriber may issue a prescription to a patient who is receiving services through the use of telemedicine if the patient has not been examined previously by the prescriber in person if the following conditions are met:

- (1) The prescriber has satisfied the applicable standard of care in the treatment of the patient.
- (2) The issuance of the prescription by the prescriber is within the prescriber's scope of practice and certification.
- (3) The prescription:
  - (A) meets the requirements of subsection (b); and
  - (B) is not for an opioid. However, an opioid may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.
- (4) The prescription is not for an abortion inducing drug (as defined in IC 16-18-2-1.6).
- (5) The prescription is not for an ophthalmic device, including:
  - (A) glasses;
  - (B) contact lenses; or
  - (C) low vision devices.

(b) Except as provided in subsection (a), a prescriber may issue a prescription for a controlled substance (as defined in IC 35-48-1-9) to a patient who is receiving services through the use of telemedicine, even if the patient has not been examined previously by the prescriber in person, if the following conditions are met:

- (1) The prescriber maintains a valid controlled substance registration under IC 35-48-3.
- (2) The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.
- (3) The patient has been examined in person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.
- (4) The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
- (5) The prescriber complies with the requirements of the INSPECT program (IC 35-48-7).

(c) A prescription for a controlled substance under this section must be prescribed and dispensed in accordance with **IC 25-1-9.3 and IC 35-48-7.**

SECTION 11. IC 25-1-9.5-11, AS AMENDED BY P.L.150-2017,

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SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 11. A pharmacy does not violate this chapter if the pharmacy fills a prescription for an opioid and the pharmacy is unaware that the prescription was written **or electronically transmitted** by a prescriber providing telemedicine services under this chapter.

SECTION 12. IC 25-22.5-1-1.1, AS AMENDED BY P.L.82-2016, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1.1. As used in this article:

(a) "Practice of medicine or osteopathic medicine" means any one (1) or a combination of the following:

- (1) Holding oneself out to the public as being engaged in:
  - (A) the diagnosis, treatment, correction, or prevention of any disease, ailment, defect, injury, infirmity, deformity, pain, or other condition of human beings;
  - (B) the suggestion, recommendation, or prescription or administration of any form of treatment, without limitation;
  - (C) the performing of any kind of surgical operation upon a human being, including tattooing (except for providing a tattoo as defined in IC 35-45-21-4(a)), in which human tissue is cut, burned, or vaporized by the use of any mechanical means, laser, or ionizing radiation, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, or cure; or
  - (D) the prevention of any physical, mental, or functional ailment or defect of any person.
- (2) The maintenance of an office or a place of business for the reception, examination, or treatment of persons suffering from disease, ailment, defect, injury, infirmity, deformity, pain, or other conditions of body or mind.
- (3) Attaching the designation "doctor of medicine", "M.D.", "doctor of osteopathy", "D.O.", "osteopathic medical physician", "physician", "surgeon", or "physician and surgeon", either alone or in connection with other words, or any other words or abbreviations to a name, indicating or inducing others to believe that the person is engaged in the practice of medicine or osteopathic medicine (as defined in this section).
- (4) Providing diagnostic or treatment services to a person in Indiana when the diagnostic or treatment services:
  - (A) are transmitted through electronic communications; and
  - (B) are on a regular, routine, and nonepisodic basis or under an oral or written agreement to regularly provide medical





services.

In addition to the exceptions described in section 2 of this chapter, a nonresident physician who is located outside Indiana does not practice medicine or osteopathy in Indiana by providing a second opinion to a licensee or diagnostic or treatment services to a patient in Indiana following medical care originally provided to the patient while outside Indiana.

(b) "Board" refers to the medical licensing board of Indiana.

(c) "Diagnose or diagnosis" means to examine a patient, parts of a patient's body, substances taken or removed from a patient's body, or materials produced by a patient's body to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is a physician and is so examining a patient. It is not necessary that the examination be made in the presence of the patient; it may be made on information supplied either directly or indirectly by the patient.

(d) "Drug or medicine" means any medicine, compound, or chemical or biological preparation intended for internal or external use of humans, and all substances intended to be used for the diagnosis, cure, mitigation, or prevention of diseases or abnormalities of humans, which are recognized in the latest editions published of the United States Pharmacopoeia or National Formulary, or otherwise established as a drug or medicine.

(e) "Licensee" means any individual holding a valid unlimited license issued by the board under this article.

(f) "Prescribe or prescription" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment, by spoken or written words or other means **and in accordance with IC 25-1-9.3.**

(g) "Physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in Indiana.

(h) "Medical school" means a nationally accredited college of medicine or of osteopathic medicine approved by the board.

(i) "Physician assistant" means an individual who:

- (1) is supervised by a physician;
- (2) graduated from an approved physician assistant program described in IC 25-27.5-2-2;
- (3) passed the examination administered by the National Commission on Certification of Physician Assistants (NCCPA) and maintains certification; and
- (4) has been licensed by the physician assistant committee under



IC 25-27.5.

(j) "Agency" refers to the Indiana professional licensing agency under IC 25-1-5.

(k) "INSPECT program" means the Indiana scheduled prescription electronic collection and tracking program established by IC 25-1-13-4.

SECTION 13. IC 25-23-1-19.5, AS AMENDED BY P.L.129-2018, SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 19.5. (a) This section does not apply to certified registered nurse anesthetists.

(b) The board shall establish a program under which advanced practice registered nurses who meet the requirements established by the board are authorized to prescribe drugs, including controlled substances (as defined in IC 35-48-1-9) **in accordance with IC 25-1-9.3.**

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

- (1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
- (2) is subject to renewal indefinitely for successive periods of two (2) years.

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

- (1) Require an advanced practice registered nurse or a prospective advanced practice registered nurse who seeks the authority to submit an application to the board.
- (2) Require an applicant to satisfy the following as a prerequisite to the initial granting of the authority:
  - (A) Meet all the qualifications for licensure as a registered nurse under this article.
  - (B) Successfully complete:
    - (i) education requirements determined by the board to be appropriate to the advanced practice registered nurse's role; and
    - (ii) a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.
  - (C) Either:
    - (i) provide documentation, as requested by the board, that the applicant has graduated before December 31, 1997, from an advanced, organized formal education program appropriate to the practice and that is acceptable to the board; or
    - (ii) complete a graduate, postgraduate, or doctoral advanced



practice registered nurse program from an accredited college or university.

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

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

SECTION 14. IC 25-23-1-19.6, AS AMENDED BY P.L.129-2018, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 19.6. (a) When the board grants authority to an advanced practice registered nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice registered nurse.

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

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

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

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

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

**(2) Transmit the prescription in an electronic format for an electronically transmitted prescription.**

~~(2)~~ **(3) Comply with all applicable state and federal laws concerning prescriptions for legend drugs, including the requirement to issue electronically transmitted prescriptions under IC 25-1-9.3.**

(c) An advanced practice registered nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice registered nurse and the scope of the licensed collaborating health practitioner.

SECTION 15. IC 25-24-3-8, AS ADDED BY P.L.157-2006, SECTION 65, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. As used in this chapter, "prescription" means a written order or an order transmitted by other means of communication that is immediately reduced to writing by the pharmacist or, for electronically transmitted orders **in accordance with IC 25-1-9.3**, recorded in an electronic format from an optometrist to or



for an ultimate user for a drug or device, containing:

- (1) the name and address of the patient;
- (2) the date of issue;
- (3) the name and strength or size (if applicable) of the drug or device;
- (4) the amount to be dispensed (unless indicated by directions and duration of therapy);
- (5) adequate directions for the proper use of the drug or device by the patient;
- (6) the name and certification number of the prescribing optometrist; and
- (7) if the prescription:
  - (A) is in written form, the signature of the optometrist; or
  - (B) is in electronic form, the electronic signature of the optometrist."

Page 1, line 4, delete "may" and insert "**shall**".

Page 1, after line 8, begin a new paragraph and insert:

"SECTION 16. IC 25-27.5-5-4, AS AMENDED BY P.L.135-2015, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.

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

(c) A physician assistant may use or dispense only drugs prescribed or approved by the supervising physician, **in accordance with IC 25-1-9.3**. A physician assistant may not prescribe or dispense a schedule I controlled substance listed in IC 35-48-2-4.

(d) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

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

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

- (1) if the moderate sedation contains agents in which the



manufacturer's general warning advises that the drug should be administered and monitored by an individual who is:

- (A) experienced in the use of general anesthesia; and
  - (B) not involved in the conduct of the surgical or diagnostic procedure; and
- (2) during diagnostic tests, surgical procedures, or obstetric procedures unless the following conditions are met:
- (A) A physician is physically present in the area, is immediately available to assist in the management of the patient, and is qualified to rescue patients from deep sedation.
  - (B) The physician assistant is qualified to rescue patients from deep sedation and is competent to manage a compromised airway and provide adequate oxygenation and ventilation by reason of meeting the following conditions:
    - (i) The physician assistant is certified in advanced cardiopulmonary life support.
    - (ii) The physician assistant has knowledge of and training in the medications used in moderate sedation, including recommended doses, contraindications, and adverse reactions.

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

**SECTION 17. [EFFECTIVE UPON PASSAGE] (a) The legislative council is urged to assign to an appropriate interim study committee the task of studying:**

- (1) the advantages, disadvantages, and feasibility of requiring health care providers to issue prescriptions in an electronic format and by electronic transmission; and**
- (2) any exceptions that would be needed to a requirement for health care providers to issue prescriptions in an electronic format and by electronic transmission.**

**(b) If an appropriate interim study committee is assigned the topic described under subsection (a), the interim study committee shall issue to the legislative council a report containing the interim**



**study committee's findings and recommendations, including any recommended legislation, in an electronic format under IC 5-14-6 not later than November 1, 2019.**

**(c) This SECTION expires January 1, 2020.**

**SECTION 18. An emergency is declared for this act."**

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 176 as printed January 17, 2019.)

KIRCHHOFER

Committee Vote: yeas 10, nays 0.

