SENATE BILL No. 190

DIGEST OF INTRODUCED BILL

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

Synopsis: Physician assistants. Amends current requirements for a collaborative agreement between a physician and a physician assistant with the following: (1) the collaborative agreement must include limitations; (2) the collaborative agreement must set forth the method of collaboration between the physician and physician assistant; and (3) the collaboration between the physician and physician assistant, and (3) the collaborative agreement must be signed, updated annually, and made available to the medical licensing board of Indiana upon request. Amends the definition of "prescriber" for purposes of electronically transmitted prescriptions for controlled substances, overdose intervention drugs, and telehealth services and prescriptions. Provides that a written collaborative agreement between a physician assistant, who is employed by a certain health care facility or center, and a particular collaborating physician is not required. Requires a physician assistant employed by a certain health care facility or center to enter into a practice agreement with the health care facility or center that employs the physician assistant. Eliminates: (1) a prohibition against a physician collaborating with more than four physician assistants at the same time; (2) a requirement that a physician submit a collaborative agreement to the medical licensing board; and (3) a requirement that a collaborating physician and physician assistant submit a list of locations the physician and physician assistant will practice to the medical licensing board.

Effective: July 1, 2023.

Charbonneau

January 10, 2023, read first time and referred to Committee on Health and Provider Services.



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Introduced

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

SENATE BILL No. 190

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

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

1	SECTION 1. IC 16-42-27-1, AS AMENDED BY P.L.247-2019,
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2023]: Sec. 1. As used in this chapter, "prescriber" means any
4	of the following:
5	(1) A physician licensed under IC 25-22.5.
6	(2) A physician assistant licensed under IC 25-27.5. and granted
7	the authority to prescribe by the physician assistant's collaborating
8	physician and in accordance with IC 25-27.5-5-4.
9	(3) An advanced practice registered nurse licensed and granted
10	the authority to prescribe drugs under IC 25-23.
11	(4) The state health commissioner, if the state health
12	commissioner holds an active license under IC 25-22.5.
13	(5) A public health authority.
14	SECTION 2. IC 25-1-9.3-5, AS ADDED BY P.L.28-2019,
15	SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	JULY 1, 2023]: Sec. 5. As used in this chapter, "prescriber" means any
17	of the following:



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1	(1) A dentist licensed under IC 25-14.
2	(2) A physician licensed under IC 25-22.5.
3	(3) An advanced practice registered nurse licensed and granted
4	the authority to prescribe under IC 25-23.
5	(4) An optometrist licensed under IC 25-24.
6	(5) A physician assistant licensed under IC 25-27.5. and granted
7	the authority to prescribe by the physician assistant's supervisory
8	physician in accordance with IC 25-27.5-5-4.
9	(6) A podiatrist licensed under IC 25-29.
10	SECTION 3. IC 25-1-9.5-4, AS AMENDED BY P.L.85-2021,
11	SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
12	JULY 1, 2023]: Sec. 4. As used in this chapter, "prescriber" means any
13	of the following:
14	(1) A physician licensed under IC 25-22.5.
15	(2) A physician assistant licensed under IC 25-27.5. and granted
16	the authority to prescribe by the physician assistant's collaborating
17	physician in accordance with IC 25-27.5-5-4.
18	(3) An advanced practice registered nurse licensed and granted
19	the authority to prescribe drugs under IC 25-23.
20	(4) An optometrist licensed under IC 25-24.
21	(5) A podiatrist licensed under IC 25-29.
22	(6) A dentist licensed under IC 25-14.
23	(7) A veterinarian licensed under IC 25-38.1.
24	SECTION 4. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019,
25	SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26	JULY 1, 2023]: Sec. 2. (a) Except as provided in section 2.1 of this
27	chapter, a physician assistant:
28	(1) must engage in a dependent practice with a collaborating
29	physician; and
30	(2) may not be independent from the collaborating physician,
31	including any of even in conducting the activities of other health
32	care providers set forth under in IC 25-22.5-1-2(a)(1) through
33	IC 25-22.5-1-2(a)(19).
34	A physician assistant may perform, under a collaborative agreement,
35	the duties and responsibilities that are delegated by the collaborating
36	physician and that are within the collaborating physician's scope of
37	practice, including prescribing and dispensing drugs and medical
38	devices. A patient may elect to be seen, examined, and treated by the
39	collaborating physician.
40	(b) If a physician assistant determines that a patient needs to be
41	examined by a physician, the physician assistant shall immediately
42	notify the collaborating physician or physician designee.



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1 (c) If a physician assistant notifies the collaborating physician 2 under subsection (b) that the physician should examine a patient 3 needs to be examined by the collaborating physician, the 4 collaborating physician shall: 5 (1) schedule an examination of the patient, unless the patient 6 declines; or 7 (2) arrange for another physician to examine the patient. 8 (d) A collaborating physician or physician assistant who does not 9 comply with subsections subsection (b) and or a collaborating 10 physician who does not comply with subsection (c) is subject to discipline under IC 25-1-9. 11 12 (e) A physician assistant's collaborative agreement with between a 13 collaborating physician and a physician assistant must: 14 (1) be in writing; 15 (2) include all the tasks delegated to the physician assistant by the 16 collaborating physician; any limitations; 17 (3) set forth the collaborative agreement for the physician 18 assistant, including the emergency procedures that the physician 19 assistant must follow; method by which the physician assistant 20 and the health care medical team of which the physician 21 assistant is a member may collaborate with the collaborating 22 physician to deliver patient care; and 23 (4) specify the protocol the physician assistant shall follow in 24 prescribing a drug. 25 (4) be signed by the collaborating physician and the physician 26 assistant; 27 (5) be updated annually; and 28 (6) be made available to the board upon request. 29 (f) The physician shall submit the collaborative agreement to the 30 board. The physician assistant may prescribe a drug under the 31 collaborative agreement unless the board denies the collaborative agreement. Any amendment to the collaborative agreement must be 32 33 resubmitted to the board, and the physician assistant may operate under 34 any new prescriptive authority under the amended collaborative 35 agreement unless the agreement has been denied by the board. 36 (g) A physician or a physician assistant who violates the 37 collaborative agreement described in this section may be disciplined 38 under IC 25-1-9. 39 SECTION 5. IC 25-27.5-5-2.1 IS ADDED TO THE INDIANA 40 CODE AS A NEW SECTION TO READ AS FOLLOWS 41 [EFFECTIVE JULY 1, 2023]: Sec. 2.1. (a) This section applies to a

42 physician assistant who is employed by a:



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1 (1) health care facility or an affiliate of a health care facility; 2 (2) physician-owned or private medical facility or practice; or 3 (3) federally qualified health center or rural health care clinic 4 (both as defined in 42 U.S.C. 1396(d)(l)). 5 (b) The following apply to a physician assistant described in 6 subsection (a): 7 (1) A written collaborative agreement between the physician 8 assistant and a particular collaborating physician is not 9 required. 10 (2) The physician assistant shall enter into a practice 11 agreement with the entity described in subsection (a)(1), 12 (a)(2), or (a)(3) that employs the physician assistant. 13 (3) The practice agreement described in subdivision (2) must 14 set forth the manner in which the physician assistant is 15 required to cooperate, coordinate, and consult with the other 16 health care workers in providing health care to patients of the 17 entity. 18 SECTION 6. IC 25-27.5-6-2 IS REPEALED [EFFECTIVE JULY 19 1, 2023]. Sec. 2. A physician may enter into a collaborative agreement 20 with more than four (4) physician assistants but may not collaborate 21 with more than four (4) physician assistants at the same time. 22 SECTION 7. IC 25-27.5-6-4, AS AMENDED BY P.L.247-2019, 23 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 24 JULY 1, 2023]: Sec. 4. (a) A physician collaborating with a physician 25 assistant must do the following: under IC 25-27.5-5-2 must: 26 (1) be licensed under IC 25-22.5; 27 (2) Register with the board the physician's intent to enter into a 28 collaborative agreement with a physician assistant. 29 (3) (2) not have a disciplinary action restriction that limits the 30 physician's ability to collaborate with a physician assistant; and 31 (4) (3) maintain a written collaborative agreement with the 32 physician assistant that states the physician will: as specified in 33 IC 25-27.5-5-2. 34 (A) work in collaboration with the physician assistant in 35 accordance with any rules adopted by the board; and 36 (B) retain responsibility for the care rendered by the physician 37 assistant. 38 The collaborative agreement must be signed by the physician and 39 physician assistant, updated annually, and made available to the 40 board upon request. 41 (5) Submit to the board a list of locations that the collaborating 42 physician and the physician assistant may practice. The board



1	may request additional information concerning the practice
2	locations to assist the board with considering the written
3	agreement described in subdivision (4).
4	(b) Except as provided in this section, this chapter may not be
5	construed to limit the employment arrangement of a physician
6	assistant with a collaborating physician under this chapter.
7	SECTION 8. IC 25-27.5-6-5 IS REPEALED [EFFECTIVE JULY
8	1, 2023]. Sec. 5. (a) Before initiating practice the collaborating
9	physician and the physician assistant must submit, on forms approved
10	by the board, the following information:
11	(1) The name, the business address, and the telephone number of
12	the collaborating physician.
13	(2) The name, the business address, and the telephone number of
14	the physician assistant.
15	(3) A brief description of the setting in which the physician
16	assistant will practice.
17	(4) Any other information required by the board.
18	(b) A physician assistant must notify the committee of any changes
19	or additions in practice sites or collaborating physicians not more than
20	thirty (30) days after the change or addition.

