SENATE BILL No. 366

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-27; IC 16-42-27-1; IC 25-0.5; IC 25-1; IC 25-22.5-1-1.1; IC 25-27.5.

Synopsis: Physician assistants. Expands the authority of licensed physician assistants under the home health agency law. Changes the name of the physician assistants under the nome health agency faw. Changes the name of the physician assistant committee to the "physician assistant licensing board". Transfers responsibility for licensing physician assistants, setting the amounts of physician assistant fees, and adopting rules establishing standards for physician assistants from the medical licensing board of Indiana to the physician assistant licensing board. Eliminates the requirements that a collaborative agreement between a collaborating physician and a physician assistant include all the tasks delegated to the physician assistant by the collaborating physician, specify the protocol to be followed by the physician assistant in prescribing a drug, and be submitted to the medical licensing board. Provides that a collaborative agreement must be made available to the physician assistant licensing board upon request. Provides, as an exception to the requirement that a physician assistant may practice only subject to a collaboration agreement with a collaborating physician, that if a physician assistant practices in a licensed health care facility that has a credentialing process: (1) the physician assistant shall collaborate with and refer patients to appropriate members of the licensed health care facility's health care team; and (2) the responsibilities of the physician assistant and the degree of collaboration between the physician assistant and other members of the licensed health care facility's health care team shall be determined exclusively for purposes of the physician assistant's practice in the licensed health care facility by one or more persons in authority over the physician assistant. Provides that a physician assistant, without (Continued next page)

Effective: July 1, 2021.

Leising

January 11, 2021, read first time and referred to Committee on Health and Provider Services.



Digest Continued

being delegated authority by a collaborating physician, may: (1) prescribe, dispense, administer, and procure drugs and medical devices; (2) plan and initiate a therapeutic regimen; and (3) prescribe and dispense schedule II-V substances and legend drugs. Eliminates a prohibition against a physician collaborating with more than four physician assistants at the same time. Allows a physician assistant to perform volunteer work regardless of the terms of or the existence of a collaboration agreement.



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.

SENATE BILL No. 366

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 16-27-1-1, AS AMENDED BY P.L.197-2011,
2	SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2021]: Sec. 1. As used in this chapter, "health care
4	professional" means any of the following:
5	(1) A licensed physician.
6	(2) A licensed dentist.
7	(3) A licensed chiropractor.
8	(4) A licensed podiatrist.
9	(5) A licensed optometrist.
10	(6) A nurse licensed under IC 25-23-1.
11	(7) A physical therapist licensed under IC 25-27 or a physical
12	therapy assistant certified under IC 25-27.
13	(8) A speech-language pathologist or an audiologist licensed
14	under IC 25-35.6-3.
15	(9) A speech-language pathology aide or an audiology aide (as
16	defined in IC 25-35.6-1-2).
17	(10) An:

(10) An:



1	(A) occupational therapist; or
2	(B) occupational therapy assistant;
3	licensed under IC 25-23.5.
4	(11) A social worker licensed under IC 25-23.6 or a social work
5	assistant.
6	(12) A pharmacist licensed under IC 25-26-13.
7	(13) A licensed physician assistant.
8	SECTION 2. IC 16-27-1-5, AS AMENDED BY P.L.141-2006,
9	SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10	JULY 1, 2021]: Sec. 5. (a) As used in this chapter, "home health
11	services" means services that:
12	(1) are provided to a patient by:
13	(A) a home health agency; or
14	(B) another person under an arrangement with a home health
15	agency;
16	in the temporary or permanent residence of the patient; and
17	(2) either, are required by law to be:
18	(A) ordered by a licensed physician, a licensed dentist, a
19	licensed chiropractor, a licensed podiatrist, or a licensed
20	optometrist, or a licensed physician assistant for the service
21	to be performed; or
22	(B) performed only by a health care professional.
23	(b) The term includes the following:
24	(1) Nursing treatment and procedures.
25	
	(2) Physical therapy.
26	(2) Physical therapy.(3) Occupational therapy.
26 27	(3) Occupational therapy.
	(3) Occupational therapy.(4) Speech therapy.
27	(3) Occupational therapy.(4) Speech therapy.(5) Medical social services.
27 28	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services.
27 28 29	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services.
27 28 29 30	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following:
27 28 29 30 31 32	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services.
27 28 29 30 31	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to
27 28 29 30 31 32 33	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility.
27 28 29 30 31 32 33 34	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations
27 28 29 30 31 32 33 34 35	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations using health care professionals for their employees, members, and
27 28 29 30 31 32 33 34 35 36	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations
27 28 29 30 31 32 33 34 35 36 37	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations using health care professionals for their employees, members, and families of the employees or members if the health or home care
27 28 29 30 31 32 33 34 35 36 37 38	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations using health care professionals for their employees, members, and families of the employees or members if the health or home care services are not the predominant purpose of the employer or a membership organization's business.
27 28 29 30 31 32 33 34 35 36 37 38 39	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations using health care professionals for their employees, members, and families of the employees or members if the health or home care services are not the predominant purpose of the employer or a membership organization's business. (4) Nonmedical nursing care given in accordance with the tenets
27 28 29 30 31 32 33 34 35 36 37 38 39 40	 (3) Occupational therapy. (4) Speech therapy. (5) Medical social services. (6) Home health aide services. (7) Other therapeutic services. (c) The term does not apply to the following: (1) Services provided by a physician licensed under IC 25-22.5. (2) Incidental services provided by a licensed health facility to patients of the licensed health facility. (3) Services provided by employers or membership organizations using health care professionals for their employees, members, and families of the employees or members if the health or home care services are not the predominant purpose of the employer or a membership organization's business.



1	alone in accordance with the tenets and practices of the patient's
2	church or religious denomination.
3	(5) Services that are allowed to be performed by an attendant
4	under IC 16-27-1-10.
5	(6) Authorized services provided by a personal services attendant
6	under IC 12-10-17.1.
7	SECTION 3. IC 16-27-1-16 IS AMENDED TO READ AS
8	FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) A licensed home
9	health agency may accept written orders for home health services from
10	a physician, a dentist, a chiropractor, a podiatrist, or an optometrist, or
11	a physician assistant licensed in Indiana or any other state. If the
12	physician, dentist, chiropractor, podiatrist, or optometrist, or physician
13	assistant is licensed in a state other than Indiana, the home health
14	agency shall take reasonable immediate steps to determine that:
15	(1) the order complies with the laws of the state where the order
16	originated; and
17	(2) the individual who issued the order examined the patient and
18	is licensed to practice in that state.
19	(b) All orders issued by a physician, a dentist, a chiropractor, a
20	podiatrist, or an optometrist, or a physician assistant for home health
21	services:
22	(1) must meet the same requirements whether the order originates
23	in Indiana or another state; and
24	(2) from another state may not exceed the authority allowed under
25	orders from the same profession in Indiana under IC 25.
26	SECTION 4. IC 16-27-3-1 IS AMENDED TO READ AS
27	FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. An employee of a
28	home health agency who is a licensed pharmacist, registered nurse, or
29	licensed practical nurse may purchase, store, or transport for
30	administering to a home health patient or hospice patient of the home
31	health agency under the order of a licensed physician or physician
32	assistant the following:
33	(1) Sterile water for injection and irrigation.
34	(2) Sterile saline for injection and irrigation.
35	SECTION 5. IC 16-27-3-2 IS AMENDED TO READ AS
36	FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) An employee of
37	a home health agency who is a licensed pharmacist, registered nurse,
38	or licensed practical nurse may purchase, store, or transport a vaccine
39	in order to administer the vaccine to:
40	(1) the home health agency's:
41	(A) employees; or
42	(B) home health patients or hospice patients; or

1 (2) family members of a home health patient or hospice patient; 2 under the order of a licensed physician. 3 (b) An employee described in subsection (a) who purchases, stores, 4 or transports a vaccine under this section must ensure that a standing 5 order for the vaccine: 6 (1) is signed and dated by a licensed physician or physician 7 assistant; 8 (2) identifies the vaccine covered by the order; 9 (3) indicates that appropriate procedures are established for 10 responding to any adverse reaction to the vaccine; and (4) directs that a specific medication or category of medication be 11 12 administered if a recipient has an adverse reaction to the vaccine. 13 SECTION 6. IC 16-27-3-4 IS AMENDED TO READ AS 14 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. An employee of a 15 home health agency who is a licensed pharmacist, registered nurse, or licensed practical nurse may purchase, store, or transport drugs in a 16 17 sealed portable container under this chapter only if the home health 18 agency has established written policies and procedures to ensure the 19 following: 20 (1) That the container is handled properly with respect to storage, 21 transportation, and temperature stability. 22 (2) That a drug is removed from the container only on the written 23 or oral order of a licensed physician or physician assistant. 24 (3) That the administration of a drug in the container is performed 25 in accordance with a specific treatment protocol. 26 (4) That the home health agency maintains a written record of the 27 dates and times the container is in the possession of a licensed 28 pharmacist, registered nurse, or licensed practical nurse. 29 (5) That the home health agency require an employee who 30 possesses the container to submit a daily accounting of all drugs 31 and devices in the container to the home health agency in writing. 32 SECTION 7. IC 16-27-3-6 IS AMENDED TO READ AS 33 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) If an employee 34 of a home health agency who is a licensed pharmacist, registered nurse, 35 or licensed practical nurse administers a drug listed in section 3 of this chapter under the oral order of a licensed physician or physician 36 37 assistant, the physician or physician assistant shall promptly send a 38 signed copy of the order to the home health agency. 39 (b) Not more than twenty (20) days after receiving an order under 40 subsection (a), the home health agency shall send a copy of the order, 41

41 as signed by and received from the physician or physician assistant,42 to the dispensing pharmacy.



2 SECTION 1, IS AMENDED T	1, AS AMENDED BY P.L.247-2019, O READ AS FOLLOWS [EFFECTIVE l in this chapter, "prescriber" means any
4 of the following:	1 / 1
5 (1) A physician licensed	under IC 25-22.5.
6 (2) A physician assistant	licensed under IC 25-27.5. and granted
	by the physician assistant's collaborating
8 physician and in accordan	
	e registered nurse licensed and granted
10 the authority to prescribe	0
	commissioner, if the state health
	ctive license under IC 25-22.5.
13 (5) A public health autho	5
	3-35, AS ADDED BY P.L.3-2014,
· · · · · · · · · · · · · · · · · · ·	O READ AS FOLLOWS [EFFECTIVE
-	25-1-2-6(b) applies to the physician
17 assistant committee. licensing	
	-4-23, AS ADDED BY P.L.3-2014,
	O READ AS FOLLOWS [EFFECTIVE
	hysician assistant committee licensing
21 board (IC 25-27.5) is a board	
	-5-18, AS ADDED BY P.L.3-2014,
	O READ AS FOLLOWS [EFFECTIVE Indiana professional licensing agency
· •	inclinate professional ficensing agency inclinate and the second
1	tee licensing board (IC 25-27.5) under
27 IC 25-1-5-3(a).	tee incensing board (ic 23-27.3) under
	-6-17, AS ADDED BY P.L.3-2014,
	O READ AS FOLLOWS [EFFECTIVE
,	dividual licensed, certified, registered,
, I	ssistant committee licensing board (IC
32 25-27.5) is a provider under IC	e v
<i>i</i>	-8-28, AS ADDED BY P.L.3-2014,
	O READ AS FOLLOWS [EFFECTIVE
,	cupation for which a person is licensed,
ý 1	hysician assistant committee licensing
	ted occupation under IC 25-1-7.
č , č	-9-29, AS ADDED BY P.L.3-2014,
39 SECTION 5, IS AMENDED TO	O READ AS FOLLOWS [EFFECTIVE
	hysician assistant committee licensing
41 board (IC 25-27.5) is a board	
42 SECTION 15. IC 25-0.5-	10-23, AS ADDED BY P.L.3-2014,

1 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 2 JULY 1, 2021]: Sec. 23. The physician assistant committee licensing 3 board (IC 25-27.5) is a board under IC 25-1-8-6. 4 SECTION 16. IC 25-0.5-11-17, AS ADDED BY P.L.3-2014, 5 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 6 JULY 1, 2021]: Sec. 17. The physician assistant committee licensing 7 board (IC 25-27.5) is a board under IC 25-1-9. 8 SECTION 17. IC 25-1-9.3-5, AS ADDED BY P.L.28-2019, 9 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 10 JULY 1, 2021]: Sec. 5. As used in this chapter, "prescriber" means any of the following: 11 12 (1) A dentist licensed under IC 25-14. 13 (2) A physician licensed under IC 25-22.5. 14 (3) An advanced practice registered nurse licensed and granted the authority to prescribe under IC 25-23. 15 (4) An optometrist licensed under IC 25-24. 16 17 (5) A physician assistant licensed under IC 25-27.5. and granted 18 the authority to prescribe by the physician assistant's supervisory 19 physician in accordance with IC 25-27.5-5-4. 20 (6) A podiatrist licensed under IC 25-29. 21 SECTION 18. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019, 22 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 23 JULY 1, 2021]: Sec. 4. As used in this chapter, "prescriber" means any 24 of the following: 25 (1) A physician licensed under IC 25-22.5. 26 (2) A physician assistant licensed under IC 25-27.5. and granted 27 the authority to prescribe by the physician assistant's collaborating physician in accordance with IC 25-27.5-5-4. 28 29 (3) An advanced practice registered nurse licensed and granted 30 the authority to prescribe drugs under IC 25-23. 31 (4) An optometrist licensed under IC 25-24. 32 (5) A podiatrist licensed under IC 25-29. 33 SECTION 19. IC 25-22.5-1-1.1, AS AMENDED BY P.L.28-2019, 34 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 35 JULY 1, 2021]: Sec. 1.1. As used in this article: 36 (a) "Practice of medicine or osteopathic medicine" means any one 37 (1) or a combination of the following: 38 (1) Holding oneself out to the public as being engaged in: 39 (A) the diagnosis, treatment, correction, or prevention of any 40 disease, ailment, defect, injury, infirmity, deformity, pain, or other condition of human beings; 41 42 (B) the suggestion, recommendation, or prescription or

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1 2 3 4 5 6 7	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,
8	or cure; or
9	(D) the prevention of any physical, mental, or functional
10	ailment or defect of any person.
11	(2) The maintenance of an office or a place of business for the
12	reception, examination, or treatment of persons suffering from
13	disease, ailment, defect, injury, infirmity, deformity, pain, or other
14	conditions of body or mind.
15	(3) Attaching the designation "doctor of medicine", "M.D.",
16	"doctor of osteopathy", "D.O.", "osteopathic medical physician",
17	"physician", "surgeon", or "physician and surgeon", either alone
18 19	or in connection with other words, or any other words or
19 20	abbreviations to a name, indicating or inducing others to believe that the person is engaged in the practice of medicine or
20 21	osteopathic medicine (as defined in this section).
22	(4) Providing diagnostic or treatment services to a person in
23	Indiana when the diagnostic or treatment services to a person in
24	(A) are transmitted through electronic communications; and
25	(B) are on a regular, routine, and nonepisodic basis or under
26	an oral or written agreement to regularly provide medical
27	services.
28	In addition to the exceptions described in section 2 of this chapter,
29	a nonresident physician who is located outside Indiana does not
30	practice medicine or osteopathy in Indiana by providing a second
31	opinion to a licensee or diagnostic or treatment services to a
32	patient in Indiana following medical care originally provided to
33	the patient while outside Indiana.
34	(b) "Board" refers to the medical licensing board of Indiana.
35	(c) "Diagnose or diagnosis" means to examine a patient, parts of a
36	patient's body, substances taken or removed from a patient's body, or
37	materials produced by a patient's body to determine the source or
38	nature of a disease or other physical or mental condition, or to hold
39	oneself out or represent that a person is a physician and is so examining
40	a patient. It is not necessary that the examination be made in the
41	presence of the patient; it may be made on information supplied either
42	directly or indirectly by the patient.



1 (d) "Drug or medicine" means any medicine, compound, or 2 chemical or biological preparation intended for internal or external use 3 of humans, and all substances intended to be used for the diagnosis, 4 cure, mitigation, or prevention of diseases or abnormalities of humans, 5 which are recognized in the latest editions published of the United 6 States Pharmacopoeia or National Formulary, or otherwise established 7 as a drug or medicine. 8 (e) "Licensee" means any individual holding a valid unlimited 9 license issued by the board under this article. 10 (f) "Prescribe or prescription" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment, by spoken 11 12 or written words or other means and in accordance with IC 25-1-9.3. 13 (g) "Physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a 14 15 valid unlimited license to practice medicine or osteopathic medicine in 16 Indiana. 17 (h) "Medical school" means a nationally accredited college of 18 medicine or of osteopathic medicine approved by the board. 19 (i) "Physician assistant" means an individual who 20 (1) is supervised by a physician; (2) graduated from an approved physician assistant program 21 22 described in IC 25-27.5-2-2; 23 (3) passed the examination administered by the National 24 Commission on Certification of Physician Assistants (NCCPA) 25 and maintains certification; and 26 (4) has been licensed by the physician assistant committee 27 licensing board under IC 25-27.5. 28 (j) "Agency" refers to the Indiana professional licensing agency 29 under IC 25-1-5. 30 (k) "INSPECT program" means the Indiana scheduled prescription 31 electronic collection and tracking program established by IC 25-1-13-4. 32 SECTION 20. IC 25-27.5-2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. "Board" refers to the 33 34 medical physician assistant licensing board of Indiana established by 35 IC 25-27.5-3-1. 36 SECTION 21. IC 25-27.5-2-4.7, AS ADDED BY P.L.247-2019, 37 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 38 JULY 1, 2021]: Sec. 4.7. "Collaborating physician" means a physician 39 who: 40 (1) is licensed by the medical licensing board of Indiana; and 41 who 42 (2) collaborates with and is responsible for a physician assistant.



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1	SECTION 22. IC 25-27.5-2-5 IS REPEALED [EFFECTIVE JULY
2	1, 2021]. Sec. 5. "Committee" refers to the physician assistant
3	committee established by IC 25-27.5-3-1.
4	SECTION 23. IC 25-27.5-2-10, AS AMENDED BY P.L.177-2009,
5	SECTION 50, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6	JULY 1, 2021]: Sec. 10. "Physician assistant" means an individual
7	who:
8	(1) meets the qualifications under set forth in this article; and
9	(2) is licensed under this article; and
10	(3) engages in the practice of medicine:
11	(A) with a collaborating physician under IC 25-27.5-5-2(a);
12	or
13	(B) if practicing in a licensed health care facility that has
14	a credentialing process, as provided in IC 25-27.5-5-2(f).
15	SECTION 24. IC 25-27.5-3-1 IS AMENDED TO READ AS
16	FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. The physician
17	assistant committee licensing board is established.
18	SECTION 25. IC 25-27.5-3-2, AS AMENDED BY P.L.249-2019,
19	SECTION 115, IS AMENDED TO READ AS FOLLOWS
20	[EFFECTIVE JULY 1, 2021]: Sec. 2. (a) The committee board
21	consists of five (5) members appointed by the governor.
22	(b) Subject to IC 25-1-6.5-3, the committee board must include the
23	following:
24	(1) Three (3) physician assistants who:
25	(A) are residents of Indiana;
26	(B) have at least three (3) years experience as physician
27	assistants; and
28	(C) are licensed under this article.
29	(2) A physician licensed under IC 25-22.5 who is familiar with
30	the practice of physician assistants.
31	(3) An individual who:
32	(A) is a resident of Indiana; and
33	(B) is not associated with physician assistants in any way other
34	than as a consumer.
35	(c) A member who is appointed:
36	(1) before July 1, 2019, serves a term of three (3) years; and
37	(2) after June 30, 2019, serves a term under IC 25-1-6.5.
38	SECTION 26. IC 25-27.5-3-3 IS AMENDED TO READ AS
39	FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. A physician assistant
40	appointed to the committee board must continue to practice as a
41	physician assistant while serving as a member of the committee. board.
42	SECTION 27. IC 25-27.5-3-4, AS AMENDED BY P.L.249-2019,



1 SECTION 116, IS AMENDED TO READ AS FOLLOWS 2 [EFFECTIVE JULY 1, 2021]: Sec. 4. A member of the committee 3 board may be removed by the governor under IC 25-1-6.5-4. 4 SECTION 28. IC 25-27.5-3-5, AS AMENDED BY P.L.197-2011, 5 SECTION 119, IS AMENDED TO READ AS FOLLOWS 6 [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) The committee board shall 7 have regular meetings, called: 8 (1) upon the request of the president; or 9 (2) by a majority of the members appointed to the committee, 10 board: and upon the advice and consent of the executive director of the 11 12 Indiana professional licensing agency for the transaction of business 13 that comes before the committee board under this article. 14 (b) At the first committee board meeting of each calendar year, the 15 committee board shall elect a president and any other officer 16 considered necessary by the committee board by an affirmative vote 17 of a majority of the members appointed to the committee. board. 18 (b) (c) Three (3) members of the committee board constitute a 19 quorum. An affirmative vote of a majority of the members appointed 20 to the committee board is required for the committee board to take 21 action on any business. 22 (c) (d) The committee board shall do the following: 23 (1) Consider the qualifications of individuals who apply for an 24 initial license under this article. 25 (2) Approve or reject license applications. 26 (3) Approve or reject license renewal applications. 27 (4) Propose rules to the board concerning the competent practice 28 of physician assistants and the administration of this article. 29 (5) Recommend to the board the amounts of fees required under 30 this article. 31 SECTION 29. IC 25-27.5-3-6, AS AMENDED BY P.L.90-2007, 32 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 33 JULY 1, 2021]: Sec. 6. (a) After considering the committee's proposed 34 rules, The board shall adopt rules under IC 4-22-2: 35 (1) establishing standards for: the following: 36 (1) (A) the competent practice of physician assistants; 37 (2) (B) the issuance and renewal of physician assistant 38 licenses issued under this article: and 39 (3) (C) standards for the administration of this article; and 40 (b) After considering the committee's recommendations for fees, 41 the board shall establish (2) establishing the amounts of fees 42

under IC 25-1-8-2.

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1 SECTION 30. IC 25-27.5-3-8, AS AMENDED BY P.L.3-2008, 2 SECTION 191, IS AMENDED TO READ AS FOLLOWS 3 [EFFECTIVE JULY 1, 2021]: Sec. 8. Each member of the committee 4 **board** who is not a state employee is entitled to the minimum salary 5 per diem provided by IC 4-10-11-2.1(b). The member is also entitled 6 to reimbursement for traveling expenses as provided under IC 4-13-1-4 7 and other expenses actually incurred in connection with the member's 8 duties as provided in the state policies and procedures established by 9 the Indiana department of administration and approved by the budget 10 agency. 11 SECTION 31. IC 25-27.5-4-1, AS AMENDED BY P.L.177-2009, 12 SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 13 JULY 1, 2021]: Sec. 1. An individual must be licensed by the 14 committee board before the individual may practice as a physician 15 assistant. The committee board may grant a license as a physician 16 assistant to an applicant who does satisfies the following conditions: 17 (1) Submits an application on forms approved by the committee. 18 board. 19 (2) Pays the fee established by the board. 20 (3) Has either: 21 (A) successfully: 22 (i) completed an educational program for physician 23 assistants accredited by an approved program; and 24 (ii) passed the Physician Assistant National Certifying 25 Examination administered by the NCCPA and maintains 26 current NCCPA certification; or 27 (B) passed the Physician Assistant National Certifying 28 Examination administered by the National Commission on 29 Certification of Physician Assistants before 1986. 30 (4) Submits to the committee board any other information the 31 committee board considers necessary to evaluate the applicant's 32 qualifications. 33 (5) Presents satisfactory evidence to the committee board that the 34 individual has not been: 35 (A) engaged in an act that would constitute grounds for a 36 disciplinary sanction under IC 25-1-9; or 37 (B) the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the 38 39 grounds that the individual was not able to practice as a 40 physician assistant without endangering the public. (6) Is of good moral character. 41 42 (7) Has been Is approved by the board.



1 2	SECTION 32. IC 25-27.5-4-2, AS AMENDED BY P.L.90-2007, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2021]: Sec. 2. The committee board may refuse to issue a
4	license or may issue a probationary license to an individual if:
5	(1) the individual has been:
6	(A) disciplined by an administrative agency in another
7	jurisdiction; or been
8	(B) convicted for of a crime that has a direct bearing on the
9	individual's ability to practice competently; and
10	(2) the committee board determines that the act for which the
11	individual was disciplined or convicted has a direct bearing on the
12	individual's ability to practice as a physician assistant.
13	SECTION 33. IC 25-27.5-4-3, AS AMENDED BY P.L.90-2007,
14	SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15	JULY 1, 2021]: Sec. 3. (a) If the committee board issues a
16	probationary license under section 2 of this chapter, the committee
17	board may require the individual who holds the probationary license
18	to meet at least one (1) or more of the following conditions:
19	(1) Report regularly to the committee board upon a matter that is
20	the basis for the probation.
21	(2) Limit practice to areas prescribed by the committee. board.
22	(3) Continue or renew professional education.
23	(4) Engage in community restitution or service without
24	compensation for a number of hours specified by the committee.
25	board.
26	(5) Submit to care, counseling, or treatment by a physician
27	designated by the committee board for a the matter that is the
28	basis for the probation.
29	(b) The committee board shall remove a limitation placed on a an
30	individual's probationary license under subsection (a) if, after a
31	hearing, the committee board finds that the deficiency that caused the
32	limitation has been remedied.
33	SECTION 34. IC 25-27.5-4-4, AS AMENDED BY P.L.177-2009,
34	SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35	JULY 1, 2021]: Sec. 4. (a) The committee board may grant a
36	temporary license to an applicant who meets the qualifications for
37	licensure under section 1 of this chapter but is awaiting the next
38	scheduled meeting of the committee. board.
39	(b) A temporary license granted under subsection (a) is valid until
40	the committee board makes a final decision on the applicant's request
41	for a license.
42	SECTION 35. IC 25-27.5-4-5, AS AMENDED BY P.L.177-2015,



1 SECTION 65, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 2 JULY 1, 2021]: Sec. 5. (a) Subject to IC 25-1-2-6(e), a physician 3 assistant license issued by the committee board expires on a date 4 established by the Indiana professional licensing agency under 5 IC 25-1-5-4 in the next even-numbered year following the year in 6 which the license was issued. 7 (b) An individual may renew a physician assistant license by 8 paying a renewal fee on or before the expiration date of the license.

9 (c) If an individual fails to pay a renewal fee on or before the expiration date of a license, the physician assistant license becomes 10 invalid and must be returned to the committee. board. 11

12 SECTION 36. IC 25-27.5-4-6, AS AMENDED BY P.L.3-2008, 13 SECTION 193, IS AMENDED TO READ AS FOLLOWS 14 [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) The committee board shall 15 reinstate an invalid **physician assistant** license up to three (3) years after the expiration date of the license if the individual holding the 16 17 invalid license meets the requirements under set forth in IC 25-1-8-6. 18

(b) If more than three (3) years have elapsed since the date on 19 which a physician assistant license expired, the individual holding the 20 license may renew the license by:

> (1) satisfying the requirements for renewal established by the board under IC 25-27.5-3-6(a)(1)(B); and

(2) meeting the requirements under set forth in IC 25-1-8-6.

SECTION 37. IC 25-27.5-4-7, AS AMENDED BY P.L.90-2007, 24 25 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. (a) An individual who is licensed under this 26 27 chapter shall notify the committee board in writing when the 28 individual retires from practice. 29

(b) Upon receipt of the notice, the committee board shall:

(1) record the fact that the individual is retired; and

(2) release the individual from further payment of license renewal fees.

SECTION 38. IC 25-27.5-4-8, AS AMENDED BY P.L.3-2008, SECTION 194, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. (a) If an individual surrenders a physician assistant license to the committee, board, the committee board may reinstate the license upon written request by the individual.

(b) If the committee board reinstates a physician assistant license, the committee board may impose conditions on the license appropriate to the reinstatement.

(c) An individual may not surrender a physician assistant license without written approval by the committee board if a disciplinary

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1 proceeding under this article is pending against the individual. 2 SECTION 39. IC 25-27.5-4-9, AS AMENDED BY P.L.177-2009, 3 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 4 JULY 1, 2021]: Sec. 9. (a) A physician assistant who notifies the 5 committee board in writing of the election may elect to place the 6 physician assistant's license on inactive status. 7 (b) The renewal fee for renewal of an inactive license is one-half 8 (1/2) of the **fee for** renewal fee to maintain of an active license. 9 (c) If a physician assistant with an inactive license elects to activate 10 the license, the physician assistant shall pay the renewal fee less any of 11 the amount paid for the inactive license. 12 (d) An individual who holds a license under this article and who 13 practices as a physician assistant while: 14 (1) the individual's license has is lapsed; or 15 (2) the individual is on inactive status under this section; 16 is considered to be practicing without a license and is subject to 17 discipline under IC 25-1-9. 18 SECTION 40. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019, 19 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 20 JULY 1, 2021]: Sec. 2. (a) Except as provided in subsection (f), a 21 physician assistant: 22 (1) must engage in a dependent practice with a collaborating 23 physician; and 24 (2) may not be independent from the collaborating physician, 25 including any of even in conducting the activities of other health 26 care providers set forth under in IC 25-22.5-1-2(a)(1) through 27 IC 25-22.5-1-2(a)(19). 28 A physician assistant may perform, under a collaborative agreement, 29 the duties and responsibilities that are delegated by the collaborating 30 physician and that are within the collaborating physician's scope of 31 practice, including prescribing and dispensing drugs and medical 32 devices. A patient may elect to be seen, examined, and treated by the 33 collaborating physician. 34 (b) If a physician assistant determines that a patient needs to be 35 examined by a physician, the physician assistant shall immediately 36 notify the collaborating physician or physician designee. 37 (c) If a physician assistant notifies the collaborating physician 38 under subsection (b) that a patient needs to be examined by the 39 collaborating physician, the physician should examine a patient, the 40 collaborating physician shall: 41 (1) schedule an examination of the patient, unless the patient 42 declines; or

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1	(2) arrange for another physician to examine the patient.
2	(d) A collaborating physician or physician assistant who does not
3	comply with subsections subsection (b) and or a collaborating
4	physician who does not comply with subsection (c) is subject to
5	discipline under IC 25-1-9.
6	(e) A physician assistant's collaborative agreement with between a
7	collaborating physician and a physician assistant must:
8	(1) be in writing;
9	(2) include all the tasks delegated to the physician assistant by the
10	collaborating physician;
11	(3) (2) set forth the collaborative agreement for the physician
12	assistant, including the emergency procedures that the physician
13	assistant must follow; method by which the physician assistant
14	and the health care team of which the physician assistant is a
15	member may collaborate with the collaborating physician to
16	deliver patient care; and
17	(4) specify the protocol the physician assistant shall follow in
18	prescribing a drug.
19	(3) be signed by the collaborating physician and the physician
20	assistant;
21	(4) be updated annually; and
22	(5) be made available to the board upon request.
23	(f) The physician shall submit the collaborative agreement to the
24	board. The physician assistant may prescribe a drug under the
25	collaborative agreement unless the board denies the collaborative
26	agreement. Any amendment to the collaborative agreement must be
27	resubmitted to the board, and the physician assistant may operate under
28	any new prescriptive authority under the amended collaborative
29	agreement unless the agreement has been denied by the board. If a
30	physician assistant is practicing in a licensed health care facility
31	that has a credentialing process:
32	(1) a written collaborative agreement between the physician
33	assistant and a particular collaborating physician is not
34	required;
35	(2) in treating each patient, the physician assistant shall
36	collaborate with, consult with, or refer the patient to the
37	appropriate member of the health care team of the licensed
38	health care facility as indicated by:
39	(A) the condition of the patient;
40	(B) the education, experience, and competence of the
41	physician assistant; and
42	(C) the appropriate standard of care for the patient; and

1 (3) the responsibilities of the physician assistant and the 2 degree of collaboration between the physician assistant and 3 other members of the licensed health care facility's health 4 care team shall be determined exclusively for purposes of the 5 physician assistant's practice in the licensed health care 6 facility by one (1) or more persons in authority over the 7 physician assistant, which may include: 8 (A) the employer of the physician assistant; 9 (B) officers or employees of the licensed health care 10 facility; 11 (C) one (1) or more physicians under whom the physician 12 assistant practices in the licensed health care facility; 13 (D) a hospital service company or association; and 14 (E) the body or authority that issues credentials and grants 15 practice privileges for the licensed health care facility. 16 (g) A physician or a physician assistant who violates the a collaborative 17 agreement described in this section subsection (e) may be disciplined 18 under IC 25-1-9. 19 SECTION 41. IC 25-27.5-5-4, AS AMENDED BY P.L.247-2019, 20 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 21 JULY 1, 2021]: Sec. 4. (a) Except as provided in this section, A 22 physician assistant may prescribe, dispense, and administer, and 23 procure drugs and medical devices or services to the extent delegated 24 by the collaborating physician. in accordance with section 6 of this 25 chapter. 26 (b) A physician assistant may not prescribe, dispense, or administer 27 ophthalmic devices, including glasses, contact lenses, and low vision 28 devices. 29 (c) A physician assistant may use or dispense only drugs prescribed or approved by the collaborating physician, in accordance with 30 31 IC 25-1-9.3. A physician assistant may not prescribe or dispense a 32 schedule I controlled substance listed in IC 35-48-2-4. 33 (d) A physician assistant may request, receive, and sign for 34 professional samples and may distribute professional samples to 35 patients if the samples are within the scope of the physician assistant's 36 prescribing privileges delegated by the collaborating physician. 37 (e) A physician assistant may not prescribe drugs unless the 38 physician assistant has: 39 (1) graduated from an accredited physician assistant program; 40 (2) received the required pharmacology training from the 41 accredited program; and 42 (3) the collaborating physician perform the review required by



1 IC 25-27.5-6-1(c)(1). 2 (f) (c) A physician assistant may not prescribe, administer, or 3 monitor general anesthesia, regional anesthesia, or deep sedation as 4 defined by the board. A physician assistant may not administer 5 moderate sedation: 6 (1) if the moderate sedation contains agents in which the 7 manufacturer's general warning advises that the drug should be 8 administered and monitored by an individual who is: 9 (A) experienced in the use of general anesthesia; and 10 (B) not involved in the conduct of the surgical or diagnostic 11 procedure; and 12 (2) during diagnostic tests, surgical procedures, or obstetric 13 procedures unless the following conditions are met: (A) A physician is physically present in the area, is 14 15 immediately available to assist in the management of the 16 patient, and is qualified to rescue patients from deep sedation. 17 (B) The physician assistant is qualified to rescue patients from 18 deep sedation and is competent to manage a compromised 19 airway and provide adequate oxygenation and ventilation by 20reason of meeting the following conditions: 21 (i) The physician assistant is certified in advanced 22 cardiopulmonary life support. 23 (ii) The physician assistant has knowledge of and training in 24 the medications used in moderate sedation, including 25 recommended doses, contraindications, and adverse 26 reactions. 27 SECTION 42. IC 25-27.5-5-6, AS AMENDED BY P.L.247-2019, 28 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 29 JULY 1, 2021]: Sec. 6. (a) Except as provided in section 4(d) of this 30 chapter, a collaborating physician may delegate authority to a physician 31 assistant to prescribe: 32 (1) legend drugs except as provided in section 4(c) of this chapter; 33 and 34 (2) medical devices (except ophthalmic devices, including 35 glasses, contact lenses, and low vision devices). 36 (a) A physician assistant: 37 (1) may prescribe, dispense, administer, and procure drugs 38 and medical devices: 39 (2) may plan and initiate a therapeutic regimen including, but 40 not limited to, ordering and prescribing: 41 (A) nonpharmacological interventions, including durable 42 medical equipment, nutrition, blood, and blood products;



1	and
2	(B) diagnostic support services, including home health
3	care, hospice, and physical and occupational therapy;
4	(3) may prescribe and dispense:
5	(A) Schedule II-V substances as designated by the federal
6	Drug Enforcement Administration; and
7	(B) all legend drugs;
8	(4) may not dispense a drug unless:
9	(A) pharmacy services are not reasonably available;
10	(B) dispensing the drug is in the best interests of the
11	patient; and
12	(C) an emergency exists; and
13	(5) may request, receive, and sign for a professional sample,
14	and may distribute a professional sample to a patient.
15	(b) A physician assistant who is delegated the authority to prescribe
16	legend drugs or medical devices must do the following:
17	(1) Enter the following on each prescription form that the
18	physician assistant uses to prescribe a legend drug or medical
19	device:
20	(A) The signature of the physician assistant.
21	(B) The initials indicating the credentials awarded to the
22	physician assistant by the NCCPA.
23	(C) The physician assistant's state license number.
24	(2) Comply with all applicable state and federal laws concerning
25	prescriptions for legend drugs and medical devices.
26	(c) A collaborating physician may delegate to a physician assistant
27	the authority to prescribe only legend drugs and medical devices that
28	are within the scope of practice of the licensed collaborating physician
29	or the physician designee.
30	(b) To prescribe or dispense a controlled substance, a physician
31	assistant must obtain:
32	(1) an Indiana controlled substance registration; and
33	(2) a federal Drug Enforcement Administration registration.
34	(d) (c) A physician assistant who is delegated the authority to
35	prescribe prescribing or dispensing a controlled substances under
36	subsection (a) and in accordance with the limitations specified in
37	section 4(c) of this chapter substance must do the following:
38	(1) Obtain an Indiana controlled substance registration and a
39	federal Drug Enforcement Administration registration.
40	(2) (1) Enter the following on each prescription form that the
41	physician assistant uses to prescribe a controlled substance:
42	(A) The signature of the physician assistant.



1 (B) The initials indicating the credentials awarded to the 2 physician assistant by the NCCPA. 3 (C) The physician assistant's state license number. 4 (D) The physician assistant's federal Drug Enforcement 5 Administration (DEA) number. (3) (2) Comply with all applicable state and federal laws 6 7 concerning prescriptions for controlled substances. 8 (e) A collaborating physician may only delegate to a physician 9 assistant the authority to prescribe controlled substances: 10 (1) that may be prescribed within the scope of practice of the licensed collaborating physician or the physician designee; and 11 12 (2) in accordance with the limitations set forth in section 4(c) of 13 this chapter. 14 (f) (d) Unless the pharmacist has specific knowledge that filling the 15 prescription written by a physician assistant will violate a collaborative 16 agreement or is illegal, a pharmacist shall fill a prescription written by 17 a physician assistant without requiring to see that the physician 18 assistant's collaborative agreement be made available for the 19 pharmacist's review. 20 (g) (e) A prescription written by a physician assistant that complies 21 with this chapter does not require a cosignature from the collaborative 22 physician or physician designee. 23 SECTION 43. IC 25-27.5-6-1, AS AMENDED BY P.L.247-2019, 24 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 25 JULY 1, 2021]: Sec. 1. (a) The collaboration by between the 26 collaborating physician or the physician designee of the collaborating 27 physician and a physician assistant must be continuous but does not 28 require the physical presence of the collaborating physician at the time 29 and the place that the services are rendered by the physician assistant 30 according to the collaboration agreement. 31 (b) A collaborating physician or **a** physician designee of the 32 collaborating physician shall review patient encounters of a 33 physician assistant with whom the physician is collaborating: 34 (1) not later than ten (10) business days; and 35 (2) within a reasonable time, as established in the collaborative 36 agreement, that is appropriate for the maintenance of quality 37 medical care; 38 after the physician assistant has seen the patient. that is appropriate for 39 the maintenance of quality medical care. 40 (c) The collaborating physician or **a** physician designee of the 41 collaborating physician shall review within a reasonable time that is 42 not later than ten (10) business days after a patient encounter and that



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1 is appropriate for the maintenance of quality medical care at least the 2 following percentages a percentage of the patient charts of patients 3 seen by the physician assistant that is appropriate for the 4 maintenance of quality medical care. 5 (1) For the first year in which a physician assistant obtains 6 authority to prescribe, at least ten percent (10%) of the patient's 7 records for any prescription prescribed or administered by the 8 physician assistant. 9 (2) For each subsequent year of practice of the physician assistant, 10 the percentage of charts that the collaborating physician or physician designee determines to be reasonable for the particular 11 12 practice setting and level of experience of the physician assistant, 13 as stated in the collaborative agreement, that is appropriate for the 14 maintenance of quality medical care. 15 SECTION 44. IC 25-27.5-6-2 IS REPEALED [EFFECTIVE JULY 16 1, 2021]. Sec. 2. A physician may enter into a collaborative agreement with more than four (4) physician assistants but may not collaborate 17 18 with more than four (4) physician assistants at the same time. 19 SECTION 45. IC 25-27.5-6-4, AS AMENDED BY P.L.247-2019, 20 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 21 JULY 1, 2021]: Sec. 4. (a) A physician collaborating with a physician 22 assistant must do the following: under IC 25-27.5-5-2: 23 (1) **must** be licensed under IC 25-22.5; 24 (2) Register with the board the physician's intent to enter into a 25 collaborative agreement with a physician assistant. 26 (3) (2) must not have a disciplinary action restriction that limits the physician's ability to collaborate with a physician assistant; 27 and 28 29 (4) (3) must maintain a written agreement with the physician 30 assistant that states the physician will: as specified in 31 IC 25-27.5-5-2. 32 (A) work in collaboration with the physician assistant in 33 accordance with any rules adopted by the board; and 34 (B) retain responsibility for the care rendered by the physician 35 assistant. 36 The collaborative agreement must be signed by the physician and 37 physician assistant, updated annually, and made available to the 38 board upon request. 39 (5) Submit to the board a list of locations that the collaborating 40 physician and the physician assistant may practice. The board may request additional information concerning the practice 41 42 locations to assist the board with considering the written



1	agreement described in subdivision (4).
2	(b) Except as provided in this section, this chapter may not be
3	construed to limit the employment arrangement of a physician
4	assistant with a collaborating physician under this chapter.
5	SECTION 46. IC 25-27.5-6-5 IS REPEALED [EFFECTIVE JULY
6	1, 2021]. Sec. 5. (a) Before initiating practice the collaborating
7	physician and the physician assistant must submit, on forms approved
8	by the board, the following information:
9	(1) The name, the business address, and the telephone number of
10	the collaborating physician.
11	(2) The name, the business address, and the telephone number of
12	the physician assistant.
13	(3) A brief description of the setting in which the physician
14	assistant will practice.
15	(4) Any other information required by the board.
16	(b) A physician assistant must notify the committee of any changes
17	or additions in practice sites or collaborating physicians not more than
18	thirty (30) days after the change or addition.
19	SECTION 47. IC 25-27.5-6-6, AS AMENDED BY P.L.247-2019,
20	SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21	JULY 1, 2021]: Sec. 6. The collaborating physician may delegate
22	authority for the A physician assistant to may provide perform
23	volunteer work, including charitable work and migrant health care,
24	regardless of the terms of or the existence of a collaboration
25	agreement described in IC 25-27.5-5-2.

