



February 19, 2021

SENATE BILL No. 366

DIGEST OF SB 366 (Updated February 17, 2021 2:19 pm - DI 104)

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

Synopsis: Physician assistants. Allows advanced practice registered nurses and physician assistants to issue written orders for home health services to a home health agency. Eliminates the requirements that a collaborative agreement between a collaborating physician and a physician assistant: (1) include all the tasks delegated to the physician assistant by the collaborating physician (instead requiring that the collaborative agreement include any limitations); and (2) specify the protocol to be followed by the physician assistant in prescribing a drug. Sets forth requirements of a collaborative agreement. 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 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. Allows a physician assistant to perform volunteer work regardless of the terms of or the existence of a collaboration agreement.

Effective: July 1, 2021.

Leising, Becker

January 11, 2021, read first time and referred to Committee on Health and Provider Services.
February 18, 2021, amended, reported favorably — Do Pass.

SB 366—LS 6893/DI 55



February 19, 2021

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:

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- 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 (3) Occupational therapy.
 27 (4) Speech therapy.
 28 (5) Medical social services.
 29 (6) Home health aide services.
 30 (7) Other therapeutic services.
 31 (c) The term does not apply to the following:
 32 (1) Services provided by a physician licensed under IC 25-22.5.
 33 (2) Incidental services provided by a licensed health facility to
 34 patients of the licensed health facility.
 35 (3) Services provided by employers or membership organizations
 36 using health care professionals for their employees, members, and
 37 families of the employees or members if the health or home care
 38 services are not the predominant purpose of the employer or a
 39 membership organization's business.
 40 (4) Nonmedical nursing care given in accordance with the tenets
 41 and practice of a recognized church or religious denomination to
 42 a patient who depends upon healing by prayer and spiritual means



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, **an**
11 **advanced practice registered nurse, or a physician assistant**
12 licensed in Indiana or any other state. If the physician, dentist,
13 chiropractor, podiatrist, ~~or~~ optometrist, **advanced practice registered**
14 **nurse, or physician assistant** is licensed in a state other than Indiana,
15 the home health agency shall take reasonable immediate steps to
16 determine that:

17 (1) the order complies with the laws of the state where the order
18 originated; and

19 (2) the individual who issued the order examined the patient and
20 is licensed to practice in that state.

21 (b) All orders issued by a physician, a dentist, a chiropractor, a
22 podiatrist, ~~or~~ an optometrist, **an advanced practice registered nurse,**
23 **or a physician assistant** for home health services:

24 (1) must meet the same requirements whether the order originates
25 in Indiana or another state; and

26 (2) from another state may not exceed the authority allowed under
27 orders from the same profession in Indiana under IC 25.

28 SECTION 4. IC 16-27-3-1 IS AMENDED TO READ AS
29 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. An employee of a
30 home health agency who is a licensed pharmacist, registered nurse, or
31 licensed practical nurse may purchase, store, or transport for
32 administering to a home health patient or hospice patient of the home
33 health agency under the order of a licensed physician **or physician**
34 **assistant** the following:

35 (1) Sterile water for injection and irrigation.

36 (2) Sterile saline for injection and irrigation.

37 SECTION 5. IC 16-27-3-2 IS AMENDED TO READ AS
38 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) An employee of
39 a home health agency who is a licensed pharmacist, registered nurse,
40 or licensed practical nurse may purchase, store, or transport a vaccine
41 in order to administer the vaccine to:

42 (1) the home health agency's:



1 (A) employees; or
 2 (B) home health patients or hospice patients; or
 3 (2) family members of a home health patient or hospice patient;
 4 under the order of a licensed physician.

5 (b) An employee described in subsection (a) who purchases, stores,
 6 or transports a vaccine under this section must ensure that a standing
 7 order for the vaccine:

- 8 (1) is signed and dated by a licensed physician **or physician**
 9 **assistant**;
 10 (2) identifies the vaccine covered by the order;
 11 (3) indicates that appropriate procedures are established for
 12 responding to any adverse reaction to the vaccine; and
 13 (4) directs that a specific medication or category of medication be
 14 administered if a recipient has an adverse reaction to the vaccine.

15 SECTION 6. IC 16-27-3-4 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. An employee of a
 17 home health agency who is a licensed pharmacist, registered nurse, or
 18 licensed practical nurse may purchase, store, or transport drugs in a
 19 sealed portable container under this chapter only if the home health
 20 agency has established written policies and procedures to ensure the
 21 following:

- 22 (1) That the container is handled properly with respect to storage,
 23 transportation, and temperature stability.
 24 (2) That a drug is removed from the container only on the written
 25 or oral order of a licensed physician **or physician assistant**.
 26 (3) That the administration of a drug in the container is performed
 27 in accordance with a specific treatment protocol.
 28 (4) That the home health agency maintains a written record of the
 29 dates and times the container is in the possession of a licensed
 30 pharmacist, registered nurse, or licensed practical nurse.
 31 (5) That the home health agency require an employee who
 32 possesses the container to submit a daily accounting of all drugs
 33 and devices in the container to the home health agency in writing.

34 SECTION 7. IC 16-27-3-6 IS AMENDED TO READ AS
 35 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) If an employee
 36 of a home health agency who is a licensed pharmacist, registered nurse,
 37 or licensed practical nurse administers a drug listed in section 3 of this
 38 chapter under the oral order of a licensed physician **or physician**
 39 **assistant**, the physician **or physician assistant** shall promptly send a
 40 signed copy of the order to the home health agency.

41 (b) Not more than twenty (20) days after receiving an order under
 42 subsection (a), the home health agency shall send a copy of the order,



1 as signed by and received from the physician **or physician assistant**,
2 to the dispensing pharmacy.

3 SECTION 8. IC 16-42-27-1, AS AMENDED BY P.L.247-2019,
4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2021]: Sec. 1. As used in this chapter, "prescriber" means any
6 of the following:

- 7 (1) A physician licensed under IC 25-22.5.
- 8 (2) A physician assistant licensed under IC 25-27.5. ~~and granted~~
9 ~~the authority to prescribe by the physician assistant's collaborating~~
10 ~~physician and in accordance with IC 25-27.5-5-4.~~
- 11 (3) An advanced practice registered nurse licensed and granted
12 the authority to prescribe drugs under IC 25-23.
- 13 (4) The state health commissioner, if the state health
14 commissioner holds an active license under IC 25-22.5.
- 15 (5) A public health authority.

16 SECTION 9. IC 25-1-9.3-5, AS ADDED BY P.L.28-2019,
17 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 JULY 1, 2021]: Sec. 5. As used in this chapter, "prescriber" means any
19 of the following:

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

29 SECTION 10. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019,
30 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2021]: Sec. 4. As used in this chapter, "prescriber" means any
32 of the following:

- 33 (1) A physician licensed under IC 25-22.5.
- 34 (2) A physician assistant licensed under IC 25-27.5. ~~and granted~~
35 ~~the authority to prescribe by the physician assistant's collaborating~~
36 ~~physician in accordance with IC 25-27.5-5-4.~~
- 37 (3) An advanced practice registered nurse licensed and granted
38 the authority to prescribe drugs under IC 25-23.
- 39 (4) An optometrist licensed under IC 25-24.
- 40 (5) A podiatrist licensed under IC 25-29.

41 SECTION 11. IC 25-22.5-1-1.1, AS AMENDED BY P.L.28-2019,
42 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



- 1 JULY 1, 2021]: Sec. 1.1. As used in this article:
 2 (a) "Practice of medicine or osteopathic medicine" means any one
 3 (1) or a combination of the following:
 4 (1) Holding oneself out to the public as being engaged in:
 5 (A) the diagnosis, treatment, correction, or prevention of any
 6 disease, ailment, defect, injury, infirmity, deformity, pain, or
 7 other condition of human beings;
 8 (B) the suggestion, recommendation, or prescription or
 9 administration of any form of treatment, without limitation;
 10 (C) the performing of any kind of surgical operation upon a
 11 human being, including tattooing (except for providing a tattoo
 12 as defined in IC 35-45-21-4(a)), in which human tissue is cut,
 13 burned, or vaporized by the use of any mechanical means,
 14 laser, or ionizing radiation, or the penetration of the skin or
 15 body orifice by any means, for the intended palliation, relief,
 16 or cure; or
 17 (D) the prevention of any physical, mental, or functional
 18 ailment or defect of any person.
 19 (2) The maintenance of an office or a place of business for the
 20 reception, examination, or treatment of persons suffering from
 21 disease, ailment, defect, injury, infirmity, deformity, pain, or other
 22 conditions of body or mind.
 23 (3) Attaching the designation "doctor of medicine", "M.D.",
 24 "doctor of osteopathy", "D.O.", "osteopathic medical physician",
 25 "physician", "surgeon", or "physician and surgeon", either alone
 26 or in connection with other words, or any other words or
 27 abbreviations to a name, indicating or inducing others to believe
 28 that the person is engaged in the practice of medicine or
 29 osteopathic medicine (as defined in this section).
 30 (4) Providing diagnostic or treatment services to a person in
 31 Indiana when the diagnostic or treatment services:
 32 (A) are transmitted through electronic communications; and
 33 (B) are on a regular, routine, and nonepisodic basis or under
 34 an oral or written agreement to regularly provide medical
 35 services.
 36 In addition to the exceptions described in section 2 of this chapter,
 37 a nonresident physician who is located outside Indiana does not
 38 practice medicine or osteopathy in Indiana by providing a second
 39 opinion to a licensee or diagnostic or treatment services to a
 40 patient in Indiana following medical care originally provided to
 41 the patient while outside Indiana.
 42 (b) "Board" refers to the medical licensing board of Indiana.



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

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

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

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

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

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

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

28 ~~(1) is supervised by a physician;~~

29 ~~(2) graduated from an approved physician assistant program~~
 30 ~~described in IC 25-27.5-2-2;~~

31 ~~(3) passed the examination administered by the National~~
 32 ~~Commission on Certification of Physician Assistants (NCCPA)~~
 33 ~~and maintains certification; and~~

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

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

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

40 SECTION 12. IC 25-27.5-3-5, AS AMENDED BY P.L.197-2011,
 41 SECTION 119, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) The committee shall have



1 regular meetings, called:

2 (1) upon the request of the president; or

3 (2) by a majority of the members appointed to the committee;

4 ~~and upon the advice and consent of the executive director of the~~
5 ~~Indiana professional licensing agency;~~ for the transaction of business
6 that comes before the committee under this article.

7 (b) At the first committee meeting of each calendar year, the
8 committee shall elect a president and any other officer considered
9 necessary by the committee by an affirmative vote of a majority of the
10 members appointed to the committee.

11 ~~(b)~~ (c) Three (3) members of the committee constitute a quorum. An
12 affirmative vote of a majority of the members appointed to the
13 committee is required for the committee to take action on any business.

14 ~~(c)~~ (d) The committee shall do the following:

15 (1) Consider the qualifications of individuals who apply for an
16 initial license under this article.

17 (2) Approve or reject license applications.

18 (3) Approve or reject **license** renewal applications.

19 (4) Propose rules to the board concerning the competent practice
20 of physician assistants and the administration of this article.

21 (5) Recommend to the board the amounts of fees required under
22 this article.

23 SECTION 13. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019,
24 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25 JULY 1, 2021]: Sec. 2. (a) **Except as provided in subsection (f)**, a
26 physician assistant:

27 (1) must engage in a dependent practice with a collaborating
28 physician; and

29 (2) may not be independent from the collaborating physician,
30 **including any of even in conducting** the activities of other health
31 care providers set forth ~~under in~~ IC 25-22.5-1-2(a)(1) through
32 IC 25-22.5-1-2(a)(19).

33 A physician assistant may perform, under a collaborative agreement,
34 the duties and responsibilities that are delegated by the collaborating
35 physician and that are within the collaborating physician's scope of
36 practice, including prescribing and dispensing drugs and medical
37 devices. A patient may elect to be seen, examined, and treated by the
38 collaborating physician.

39 (b) If a physician assistant determines that a patient needs to be
40 examined by a physician, the physician assistant shall immediately
41 notify the collaborating physician or physician designee.

42 (c) If a physician assistant notifies the collaborating physician



1 **under subsection (b) that a patient needs to be examined by the**
 2 **collaborating physician, the physician should examine a patient; the**
 3 **collaborating physician shall:**

4 (1) schedule an examination of the patient, unless the patient
 5 declines; or

6 (2) arrange for another physician to examine the patient.

7 (d) A ~~collaborating physician or~~ physician assistant who does not
 8 comply with ~~subsections~~ **subsection (b) and or a collaborating**
 9 **physician who does not comply with subsection (c)** is subject to
 10 discipline under IC 25-1-9.

11 (e) A ~~physician assistant's~~ collaborative agreement ~~with~~ **between a**
 12 **collaborating physician and a physician assistant** must:

13 (1) be in writing;

14 (2) include ~~all the tasks delegated to the physician assistant by the~~
 15 ~~collaborating physician; any limitations;~~

16 (3) set forth the collaborative agreement for the physician
 17 assistant, including the emergency procedures that the physician
 18 assistant must follow; **method by which the physician assistant**
 19 **and the health care medical team of which the physician**
 20 **assistant is a member may collaborate with the collaborating**
 21 **physician to deliver patient care; and**

22 (4) specify the protocol the physician assistant shall follow in
 23 prescribing a drug:

24 (4) **be signed by the collaborating physician and the physician**
 25 **assistant;**

26 (5) **be updated annually; and**

27 (6) **be made available to the board upon request.**

28 (f) The physician shall submit the collaborative agreement to the
 29 board. The physician assistant may prescribe a drug under the
 30 collaborative agreement unless the board denies the collaborative
 31 agreement. Any amendment to the collaborative agreement must be
 32 resubmitted to the board; and the physician assistant may operate under
 33 any new prescriptive authority under the amended collaborative
 34 agreement unless the agreement has been denied by the board. **If a**
 35 **physician assistant is practicing in a licensed health care facility**
 36 **that has a credentialing process:**

37 (1) **a written collaborative agreement between the physician**
 38 **assistant and a particular collaborating physician is not**
 39 **required; and**

40 (2) **the medical staff of the health care facility shall set forth**
 41 **the manner in which a physician assistant and the physician**
 42 **will cooperate, coordinate, and consult with each other in the**



1 **provision of health care to the patients.**

2 (g) A physician or a physician assistant who violates ~~the a~~
3 collaborative agreement described in ~~this section~~ **subsection (e)** may
4 be disciplined under IC 25-1-9.

5 SECTION 14. IC 25-27.5-5-4, AS AMENDED BY P.L.247-2019,
6 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7 JULY 1, 2021]: Sec. 4. (a) ~~Except as provided in this section,~~ A
8 physician assistant may prescribe, dispense, ~~and~~ administer, ~~and~~
9 **procure** drugs and medical devices ~~or services to the extent delegated~~
10 ~~by the collaborating physician. in accordance with section 6 of this~~
11 **chapter.**

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

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

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

23 (e) A physician assistant may not prescribe drugs unless the
24 physician assistant has:

- 25 (1) graduated from an accredited physician assistant program;
26 (2) received the required pharmacology training from the
27 accredited program; and
28 (3) ~~the collaborating physician perform the review required by~~
29 ~~IC 25-27.5-6-1(c)(1).~~

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

- 34 (1) if the moderate sedation contains agents in which the
35 manufacturer's general warning advises that the drug should be
36 administered and monitored by an individual who is:
37 (A) experienced in the use of general anesthesia; and
38 (B) not involved in the conduct of the surgical or diagnostic
39 procedure; and
40 (2) during diagnostic tests, surgical procedures, or obstetric
41 procedures unless the following conditions are met:
42 (A) A physician is physically present in the area, is



1 immediately available to assist in the management of the
 2 patient, and is qualified to rescue patients from deep sedation.
 3 (B) The physician assistant is qualified to rescue patients from
 4 deep sedation and is competent to manage a compromised
 5 airway and provide adequate oxygenation and ventilation by
 6 reason of meeting the following conditions:
 7 (i) The physician assistant is certified in advanced
 8 cardiopulmonary life support.
 9 (ii) The physician assistant has knowledge of and training in
 10 the medications used in moderate sedation, including
 11 recommended doses, contraindications, and adverse
 12 reactions.

13 SECTION 15. IC 25-27.5-5-6, AS AMENDED BY P.L.247-2019,
 14 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2021]: Sec. 6. (a) ~~Except as provided in section 4(d) of this~~
 16 ~~chapter, a collaborating physician may delegate authority to a physician~~
 17 ~~assistant to prescribe:~~

18 ~~(1) legend drugs except as provided in section 4(c) of this chapter;~~
 19 ~~and~~

20 ~~(2) medical devices (except ophthalmic devices, including~~
 21 ~~glasses, contact lenses, and low vision devices).~~

22 **(a) A physician assistant:**

23 **(1) may prescribe, dispense, administer, and procure drugs**
 24 **and medical devices;**

25 **(2) may plan and initiate a therapeutic regimen including, but**
 26 **not limited to, ordering and prescribing:**

27 **(A) nonpharmacological interventions, including durable**
 28 **medical equipment, nutrition, blood, and blood products;**
 29 **and**

30 **(B) diagnostic support services, including home health**
 31 **care, hospice, and physical and occupational therapy;**

32 **(3) may prescribe and dispense:**

33 **(A) Schedule II-V substances as designated by the federal**
 34 **Drug Enforcement Administration; and**

35 **(B) all legend drugs;**

36 **(4) may not dispense a drug unless:**

37 **(A) pharmacy services are not reasonably available;**

38 **(B) dispensing the drug is in the best interests of the**
 39 **patient; and**

40 **(C) an emergency exists; and**

41 **(5) may request, receive, and sign for a professional sample,**
 42 **and may distribute a professional sample to a patient.**



1 (b) A physician assistant who is delegated the authority to prescribe
2 legend drugs or medical devices must do the following:

3 (1) Enter the following on each prescription form that the
4 physician assistant uses to prescribe a legend drug or medical
5 device:

6 (A) The signature of the physician assistant.

7 (B) The initials indicating the credentials awarded to the
8 physician assistant by the NCCPA.

9 (C) The physician assistant's state license number.

10 (2) Comply with all applicable state and federal laws concerning
11 prescriptions for legend drugs and medical devices.

12 (c) A collaborating physician may delegate to a physician assistant
13 the authority to prescribe only legend drugs and medical devices that
14 are within the scope of practice of the licensed collaborating physician
15 or the physician designee.

16 (b) To prescribe or dispense a controlled substance, a physician
17 assistant must obtain:

18 (1) an Indiana controlled substance registration; and

19 (2) a federal Drug Enforcement Administration registration.

20 (d) (c) A physician assistant who is delegated the authority to
21 prescribe **prescribing or dispensing** a controlled substances under
22 subsection (a) and in accordance with the limitations specified in
23 section 4(c) of this chapter **substance** must do the following:

24 (1) Obtain an Indiana controlled substance registration and a
25 federal Drug Enforcement Administration registration.

26 (2) (1) Enter the following on each prescription form that the
27 physician assistant uses to prescribe a controlled substance:

28 (A) The signature of the physician assistant.

29 (B) The initials indicating the credentials awarded to the
30 physician assistant by the NCCPA.

31 (C) The physician assistant's state license number.

32 (D) The physician assistant's federal Drug Enforcement
33 Administration (DEA) number.

34 (3) (2) Comply with all applicable state and federal laws
35 concerning prescriptions for controlled substances.

36 (e) A collaborating physician may only delegate to a physician
37 assistant the authority to prescribe controlled substances:

38 (1) that may be prescribed within the scope of practice of the
39 licensed collaborating physician or the physician designee; and

40 (2) in accordance with the limitations set forth in section 4(c) of
41 this chapter.

42 (f) (d) Unless the pharmacist has specific knowledge that filling the



1 prescription written by a physician assistant will violate a collaborative
 2 agreement or is illegal, a pharmacist shall fill a prescription written by
 3 a physician assistant without requiring ~~to see that the physician~~
 4 ~~assistant's~~ collaborative agreement **be made available for the**
 5 **pharmacist's review.**

6 ~~(g)~~ **(e)** A prescription written by a physician assistant that complies
 7 with this chapter does not require a cosignature from the collaborative
 8 physician or physician designee.

9 SECTION 16. IC 25-27.5-6-1, AS AMENDED BY P.L.247-2019,
 10 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 11 JULY 1, 2021]: Sec. 1. (a) **The collaboration by between the**
 12 **collaborating physician or the physician designee of the collaborating**
 13 **physician and a physician assistant** must be continuous but does not
 14 require the physical presence of the collaborating physician at the time
 15 and ~~the~~ place that the services are rendered **by the physician assistant**
 16 **according to the collaboration agreement.**

17 (b) A collaborating physician or **a physician designee of the**
 18 **collaborating physician** shall review patient encounters **of a**
 19 **physician assistant with whom the physician is collaborating:**

20 **(1)** not later than ten (10) business days; and

21 **(2)** within a reasonable time, as established in the collaborative
 22 agreement, **that is appropriate for the maintenance of quality**
 23 **medical care;**

24 after the physician assistant has seen the patient. ~~that is appropriate for~~
 25 ~~the maintenance of quality medical care.~~

26 (c) The collaborating physician or **a physician designee of the**
 27 **collaborating physician** shall review within a reasonable time that is
 28 not later than ten (10) business days after a patient encounter **and that**
 29 **is appropriate for the maintenance of quality medical care at least the**
 30 **following percentages a percentage** of the patient charts **of patients**
 31 **seen by the physician assistant that is appropriate for the**
 32 **maintenance of quality medical care.**

33 **(1)** For the first year in which a physician assistant obtains
 34 authority to prescribe, at least ten percent (10%) of the patient's
 35 records for any prescription prescribed or administered by the
 36 physician assistant.

37 **(2)** For each subsequent year of practice of the physician assistant,
 38 the percentage of charts that the collaborating physician or
 39 physician designee determines to be reasonable for the particular
 40 practice setting and level of experience of the physician assistant,
 41 as stated in the collaborative agreement, that is appropriate for the
 42 maintenance of quality medical care.



1 SECTION 17. IC 25-27.5-6-4, AS AMENDED BY P.L.247-2019,
 2 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2021]: Sec. 4. (a) A physician collaborating with a physician
 4 assistant ~~must do the following:~~ **under IC 25-27.5-5-2:**

5 (1) ~~must~~ be licensed under IC 25-22.5;

6 (2) ~~Register with the board the physician's intent to enter into a~~
 7 ~~collaborative agreement with a physician assistant.~~

8 (3) ~~(2) must~~ not have a disciplinary action restriction that limits
 9 the physician's ability to collaborate with a physician assistant;
 10 **and**

11 (4) ~~(3) must~~ maintain a written agreement with the physician
 12 assistant that states the physician will: **as specified in**
 13 **IC 25-27.5-5-2.**

14 (A) ~~work in collaboration with the physician assistant in~~
 15 ~~accordance with any rules adopted by the board; and~~

16 (B) ~~retain responsibility for the care rendered by the physician~~
 17 ~~assistant.~~

18 The collaborative agreement must be signed by the physician and
 19 physician assistant; updated annually; and made available to the
 20 board upon request.

21 (5) ~~Submit to the board a list of locations that the collaborating~~
 22 ~~physician and the physician assistant may practice. The board~~
 23 ~~may request additional information concerning the practice~~
 24 ~~locations to assist the board with considering the written~~
 25 ~~agreement described in subdivision (4).~~

26 (b) Except as provided in this section, this chapter may not be
 27 construed to limit the employment arrangement **of a physician**
 28 **assistant** with a collaborating physician under this chapter.

29 SECTION 18. IC 25-27.5-6-5 IS REPEALED [EFFECTIVE JULY
 30 1, 2021]. Sec. 5: (a) Before initiating practice the collaborating
 31 physician and the physician assistant must submit, on forms approved
 32 by the board; the following information:

33 (1) The name, the business address, and the telephone number of
 34 the collaborating physician.

35 (2) The name, the business address, and the telephone number of
 36 the physician assistant.

37 (3) A brief description of the setting in which the physician
 38 assistant will practice.

39 (4) Any other information required by the board.

40 (b) A physician assistant must notify the committee of any changes
 41 or additions in practice sites or collaborating physicians not more than
 42 thirty (30) days after the change or addition.



1 SECTION 19. IC 25-27.5-6-6, AS AMENDED BY P.L.247-2019,
2 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2021]: Sec. 6. ~~The collaborating physician may delegate~~
4 ~~authority for the A~~ **A physician assistant to may provide perform**
5 volunteer work, including charitable work and migrant health care,
6 **regardless of the terms of or the existence of a collaboration**
7 **agreement described in IC 25-27.5-5-2.**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 366, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 10, after "optometrist," insert "**an advanced practice registered nurse,**".

Page 3, line 12, after "optometrist," insert "**advanced practice registered nurse,**".

Page 3, line 20, after "optometrist," insert "**an advanced practice registered nurse,**".

Page 5, delete lines 14 through 42.

Page 6, delete lines 1 through 7.

Page 8, line 26, reset in roman "committee".

Page 8, line 27, delete "licensing board".

Page 8, delete lines 32 through 42.

Delete pages 9 through 15.

Page 16, delete lines 1 through 18, begin a new paragraph and insert:

"SECTION 12. IC 25-27.5-3-5, AS AMENDED BY P.L.197-2011, SECTION 119, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) The committee shall have regular meetings, called:

(1) upon the request of the president; or

(2) by a majority of the members appointed to the committee;

~~and upon the advice and consent of the executive director of the Indiana professional licensing agency;~~ for the transaction of business that comes before the committee under this article.

(b) At the first committee meeting of each calendar year, the committee shall elect a president and any other officer considered necessary by the committee by an affirmative vote of a majority of the members appointed to the committee.

~~(b)~~ (c) Three (3) members of the committee constitute a quorum. An affirmative vote of a majority of the members appointed to the committee is required for the committee to take action on any business.

~~(c)~~ (d) The committee shall do the following:

(1) Consider the qualifications of individuals who apply for an initial license under this article.

(2) Approve or reject license applications.

(3) Approve or reject **license** renewal applications.



(4) Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.

(5) Recommend to the board the amounts of fees required under this article.

SECTION 13. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) **Except as provided in subsection (f)**, a physician assistant:

(1) must engage in a dependent practice with a collaborating physician; and

(2) may not be independent from the collaborating physician, **including any of even in conducting** the activities of other health care providers set forth ~~under in~~ IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

A physician assistant may perform, under a collaborative agreement, the duties and responsibilities that are delegated by the collaborating physician and that are within the collaborating physician's scope of practice, including prescribing and dispensing drugs and medical devices. A patient may elect to be seen, examined, and treated by the collaborating physician.

(b) If a physician assistant determines that a patient needs to be examined by a physician, the physician assistant shall immediately notify the collaborating physician or physician designee.

(c) If a physician assistant notifies the collaborating physician **under subsection (b) that a patient needs to be examined by the collaborating physician, the physician should examine a patient**, the collaborating physician shall:

(1) schedule an examination of the patient, unless the patient declines; or

(2) arrange for another physician to examine the patient.

(d) A ~~collaborating physician or~~ physician assistant who does not comply with ~~subsections subsection (b) and or a collaborating physician who does not comply with subsection (c)~~ is subject to discipline under IC 25-1-9.

(e) A ~~physician assistant's collaborative agreement with~~ **between a collaborating physician and a physician assistant** must:

(1) be in writing;

(2) include ~~all the tasks delegated to the physician assistant by the collaborating physician; any limitations;~~

(3) set forth the collaborative agreement for the physician assistant, including the emergency procedures that the physician assistant must follow; **method by which the physician assistant**



and the health care medical team of which the physician assistant is a member may collaborate with the collaborating physician to deliver patient care; and

(4) specify the protocol the physician assistant shall follow in prescribing a drug;

(4) be signed by the collaborating physician and the physician assistant;

(5) be updated annually; and

(6) be made available to the board upon request.

(f) The physician shall submit the collaborative agreement to the board. The physician assistant may prescribe a drug under the collaborative agreement unless the board denies the collaborative agreement. Any amendment to the collaborative agreement must be resubmitted to the board; and the physician assistant may operate under any new prescriptive authority under the amended collaborative agreement unless the agreement has been denied by the board. **If a physician assistant is practicing in a licensed health care facility that has a credentialing process:**

(1) a written collaborative agreement between the physician assistant and a particular collaborating physician is not required; and

(2) the medical staff of the health care facility shall set forth the manner in which a physician assistant and the physician will cooperate, coordinate, and consult with each other in the provision of health care to the patients.

(g) A physician or a physician assistant who violates ~~the a~~ collaborative agreement described in ~~this section~~ **subsection (e)** may be disciplined under IC 25-1-9."

Page 20, delete lines 15 through 18.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 366 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 10, Nays 0.

