

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 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.



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:



- 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, **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



(2) family members of a home health patient or hospice patient; under the order of a licensed physician.

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

(1) is signed and dated by a licensed physician **or physician assistant**;

(2) identifies the vaccine covered by the order;

(3) indicates that appropriate procedures are established for responding to any adverse reaction to the vaccine; and

(4) directs that a specific medication or category of medication be administered if a recipient has an adverse reaction to the vaccine.

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

(1) That the container is handled properly with respect to storage, transportation, and temperature stability.

(2) That a drug is removed from the container only on the written or oral order of a licensed physician **or physician assistant**.

(3) That the administration of a drug in the container is performed in accordance with a specific treatment protocol.

(4) That the home health agency maintains a written record of the dates and times the container is in the possession of a licensed pharmacist, registered nurse, or licensed practical nurse.

(5) That the home health agency require an employee who possesses the container to submit a daily accounting of all drugs and devices in the container to the home health agency in writing.

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

(b) Not more than twenty (20) days after receiving an order under subsection (a), the home health agency shall send a copy of the order, as signed by and received from the physician **or physician assistant**, to the dispensing pharmacy.



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

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

SECTION 9. IC 25-0.5-3-35, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 35. IC 25-1-2-6(b) applies to the physician assistant ~~committee~~ **licensing board**.

SECTION 10. IC 25-0.5-4-23, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 23. The physician assistant ~~committee~~ **licensing board** (IC 25-27.5) is a board under IC 25-1-4.

SECTION 11. IC 25-0.5-5-18, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18. The Indiana professional licensing agency shall perform administrative functions, duties, and responsibilities for the physician assistant ~~committee~~ **licensing board** (IC 25-27.5) under IC 25-1-5-3(a).

SECTION 12. IC 25-0.5-6-17, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 17. An individual licensed, certified, registered, or permitted by the physician assistant ~~committee~~ **licensing board** (IC 25-27.5) is a provider under IC 25-1-5-10.

SECTION 13. IC 25-0.5-8-28, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 28. An occupation for which a person is licensed, certified, or registered by the physician assistant ~~committee~~ **licensing board** (IC 25-27.5) is a regulated occupation under IC 25-1-7.

SECTION 14. IC 25-0.5-9-29, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 29. The physician assistant ~~committee~~ **licensing board** (IC 25-27.5) is a board under IC 25-1-8.

SECTION 15. IC 25-0.5-10-23, AS ADDED BY P.L.3-2014,



SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 23. The physician assistant ~~committee licensing board~~ (IC 25-27.5) is a board under IC 25-1-8-6.

SECTION 16. IC 25-0.5-11-17, AS ADDED BY P.L.3-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 17. The physician assistant ~~committee licensing board~~ (IC 25-27.5) is a board under IC 25-1-9.

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

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

SECTION 18. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. As used in this chapter, "prescriber" means any of the following:

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

SECTION 19. IC 25-22.5-1-1.1, AS AMENDED BY P.L.28-2019, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1.1. As used in this article:

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

- (1) Holding oneself out to the public as being engaged in:
 - (A) the diagnosis, treatment, correction, or prevention of any disease, ailment, defect, injury, infirmity, deformity, pain, or other condition of human beings;
 - (B) the suggestion, recommendation, or prescription or



- 1 administration of any form of treatment, without limitation;
- 2 (C) the performing of any kind of surgical operation upon a
- 3 human being, including tattooing (except for providing a tattoo
- 4 as defined in IC 35-45-21-4(a)), in which human tissue is cut,
- 5 burned, or vaporized by the use of any mechanical means,
- 6 laser, or ionizing radiation, or the penetration of the skin or
- 7 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 or in connection with other words, or any other words or
- 19 abbreviations to a name, indicating or inducing others to believe
- 20 that the person is engaged in the practice of medicine or
- 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:
- 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.



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

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

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

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

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

(i) "Physician assistant" means an individual who

(1) is supervised by a physician;

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

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

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

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

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

SECTION 20. IC 25-27.5-2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. "Board" refers to the ~~medical physician assistant~~ licensing board of Indiana established by **IC 25-27.5-3-1.**

SECTION 21. IC 25-27.5-2-4.7, AS ADDED BY P.L.247-2019, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4.7. "Collaborating physician" means a physician **who:**

(1) is licensed by the **medical licensing board of Indiana; and**
~~who~~

(2) collaborates with and is responsible for a physician assistant.



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,



SECTION 116, IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2021]: Sec. 4. A member of the ~~committee~~
board may be removed by the governor under IC 25-1-6.5-4.

SECTION 28. 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~~ **board** shall
have regular meetings, called:

(1) upon the request of the president; or

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

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~~ **board** under this article.

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

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

(c) (d) The ~~committee~~ **board** 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 29. IC 25-27.5-3-6, AS AMENDED BY P.L.90-2007,
SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2021]: Sec. 6. (a) ~~After considering the committee's proposed~~
~~rules~~; The board shall adopt rules under IC 4-22-2:

(1) establishing standards for: ~~the following~~:

(1) (A) the competent practice of physician assistants;

(2) (B) the **issuance and** renewal of **physician assistant**
licenses ~~issued~~ under this article; **and**

(3) (C) ~~standards for~~ the administration of this article; **and**

(b) ~~After considering the committee's recommendations for fees;~~
~~the board shall establish~~ (2) **establishing the amounts of fees**
under IC 25-1-8-2.



SECTION 30. IC 25-27.5-3-8, AS AMENDED BY P.L.3-2008, SECTION 191, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. Each member of the ~~committee~~ **board** who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

SECTION 31. IC 25-27.5-4-1, AS AMENDED BY P.L.177-2009, SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. An individual must be licensed by the ~~committee~~ **board** before the individual may practice as a physician assistant. The ~~committee~~ **board** may grant a license as a physician assistant to an applicant who ~~does~~ **satisfies** the following **conditions**:

- (1) Submits an application on forms approved by the ~~committee~~ **board**.
- (2) Pays the fee established by the board.
- (3) Has either:
 - (A) successfully:
 - (i) completed an educational program for physician assistants accredited by an approved program; and
 - (ii) passed the Physician Assistant National Certifying Examination administered by the NCCPA and maintains current NCCPA certification; or
 - (B) passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants before 1986.
- (4) Submits to the ~~committee~~ **board** any other information the ~~committee~~ **board** considers necessary to evaluate the applicant's qualifications.
- (5) Presents satisfactory evidence to the ~~committee~~ **board** that the individual has not been:
 - (A) engaged in an act that would constitute grounds for a disciplinary sanction under IC 25-1-9; or
 - (B) the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a physician assistant without endangering the public.
- (6) Is of good moral character.
- (7) ~~Has been~~ **Is** approved by the board.



SECTION 32. IC 25-27.5-4-2, AS AMENDED BY P.L.90-2007, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. The **committee board** may refuse to issue a license or may issue a probationary license to an individual if:

(1) the individual has been:

(A) disciplined by an administrative agency in another jurisdiction; or ~~been~~

(B) convicted ~~for of~~ a crime that has a direct bearing on the individual's ability to practice competently; and

(2) the **committee board** determines that the act for which the individual was disciplined or convicted has a direct bearing on the individual's ability to practice as a physician assistant.

SECTION 33. IC 25-27.5-4-3, AS AMENDED BY P.L.90-2007, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. (a) If the **committee board** issues a probationary license under section 2 of this chapter, the **committee board** may require the individual who holds the **probationary** license to meet ~~at least~~ one (1) **or more** of the following conditions:

(1) Report regularly to the **committee board** upon a matter that is the basis for the probation.

(2) Limit practice to areas prescribed by the ~~committee. board.~~

(3) Continue or renew professional education.

(4) Engage in community restitution or service without compensation for a number of hours specified by the ~~committee. board.~~

(5) Submit to care, counseling, or treatment by a physician designated by the **committee board** for ~~a the~~ matter that is the basis for the probation.

(b) The **committee board** shall remove a limitation placed on ~~a an~~ **individual's** probationary license **under subsection (a)** if, after a hearing, the **committee board** finds that the deficiency that caused the limitation has been remedied.

SECTION 34. IC 25-27.5-4-4, AS AMENDED BY P.L.177-2009, SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) The **committee board** may grant a temporary license to an applicant who meets the qualifications for licensure under section 1 of this chapter but is awaiting the next scheduled meeting of the ~~committee. board.~~

(b) A temporary license **granted under subsection (a)** is valid until the **committee board** makes a final decision on the applicant's request for a license.

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
10 expiration date of a license, the **physician assistant** license becomes
11 invalid and must be returned to the ~~committee board~~.

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
16 after the expiration date of the license if the individual holding the
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:

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

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

24 SECTION 37. IC 25-27.5-4-7, AS AMENDED BY P.L.90-2007,
25 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2021]: Sec. 7. (a) An individual who is licensed under this
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:

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

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

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

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

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



proceeding under this article is pending against the individual.

SECTION 39. IC 25-27.5-4-9, AS AMENDED BY P.L.177-2009, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 9. (a) A physician assistant who notifies the ~~committee board~~ in writing ~~of the election~~ may elect to place the physician assistant's license on inactive status.

(b) The ~~renewal~~ fee for ~~renewal of~~ an inactive license is one-half (1/2) of the ~~fee for renewal fee to maintain of~~ an active license.

(c) If a physician assistant with an inactive license elects to activate the license, the physician assistant shall pay the renewal fee less any of the amount paid for the inactive license.

(d) An individual who holds a license under this article and who practices as a physician assistant while:

(1) the individual's license ~~has is~~ lapsed; or

(2) the individual is on inactive status under this section;

is considered to be practicing without a license and is subject to discipline under IC 25-1-9.

SECTION 40. 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;~~

(3) **(2) 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 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.~~

(3) **be signed by the collaborating physician and the physician assistant;**

(4) **be updated annually; and**

(5) **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;**

(2) **in treating each patient, the physician assistant shall collaborate with, consult with, or refer the patient to the appropriate member of the health care team of the licensed health care facility as indicated by:**

(A) **the condition of the patient;**

(B) **the education, experience, and competence of the physician assistant; and**

(C) **the appropriate standard of care for the patient; and**



(3) 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 (1) or more persons in authority over the physician assistant, which may include:

(A) the employer of the physician assistant;

(B) officers or employees of the licensed health care facility;

(C) one (1) or more physicians under whom the physician assistant practices in the licensed health care facility;

(D) a hospital service company or association; and

(E) the body or authority that issues credentials and grants practice privileges for the licensed health care facility.

(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.

SECTION 41. IC 25-27.5-5-4, AS AMENDED BY P.L.247-2019, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) ~~Except as provided in this section,~~ A physician assistant may prescribe, dispense, and administer, and **procure** drugs and medical devices or services to the extent delegated by the collaborating physician: in accordance with section 6 of this chapter.

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

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

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

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

(1) graduated from an accredited physician assistant program;

(2) received the required pharmacology training from the accredited program; and

(3) the collaborating physician perform the review required by



~~IC 25-27.5-6-1(c)(1):~~

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

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

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

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

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

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

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

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

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

SECTION 42. IC 25-27.5-5-6, AS AMENDED BY P.L.247-2019, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) ~~Except as provided in section 4(d) of this chapter, a collaborating physician may delegate authority to a physician assistant to prescribe:~~

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

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

(a) A physician assistant:

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

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

(A) nonpharmacological interventions, including durable 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.



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

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

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

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

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

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

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

~~(f)~~ **(d)** Unless the pharmacist has specific knowledge that filling the prescription written by a physician assistant will violate a collaborative agreement or is illegal, a pharmacist shall fill a prescription written by a physician assistant without requiring to see that the physician assistant's collaborative agreement be made available for the pharmacist's review.

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

SECTION 43. IC 25-27.5-6-1, AS AMENDED BY P.L.247-2019, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. (a) **The collaboration by between the collaborating physician or the physician designee of the collaborating physician and a physician assistant must be continuous but does not require the physical presence of the collaborating physician at the time and the place that the services are rendered by the physician assistant according to the collaboration agreement.**

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

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

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

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

(c) The collaborating physician or a physician designee of the collaborating physician shall review within a reasonable time that is not later than ten (10) business days after a patient encounter **and that**



is appropriate for the maintenance of quality medical care at least ~~the following percentages~~ **a percentage** of the patient charts **of patients seen by the physician assistant that is appropriate for the maintenance of quality medical care.**

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

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

SECTION 44. IC 25-27.5-6-2 IS REPEALED [EFFECTIVE JULY 1, 2021]. Sec. 2: A physician may enter into a collaborative agreement with more than four (4) physician assistants but may not collaborate with more than four (4) physician assistants at the same time.

SECTION 45. IC 25-27.5-6-4, AS AMENDED BY P.L.247-2019, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) A physician collaborating with a physician assistant **must do the following: under IC 25-27.5-5-2:**

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

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

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

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

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

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

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

(5) Submit to the board a list of locations that the collaborating physician and the physician assistant may practice. The board may request additional information concerning the practice 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.**

