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.

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:

SECTION 1. IC 16-27-1-1, AS AMENDED BY P.L.197-2011, SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. As used in this chapter, "health care professional" means any of the following:

(1) A licensed physician.

(2) A licensed dentist.

(3) A licensed chiropractor.

(4) A licensed podiatrist.

(5) A licensed optometrist.

(6) A nurse licensed under IC 25-23-1.

(7) A physical therapist licensed under IC 25-27 or a physical therapy assistant certified under IC 25-27.

(8) A speech-language pathologist or an audiologist licensed under IC 25-35.6-3.

(9) A speech-language pathology aide or an audiology aide (as defined in IC 25-35.6-1-2).

(10) An:

(A) occupational therapist; or

(B) occupational therapy assistant;

licensed under IC 25-23.5.

(11) A social worker licensed under IC 25-23.6 or a social work assistant.

(12) A pharmacist licensed under IC 25-26-13.

(13) A licensed physician assistant.

SECTION 2. IC 16-27-1-5, AS AMENDED BY P.L.141-2006, SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) As used in this chapter, "home health services" means services that:

(1) are provided to a patient by:

(A) a home health agency; or

(B) another person under an arrangement with a home health agency;

in the temporary or permanent residence of the patient; and

(2) either, are required by law to be:

(A) ordered by a licensed physician, a licensed dentist, a licensed chiropractor, a licensed podiatrist, ~~or~~ a licensed optometrist, **or a licensed physician assistant** for the service to be performed; or

(B) performed only by a health care professional.

(b) The term includes the following:

(1) Nursing treatment and procedures.

(2) Physical therapy.

(3) Occupational therapy.

(4) Speech therapy.

(5) Medical social services.

(6) Home health aide services.

(7) Other therapeutic services.

(c) The term does not apply to the following:

(1) Services provided by a physician licensed under IC 25-22.5.

(2) Incidental services provided by a licensed health facility to patients of the licensed health facility.

(3) Services provided by employers or membership organizations using health care professionals for their employees, members, and families of the employees or members if the health or home care services are not the predominant purpose of the employer or a membership organization's business.

(4) Nonmedical nursing care given in accordance with the tenets and practice of a recognized church or religious denomination to a patient who depends upon healing by prayer and spiritual means

alone in accordance with the tenets and practices of the patient's church or religious denomination.

(5) Services that are allowed to be performed by an attendant under IC 16-27-1-10.

(6) Authorized services provided by a personal services attendant under IC 12-10-17.1.

SECTION 3. IC 16-27-1-16 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) A licensed home health agency may accept written orders for home health services from a physician, a dentist, a chiropractor, a podiatrist, ~~or~~ an optometrist, **an advanced practice registered nurse, or a physician assistant** licensed in Indiana or any other state. If the physician, dentist, chiropractor, podiatrist, ~~or~~ optometrist, **advanced practice registered nurse, or physician assistant** is licensed in a state other than Indiana, the home health agency shall take reasonable immediate steps to determine that:

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

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

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

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

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

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

(1) Sterile water for injection and irrigation.

(2) Sterile saline for injection and irrigation.

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

(1) the home health agency's:

(A) employees; or

(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 25-1-9.3-5, 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 10. 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 11. 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 administration of any form of treatment, without limitation;

(C) the performing of any kind of surgical operation upon a human being, including tattooing (except for providing a tattoo as defined in IC 35-45-21-4(a)), in which human tissue is cut, burned, or vaporized by the use of any mechanical means, laser, or ionizing radiation, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, or cure; or

(D) the prevention of any physical, mental, or functional ailment or defect of any person.

(2) The maintenance of an office or a place of business for the reception, examination, or treatment of persons suffering from disease, ailment, defect, injury, infirmity, deformity, pain, or other conditions of body or mind.

(3) Attaching the designation "doctor of medicine", "M.D.", "doctor of osteopathy", "D.O.", "osteopathic medical physician", "physician", "surgeon", or "physician and surgeon", either alone or in connection with other words, or any other words or abbreviations to a name, indicating or inducing others to believe that the person is engaged in the practice of medicine or osteopathic medicine (as defined in this section).

(4) Providing diagnostic or treatment services to a person in Indiana when the diagnostic or treatment services:

(A) are transmitted through electronic communications; and

(B) are on a regular, routine, and nonepisodic basis or under an oral or written agreement to regularly provide medical services.

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

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

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

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

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

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

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

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

(i) "Physician assistant" means an individual who

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

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

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

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

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

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

SECTION 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.

SECTION 14. 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 15. 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; and

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

(3) may prescribe and dispense:

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

(B) all legend drugs;

(4) may not dispense a drug unless:

(A) pharmacy services are not reasonably available;

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

(C) an emergency exists; and

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

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

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

~~(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.~~

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

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

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

(1) an Indiana controlled substance registration; and

(2) a federal Drug Enforcement Administration registration.

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

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

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

(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) 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 16. 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 17. 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 agreement described in subdivision (4).~~

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

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

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

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

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

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

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

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