SENATE BILL No. 250

DIGEST OF INTRODUCED BILL

Citations Affected: IC 9-18.5-8-4; IC 16-37; IC 25-1-10.5; IC 25-22.5-3-3; IC 25-23-1.

Synopsis: Health care providers. Removes language allowing an advanced practice registered nurse (APRN) to: (1) certify that an individual has a permanent disability for purposes of obtaining a permanent parking placard; and (2) enter or sign a record on a death into the Indiana death registration system. Provides that an APRN who operates in collaboration with a licensed practitioner shall operate within a 75 mile radius of the licensed practitioner's primary practice location or residence. Requires an APRN and the APRN's collaborating practitioner to meet quarterly. Requires certain practitioners to wear an identification badge. Sets forth the requirements of the identification badge. Requires the program established by the medical licensing board of Indiana under which an APRN who meets certain requirements may prescribe drugs to require drug prescribing supervision and drug prescribing guidelines. Requires an APRN to include on each form the APRN uses to prescribe a legend drug certain information concerning the APRN's supervising practitioner. Sets forth requirements concerning the number of APRNs and physician assistants to whom a physician may delegate prescriptive authority.

Effective: July 1, 2022.

Brown L

January 10, 2022, read first time and referred to Committee on Health and Provider Services.
SENATE BILL No. 250

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 9-18.5-8-4, AS AMENDED BY P.L.129-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) The bureau shall issue a permanent parking placard to an individual:
(1) who is certified by a health care provider listed in subsection (b) as having:
   (A) a permanent physical disability that requires the use of a wheelchair, a walker, braces, or crutches;
   (B) permanently lost the use of one (1) or both legs; or
   (C) a permanent and severe restriction in mobility due to a pulmonary or cardiovascular disability, an arthritic condition, or an orthopedic or neurological impairment;
(2) who is certified to be permanently:
   (A) blind (as defined in IC 12-7-2-21(2)); or
   (B) visually impaired (as defined in IC 12-7-2-198);
by an optometrist or ophthalmologist who has a valid unrestricted license to practice optometry or ophthalmology in Indiana; or
who:

(A) has been issued; or

(B) is otherwise eligible to receive;

a disabled Hoosier veteran license plate under IC 9-18.5-5 and
requests a permanent parking placard.

The certification must be provided in a manner and form prescribed by
the bureau.

(b) A certification required under subsection (a)(1) may be provided
by the following:

(1) A physician having a valid and unrestricted license to practice
medicine.

(2) A physician who is a commissioned medical officer of:
    (A) the armed forces of the United States; or
    (B) the United States Public Health Service.

(3) A physician who is a medical officer of the United States
Department of Veterans Affairs.

(4) A chiropractor with a valid and unrestricted license under
IC 25-10-1.

(5) A podiatrist with a valid and unrestricted license under
IC 25-29-1.

(6) A physician assistant with a valid and unrestricted license
under IC 25-27.5.

(c) A permanent placard issued under this section remains in effect
until:

(1) a health care provider listed in subsection (b); or

(2) an optometrist or ophthalmologist that has a valid unrestricted
license to practice optometry or ophthalmology in Indiana;

certifies that the recipient's disability is no longer considered to be
permanent.

SECTION 2. IC 16-37-1-3.1, AS AMENDED BY P.L.131-2020,
SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2022]: Sec. 3.1. (a) The state department shall establish the
Indiana birth registration system (IBRS) for recording in an electronic
format live births in Indiana.

(b) The state department shall establish the Indiana death
registration system (IDRS) for recording in an electronic format deaths
in Indiana.

(c) Submission of records on births and deaths shall be entered by:

(1) funeral directors;

(2) physicians;
(3) coroners;
(4) medical examiners;
(5) persons in attendance at birth;
(6) local health departments; and
(7) for purposes of records on death, (A) physician assistants; or
(B) advanced practice registered nurses;
using the electronic system created by the state department under this
section.
(d) A person in attendance at a live birth shall report a birth to the
local health officer in accordance with IC 16-37-2-2.
(e) Except as provided in subsection (f), death records shall be
submitted as follows, using the Indiana death registration system:
(1) The:
(A) physician last in attendance upon the deceased;
(B) physician assistant last in attendance upon the deceased;
or
(C) advanced practice registered nurse last in attendance upon
the deceased; or
(D) person in charge of interment;
shall initiate the document process. If the person in charge of
interment initiates the process, the person in charge of interment
shall electronically submit the certificate required under
IC 16-37-3-5 to the physician or the physician assistant or the
advanced practice registered nurse last in attendance upon the
deceased not later than five (5) days after the death.
(2) The physician or the physician assistant or the advanced
practice registered nurse last in attendance upon the deceased
shall electronically certify to the local health department the cause
of death on the certificate of death not later than five (5) days
after:
(A) initiating the document process; or
(B) receiving under IC 16-37-3-5 the electronic notification
from the person in charge of interment.
(3) The local health officer shall submit the reports required under
IC 16-37-1-5 to the state department not later than five (5) days
after electronically receiving under IC 16-37-3-5 the completed
certificate of death from the physician or the physician assistant
or the advanced practice registered nurse last in attendance.
(f) If the IBRS or IDR5 is unavailable for more than forty-eight (48)
hours, the state registrar may issue a notice permitting the filing of a
paper record of a live birth, a death, or both, subject to the following:
(1) The notice issued by the state registrar must contain a time
frame for which the notice is in effect and when the notice expires. However, the notice automatically expires if the state department notifies the local health officers that the IBRS or IDRS is available, the notice has expired, and that all future submissions must use the IBRS or IDRS.

(2) Paper records may not be accepted by the local health department or the state department of health on the earlier of the following:

(A) The expiration date listed in the notice or the expiration listed in a renewal notice described in subdivision (3).

(B) The state department notifies the local health officers when the IBRS or IDRS becomes available.

(3) The notice may be renewed by the state registrar until the IBRS or IDRS becomes available.

(4) Once the IBRS or IDRS becomes available, the local health officer shall enter the information contained in the paper record into the IBRS or IDRS.

SECTION 3. IC 16-37-3-3, AS AMENDED BY P.L.131-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. Except as provided in IC 16-37-1-3.1(f), the physician or the physician assistant or the advanced practice registered nurse last in attendance upon the deceased or the person in charge of interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death with the local health officer of the jurisdiction in which the death occurred.

SECTION 4. IC 25-1-10.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 10.5. Health Care Provider Identification Badges
Sec. 1. This chapter does not apply to:

(1) a psychiatrist licensed under IC 25-22.5; or

(2) another mental health provider (as defined in IC 16-36-1.5-2);

when providing mental health services.

Sec. 2. As used in this chapter, "direct patient care" means a health care service that is directly provided by a practitioner to address a patient's diagnostic, physical, emotional, or rehabilitation needs. The term includes the:

(1) examination;

(2) treatment; or

(3) preparation;

of a patient for a diagnostic test or procedure.
Sec. 3. (a) As used in this chapter, "practitioner" means an individual who holds a:

(1) license issued by a board described in IC 25-0.5-11; or

(2) certificate of registration issued by the committee of hearing aid dealer examiners established by IC 25-20-1-1.5.

(b) "Practitioner" does not include a veterinarian licensed under IC 25-38.1.

Sec. 4. As used in this chapter, "type of license" means the name or title of the profession of which a practitioner is a member, as displayed on the license or certificate of registration issued to the practitioner.

Sec. 5. Subject to section 6 of this chapter, a practitioner shall, when providing direct patient care, wear an identification badge that:

(1) is of sufficient size and worn in such a manner as to be visible to the patient; and

(2) clearly sets forth:

(A) the practitioner's first and last name;

(B) the type of license held by the practitioner; and

(C) if applicable, the practitioner's status as a student, intern, trainee, or resident.

Sec. 6. (a) A practitioner's type of license may be set forth under section 5(2) of this chapter by use of an acronym or a designation that is specifically permitted:

(1) by the board or committee that issues the license or certificate of registration; and

(2) under the profession's governing statutes and rules.

(b) A practitioner's type of license may not be set forth under section 5(2) of this chapter by use of:

(1) a reference to; or

(2) an acronym that is solely associated with;

the educational degree or another qualification of the practitioner, unless the reference or acronym is permitted for use by the practitioner under the profession's governing statutes and rules.

SECTION 5. IC 25-22.5-3-3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. (a) Except as provided in subsections (b), (c), and (d), a physician may delegate prescriptive authority to not more than a total of seven (7) advanced practice registered nurses and physician assistants.

(b) A physician employed by a hospital licensed under IC 16-21 may delegate prescriptive authority to any number of advanced
practice registered nurses and physician assistants who are:

(1) also employed by the hospital; and

(2) prescribing within the scope of an advanced practice
registered nurses’ and physician assistants’ scope of
employment at the hospital.

However, the physician may not delegate prescriptive authority to
an advanced practice registered nurse or a physician assistant who
is not employed by the hospital or is employed at a different
hospital.

(c) A physician who provides care at a health facility licensed
under IC 16-28 may delegate prescriptive authority to any number
of advanced practice registered nurses and physician assistants
who provide care at the health facility. The physician shall not
delegate prescriptive authority under this subsection at more than
two (2) health facilities.

(d) A physician who provides care in a medically underserved
geographic area may delegate prescriptive authority to any
number of advanced practice registered nurses and physician
assistants.

SECTION 6. IC 25-23-1-19.4, AS AMENDED BY P.L.127-2020,
SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2022]: Sec. 19.4. (a) This section does not apply to certified
registered nurse anesthetists.

(b) As used in this section, "practitioner" has the meaning set forth
in IC 16-42-19-5. However, the term does not include the following:

(1) A veterinarian.

(2) An advanced practice registered nurse.

(3) A physician assistant.

(c) An advanced practice registered nurse shall operate:

(1) in collaboration with a licensed practitioner as evidenced by
a practice agreement and within a seventy-five (75) mile radius
of the licensed practitioner's primary practice location or
residence;

(2) by privileges granted by the governing board of a hospital
licensed under IC 16-21 with the advice of the medical staff of the
hospital that sets forth the manner in which an advanced practice
registered nurse and a licensed practitioner will cooperate,
coordinate, and consult with each other in the provision of health
care to their patients; or

(3) by privileges granted by the governing body of a hospital
operated under IC 12-24-1 that sets forth the manner in which an
advanced practice registered nurse and a licensed practitioner will

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cooperate, coordinate, and consult with each other in the
provision of health care to their patients.

(d) An advanced practice registered nurse and the advanced
practice registered nurse’s collaborating practitioner shall meet at
least quarterly in person or by means of electronic communication.

(e) This subsection applies for purposes of the Medicaid
program to an advanced practice registered nurse who:

(1) is licensed pursuant to IC 25-23-1-19.5; and

(2) has been educated and trained to work with patients with
addiction and mental health needs.

An advanced practice registered nurse who meets the requirements of
this subsection has all of the supervisory rights and responsibilities,
including prior authorization, that are available to a licensed physician
or a health service provider in psychology (HSPP) operating in a
community mental health center certified under IC 12-21-2-3(5)(C).

(f) Before January 1, 2021, the office of the secretary shall apply
to the United States Department of Health and Human Services for any
state plan amendment necessary to implement subsection (d).

SECTION 7. IC 25-23-1-19.5, AS AMENDED BY THE
TECHNICAL CORRECTIONS BILL OF THE 2022 GENERAL
ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2022]: Sec. 19.5. (a) This section does not apply to certified
registered nurse anesthetists.

(b) The board shall establish a program under which advanced
practice registered nurses who meet the requirements established by
the board are authorized to prescribe drugs, including controlled
substances (as defined in IC 35-48-1-9) in accordance with
IC 25-1-9.3. The requirements must include:

(1) drug prescribing supervision by the advanced practice
registered nurse’s collaborating physician; and

(2) drug prescribing guidelines for each prescription drug for
which the advanced practice registered nurse is authorized.

(c) The authority granted by the board under this section:

(1) expires on October 31 of the odd-numbered year following the
year the authority was granted or renewed; and

(2) is subject to renewal indefinitely for successive periods of two
years.

(d) The rules adopted under section 7 of this chapter concerning the
authority of advanced practice registered nurses to prescribe drugs
must do the following:

(1) Require an advanced practice registered nurse or a prospective
advanced practice registered nurse who seeks the authority to
submit an application to the board.

(2) Require an applicant to satisfy the following as a prerequisite to the initial granting of the authority:

(A) Meet all the qualifications for licensure as a registered nurse under this article.

(B) Successfully complete:

(i) education requirements determined by the board to be appropriate to the advanced practice registered nurse's role; and

(ii) a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.

(C) Either:

(i) provide documentation, as requested by the board, that the applicant has graduated before December 31, 1997, from an advanced, organized formal education program appropriate to the practice and that is acceptable to the board; or

(ii) complete a graduate, postgraduate, or doctoral advanced practice registered nurse program from an accredited college or university.

(3) Establish requirements for an advanced practice registered nurse to comply with national certification or the certification's equivalence, including a portfolio equivalence, appropriate to the advanced practice registered nurse's role.

(4) Require, as a condition of the renewal of the authority, the completion by the advanced practice registered nurse of the continuing education requirements set out in section 19.7 of this chapter.

SECTION 8. IC 25-23-1-19.6, AS AMENDED BY P.L.28-2019, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 19.6. (a) When the board grants authority to an advanced practice registered nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice registered nurse.

(b) An advanced practice registered nurse who is granted authority by the board to prescribe legend drugs must do the following:

(1) Enter on each prescription form that the advanced practice registered nurse uses to prescribe a legend drug:

(A) the signature of the advanced practice registered nurse;

(B) initials indicating the credentials awarded to the advanced practice registered nurse under this chapter; and

(C) the identification number assigned to the advanced practice registered nurse.
practice registered nurse under subsection (a); and

(D) the name, address, telephone number, and federal Drug Enforcement Administration (DEA) number of the advanced practice registered nurse's collaborating practitioner.

(2) Transmit the prescription in an electronic format for an electronically transmitted prescription.

(3) Comply with all applicable state and federal laws concerning prescriptions for legend drugs, including the requirement to issue electronically transmitted prescriptions under IC 25-1-9.3.

(c) An advanced practice registered nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice registered nurse and the scope of the licensed collaborating health practitioner.