March 29, 2019

ENGROSSED
HOUSE BILL No. 1248

DIGEST OF HB 1248 (Updated March 27, 2019 12:40 pm - DI 104)

Citations Affected: IC 16-42; IC 25-1; IC 25-26; IC 25-27.5.

Synopsis: Pharmacists; physician assistants. Sets out the conditions for emergency pharmaceutical refills and prescription adaptations. Permits a pharmacist to prescribe certain devices or supplies approved by the federal Food and Drug Administration. Provides that if a pharmacist prescribes certain devices or supplies, the pharmacist must provide the patient with a written advance beneficiary notice that is signed by the patient and that states that the patient may not be eligible for reimbursement for the device or supply. Requires that the pharmacy must keep a copy of the patient's advance beneficiary notice. Changes the role of a supervising physician for a physician assistant to that of a collaborating physician. Removes prescribing requirement language of at least 30 contact hours in pharmacology by a program approved by the committee and requires the physician assistant to have graduated from an accredited physician assistant program and have received the required pharmacology training from the program. Removes the following requirements concerning prescribing by a physician assistant: (1) A physician assistant prescribing a controlled substance to have practiced as a physician assistant for at least 1,800 hours. (2)

(Continued next page)

Effective: July 1, 2019.

Davisson, Fleming

(SENATE SPONSORS — BECKER, GROOMS)

January 10, 2019, read first time and referred to Committee on Public Health.
February 14, 2019, amended, reported — Do Pass.
February 18, 2019, read second time, ordered engrossed.
February 19, 2019, engrossed. Read third time, passed. Yeas 96, nays 0.

SENATE ACTION

March 4, 2019, read first time and referred to Committee on Health and Provider Services.
March 28, 2019, amended, reported favorably — Do Pass.

Digest Continued

Prescribing authority being delegated to a physician assistant to be expressly delegated in writing by the physician. (3) Limiting the amount prescribed to an amount not to exceed a 30 day supply. Removes a requirement that a physician review at least 25% of the patient's records in a physician assistant's first year of practice. Requires the review of at least 10% of the patient records concerning the prescribing or administering of a drug (instead of only certain scheduled drugs) for the first year in which a physician assistant obtains authority to prescribe a drug. Removes certain chart review requirements and a statement to the board by the physician.

March 29, 2019

First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

ENGROSSED
HOUSE BILL No. 1248

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 16-42-27-1, AS AMENDED BY P.L.129-2018, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: 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 ~~supervisory~~ **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 2. IC 25-1-9.5-4, AS AMENDED BY P.L.129-2018, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: 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 ~~supervisory~~ **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 3. IC 25-26-13-25, AS AMENDED BY P.L.202-2017, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 25. (a) All original prescriptions, whether in written or electronic format, shall be numbered and maintained in numerical and chronological order, or in a manner approved by the board and accessible for at least two (2) years in the pharmacy. A prescription transmitted from a practitioner by means of communication other than writing must immediately be reduced to writing or recorded in an electronic format by the pharmacist. The files shall be open for inspection to any member of the board or the board's duly authorized agent or representative.

(b) A prescription may be electronically transmitted from the practitioner by computer or another electronic device to a pharmacy that is licensed under this article or any other state or territory. An electronic data intermediary that is approved by the board:

(1) may transmit the prescription information between the prescribing practitioner and the pharmacy;

(2) may archive copies of the electronic information related to the transmissions as necessary for auditing and security purposes; and

(3) must maintain patient privacy and confidentiality of all archived information as required by applicable state and federal laws.

(c) Except as provided in subsection (d), a prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may not be refilled without written, electronically transmitted, or oral authorization of a licensed practitioner.

(d) A prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may be refilled by a pharmacist ~~one (1) time~~ without the written, electronically transmitted, or oral authorization of a licensed practitioner if all of the following conditions are met:

(1) The pharmacist has made every reasonable effort to contact

the original prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(2) The pharmacist believes that, under the circumstances, failure to provide a refill would be seriously detrimental to the patient's health.

(3) The original prescription authorized a refill but a refill would otherwise be invalid for either of the following reasons:

(A) All of the authorized refills have been dispensed.

(B) The prescription has expired under subsection (h).

(4) The prescription for which the patient requests the refill was:

(A) originally filled at the pharmacy where the request for a refill is received and the prescription has not been transferred for refills to another pharmacy at any time; or

(B) filled at or transferred to another location of the same pharmacy or its affiliate owned by the same parent corporation if the pharmacy filling the prescription has full access to prescription and patient profile information that is simultaneously and continuously updated on the parent corporation's information system.

(5) The drug is prescribed for continuous and uninterrupted use and the pharmacist determines that the drug is being taken properly in accordance with IC 25-26-16.

(6) The pharmacist shall document the following information regarding the refill:

(A) The information required for any refill dispensed under subsection (e).

(B) The dates and times that the pharmacist attempted to contact the prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(C) The fact that the pharmacist dispensed the refill without the authorization of a licensed practitioner.

(7) The pharmacist notifies the original prescribing practitioner of the refill and the reason for the refill by the practitioner's next business day after the refill has been made by the pharmacist.

(8) Any pharmacist initiated refill under this subsection may not be for more than the ~~minimum amount necessary to supply the patient through the prescribing practitioner's next business day. However, a pharmacist may dispense a drug in an amount greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day if:~~

~~(A) the drug is packaged in a form that requires the pharmacist~~

~~to dispense the drug in a quantity greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day; or~~

~~(B) the pharmacist documents in the patient's record the amount of the drug dispensed and a compelling reason for dispensing the drug in a quantity greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day.~~ **quantity on the most recent fill or a thirty (30) day supply, whichever is less.**

(9) Not more than one (1) pharmacist initiated refill is dispensed under this subsection for a single prescription **in a six (6) month period.**

(10) The drug prescribed is not a controlled substance.

A pharmacist may not refill a prescription under this subsection if the practitioner has designated on the prescription form the words "No Emergency Refill".

(e) When refilling a prescription, the refill record shall include:

(1) the date of the refill;

(2) the quantity dispensed if other than the original quantity; and

(3) the dispenser's identity on:

(A) the original prescription form; or

(B) another board approved, uniformly maintained, readily retrievable record.

(f) The original prescription form or the other board approved record described in subsection (e) must indicate by the number of the original prescription the following information:

(1) The name and dosage form of the drug.

(2) The date of each refill.

(3) The quantity dispensed.

(4) The identity of the pharmacist who dispensed the refill.

(5) The total number of refills for that prescription.

(g) This subsection does not apply:

(1) unless a patient requests a prescription drug supply of more than thirty (30) days;

(2) to the dispensing of a controlled substance (as defined in IC 35-48-1-9); or

(3) if a prescriber indicates on the prescription that the quantity of the prescription may not be changed.

A pharmacist may dispense, upon request of the patient, personal or legal representative of the patient, or guardian of the patient, not more than a ninety (90) day supply of medication if the patient has completed an initial thirty (30) day supply of the drug therapy and the

prescription, including any refills, allows a pharmacist to dispense at least a ninety (90) day supply of the medication. However, a pharmacist shall comply with state and federal laws and regulations concerning the dispensing limitations concerning a prescription drug. The pharmacist shall inform the customer concerning whether the additional supply of the prescription will be covered under the patient's insurance, if applicable.

(h) A prescription is valid for not more than one (1) year after the original date of issue.

(i) A pharmacist may not knowingly dispense a prescription after the demise of the practitioner, unless in the pharmacist's professional judgment it is in the best interest of the patient's health.

(j) A pharmacist may not knowingly dispense a prescription after the demise of the patient.

(k) A pharmacist or a pharmacy shall not resell, reuse, or redistribute a medication that is returned to the pharmacy after being dispensed unless the medication:

(1) was dispensed to an individual:

(A) residing in an institutional facility (as defined in 856 IAC 1-28.1-1(6));

(B) in a hospice program under IC 16-25; or

(C) in a county jail or department of correction facility;

(2) was properly stored and securely maintained according to sound pharmacy practices;

(3) is returned unopened and:

(A) was dispensed in the manufacturer's original:

(i) bulk, multiple dose container with an unbroken tamper resistant seal; or

(ii) unit dose package; or

(B) was packaged by the dispensing pharmacy in a:

(i) multiple dose blister container; or

(ii) unit dose package;

(4) was dispensed by the same pharmacy as the pharmacy accepting the return;

(5) is not expired; and

(6) is not a controlled substance (as defined in IC 35-48-1-9), unless the pharmacy holds a Category II permit (as described in section 17 of this chapter).

(l) A pharmacist or a pharmacy shall not resell, reuse, or redistribute medical devices or medical supplies used for prescription drug therapy that have been returned to the pharmacy after being dispensed unless the medical devices or medical supplies:

(1) were dispensed to an individual in a county jail or department of correction facility;

(2) are not expired; and

(3) are returned unopened and in the original sealed packaging.

(m) A pharmacist may use the pharmacist's professional judgment as to whether to accept medication for return under this section.

(n) This subsection does not apply to a controlled substance, compounded drug, or biological product, or if the prescriber has indicated adaptation of a prescription is not permitted. A pharmacist, acting in good faith, exercising reasonable care, and obtaining patient consent, may do the following:

(1) Change the quantity of a medication prescribed if:

(A) the prescribed quantity or package size is not commercially available;

(B) the change in quantity is related to a change in dosage form; or

(C) the change in quantity reflects the intended day supply.

(2) Change the dosage form of the prescription if it is in the best interest of patient care, if the prescriber's directions are also modified to equate to an equivalent amount of drug dispensed as prescribed.

(3) Complete missing information on a prescription if there is sufficient evidence to support the change.

(4) Extend a maintenance drug for the limited quantity necessary to coordinate a patient's refills in a medication synchronization program.

A pharmacist who adapts a prescription in accordance with this subsection must document the adaptation in the patient's record.

~~(n)~~ **(o)** A pharmacist who violates subsection (d) commits a Class A infraction.

SECTION 4. IC 25-26-13-31 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 31. (a) A pharmacist may do the following:

(1) Obtain and maintain patient drug histories and other pharmacy records that are related to drug or device therapies.

(2) Perform drug evaluation, drug utilization review, and drug regimen review.

(3) Participate in the selection, storage, and distribution of drugs, dietary supplements, and devices. However, drug selection must comply with IC 16-42-19 and IC 16-42-22.

(4) Participate in drug or drug related research.

(5) Prescribe any of the following devices or supplies

approved by the federal Food and Drug Administration:

(A) Inhalation spacer.

(B) Nebulizer.

(C) Supplies for medical devices, including but not limited to, continuous positive airway pressure (CPAP) machine supplies and insulin pump supplies.

(D) Normal saline and sterile water for irrigation for wound care.

(E) Diabetes blood sugar testing supplies.

(F) Pen needles.

(G) Syringes for medication use.

However, the pharmacist must provide the patient with a written advance beneficiary notice that is signed by the patient and that states that the patient may not be eligible for reimbursement for the device or supply. The pharmacy must keep a copy of the patient's advance beneficiary notice on file for seven (7) years.

(b) A pharmacist who participates in an activity allowed under subsection (a) is required to follow the standards for the competent practice of pharmacy adopted by the board.

(c) A pharmacist may issue a prescription for purposes of subsection (a)(5).

SECTION 5. IC 25-27.5-1-2, AS ADDED BY P.L.90-2007, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. This article grants a ~~supervising~~ **collaborating** physician or physician designee the authority to delegate, as the physician determines is appropriate, those tasks or services the physician typically performs and is qualified to perform.

SECTION 6. IC 25-27.5-2-4.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 4.7. "Collaborating physician" means a physician licensed by the board who collaborates with and is responsible for a physician assistant.**

SECTION 7. IC 25-27.5-2-4.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 4.9. (a) "Collaboration" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant and that one (1) of the following conditions is met at all times that services are rendered or tasks are performed by the physician assistant:**

(1) The collaborating physician or the physician designee is physically present at the location at which services are

rendered or tasks are performed by the physician assistant.

(2) When the collaborating physician or the physician designee is not physically present at the location at which services are rendered or tasks are performed by the physician assistant, the collaborating physician or the physician designee is able to personally ensure proper care of the patient and is:

(A) immediately available through the use of telecommunications or other electronic means; and

(B) able to see the person within a medically appropriate time frame;

for consultation, if requested by the patient or the physician assistant.

(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the collaborating physician.

SECTION 8. IC 25-27.5-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. "Dependent practice" means the performance of an act, a duty, or a function delegated to a physician assistant by the ~~supervising~~ **collaborating** physician or physician designee.

SECTION 9. IC 25-27.5-2-11, AS AMENDED BY P.L.3-2008, SECTION 189, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 11. "Physician designee" means a physician:

(1) who:

(A) works in; or

(B) is trained in;

the same practice area as the practice area of the ~~supervising~~ **collaborating** physician; and

(2) to whom responsibility for the ~~supervision of~~ **collaboration with** a physician assistant is temporarily designated when the ~~supervising~~ **collaborating** physician is unavailable.

SECTION 10. IC 25-27.5-2-13 IS REPEALED [EFFECTIVE JULY 1, 2019]. ~~Sec. 13. "Supervising physician" means a physician licensed by the board who supervises and is responsible for a physician assistant.~~

SECTION 11. IC 25-27.5-2-14 IS REPEALED [EFFECTIVE JULY 1, 2019]. ~~Sec. 14. (a) "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant and that the conditions set forth in subdivision (1) or (2) are met at all times that services are rendered or tasks are~~

~~performed by the physician assistant:~~

~~(1) The supervising physician or the physician designee is physically present at the location at which services are rendered or tasks are performed by the physician assistant.~~

~~(2) Both of the following apply:~~

~~(A) The supervising physician or the physician designee is immediately available:~~

~~(i) through the use of telecommunications or other electronic means; and~~

~~(ii) for consultation, including being able to see the patient in person within twenty-four (24) hours if requested by the patient or the physician assistant.~~

~~(B) If the supervising physician or the physician designee is not present in the same facility as the physician assistant, the supervising physician or physician designee must be within a reasonable travel distance from the facility to personally ensure proper care of the patients.~~

~~(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician.~~

SECTION 12. IC 25-27.5-5-1, AS AMENDED BY P.L.90-2007, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

~~(b) This chapter does not allow the independent practice by a physician assistant, including any of the activities of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).~~

~~(c)~~ **(b)** This chapter does not exempt a physician assistant from the requirements of IC 16-41-35-29.

SECTION 13. IC 25-27.5-5-2, AS AMENDED BY P.L.168-2016, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. (a) A physician assistant:

(1) must engage in a dependent practice with ~~physician supervision.~~ **a collaborating physician; and**

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

A physician assistant may perform, under ~~the supervision of the supervising physician,~~ **a collaborative agreement,** the duties and responsibilities that are delegated by the ~~supervising~~ **collaborating**

physician and that are within the ~~supervising~~ **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 ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or physician designee.

(c) If a physician assistant notifies the ~~supervising~~ **collaborating** physician that the physician should examine a patient, the ~~supervising~~ **collaborating** physician shall:

(1) schedule an examination of the patient ~~in a timely manner~~ unless the patient declines; or

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

~~(d) If a patient is subsequently examined by the supervising physician or another physician because of circumstances described in subsection (b) or (c), the visit must be considered as part of the same encounter except for in the instance of a medically appropriate referral.~~

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

~~(f)~~ **(e)** A physician assistant's ~~supervisory~~ **collaborative** agreement with a ~~supervising~~ **collaborating** physician must:

(1) be in writing;

(2) include all the tasks delegated to the physician assistant by the ~~supervising~~ **collaborating** physician;

(3) set forth the ~~supervisory plans~~ **collaborative agreement** for the physician assistant, including the emergency procedures that the physician assistant must follow; and

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

~~(g)~~ **(f)** The physician shall submit the ~~supervisory~~ **collaborative** agreement to the board. The physician assistant may prescribe a drug under the ~~supervisory~~ **collaborative** agreement unless the board denies the ~~supervisory~~ **collaborative** agreement. Any amendment to the ~~supervisory~~ **collaborative** agreement must be resubmitted to the board, and the physician assistant may operate under any new prescriptive authority under the amended ~~supervisory~~ **collaborative** agreement unless the agreement has been denied by the board.

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

SECTION 14. IC 25-27.5-5-3 IS AMENDED TO READ AS

FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. A physician assistant is the agent of the ~~supervising~~ **collaborating** physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic, and other medical services.

SECTION 15. IC 25-27.5-5-4, AS AMENDED BY P.L.135-2015, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the ~~supervising~~ **collaborating** physician.

(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 ~~supervising~~ **collaborating** physician. 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 ~~supervising~~ **collaborating** physician.

(e) A physician assistant may not prescribe drugs unless the physician assistant has: ~~successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee.~~

(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) 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.

~~(g) Before a physician assistant may prescribe a controlled substance, the physician assistant must have practiced as a physician assistant for at least one thousand eight hundred (1,800) hours.~~

SECTION 16. IC 25-27.5-5-6, AS AMENDED BY P.L.135-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) Except as provided in section 4(d) of this chapter, a ~~supervising~~ **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).

~~(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician, including the protocols the physician assistant shall use when prescribing the drug.~~

~~(c)~~ **(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.

~~(d)~~ **(c)** A ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or the physician designee.

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

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

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

~~(f)~~ **(e)** A ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or the physician designee; **and**

~~(2) in an aggregate amount that does not exceed a thirty (30) day supply; the prescription may be refilled by the physician assistant as allowed for under the physician assistant's supervisory agreement; and~~

~~(3)~~ **(2)** in accordance with the limitations set forth in section 4(c) of this chapter.

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

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

SECTION 17. IC 25-27.5-6-1, AS AMENDED BY P.L.135-2015, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) ~~Supervision~~ **Collaboration** by the ~~supervising~~ **collaborating** physician or the physician designee must be

continuous but does not require the physical presence of the ~~supervising~~ **collaborating** physician at the time and the place that the services are rendered.

(b) A ~~supervising~~ **collaborating** physician or physician designee shall review patient encounters not later than ten (10) business days, and within a reasonable time, as established in the ~~supervising~~ **collaborative** agreement, after the physician assistant has seen the patient, that is appropriate for the maintenance of quality medical care.

(c) The ~~supervising~~ **collaborating** physician or physician designee shall review within a reasonable time that is not later than ten (10) business days after a patient encounter, that is appropriate for the maintenance of quality medical care, at least the following percentages of the patient charts:

(1) ~~For the first year of practice of the physician assistant, at least twenty-five percent (25%).~~ **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 ~~supervising~~ **collaborative** agreement, that is appropriate for the maintenance of quality medical care.

~~(3) For the first year in which a physician assistant obtains authority to prescribe a Schedule II controlled substance under IC 25-27.5-5-4, fifty percent (50%) of the patient records for which a Schedule II controlled substance is being dispensed or prescribed.~~

~~However, if the physician assistant's employment changes to a different practice speciality, the chart review described in subdivision (1) is required for the first year.~~

SECTION 18. IC 25-27.5-6-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. It is the obligation of each team of **collaborating** physician and physician assistant to ensure the following:

(1) That the physician assistant's scope of practice is identified.

(2) That delegation of medical tasks is appropriate to the physician assistant's level of competence and within the ~~supervising~~ **collaborating** physician's scope of practice.

(3) That the relationship of and access to the ~~supervising~~ **collaborating** physician is defined.

~~(4) That a process for evaluation of the physician assistant's performance is established and maintained.~~

SECTION 19. IC 25-27.5-6-4, AS AMENDED BY P.L.102-2013, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) A physician ~~supervising~~ **collaborating with** a physician assistant must do the following:

(1) Be licensed under IC 25-22.5.

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

~~(3) Submit a statement to the board that the physician will exercise supervision over the physician assistant in accordance with rules adopted by the board and retain professional and legal responsibility for the care rendered by the physician assistant.~~

~~(4)~~ **(3)** Not have a disciplinary action restriction that limits the physician's ability to ~~supervise~~ **collaborate with** a physician assistant.

~~(5)~~ **(4)** Maintain a written agreement with the physician assistant that states the physician will:

(A) ~~exercise supervision over~~ **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.

~~(6)~~ **(5)** Submit to the board a list of locations that the ~~supervising~~ **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 ~~(5).~~ **(4).**

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

SECTION 20. IC 25-27.5-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) Before initiating practice the ~~supervising~~ **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 ~~supervising~~ **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 ~~supervising~~ **collaborating** physicians not more than thirty (30) days after the change or addition.

SECTION 21. IC 25-27.5-6-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. The ~~supervising~~ **collaborating** physician may delegate authority for the physician assistant to provide volunteer work, including charitable work and migrant health care.

SECTION 22. IC 25-27.5-6-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. If a physician assistant is employed by a physician, a group of physicians, or another legal entity, the physician assistant must be ~~supervised by~~ **in collaboration with** and be the legal responsibility of the ~~supervising~~ **collaborating** physician. The legal responsibility for the physician assistant's patient care activities are that of the ~~supervising~~ **collaborating** physician, including when the physician assistant provides care and treatment for patients in health care facilities. If a physician assistant is employed by a health care facility or other entity, the legal responsibility for the physician assistant's actions is that of the ~~supervising~~ **collaborating** physician. A physician assistant employed by a health care facility or entity must be ~~supervised by~~ **in collaboration with** a licensed physician.

SECTION 23. IC 25-27.5-6-8, AS ADDED BY P.L.105-2008, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) This section applies to a physician assistant:

(1) licensed in Indiana or licensed or authorized to practice in any other state or territory of the United States; or

(2) credentialed as a physician assistant by a federal employer.

(b) As used in this section, "emergency" means an event or a condition that is an emergency, a disaster, or a public health emergency under IC 10-14.

(c) A physician assistant who responds to a need for medical care created by an emergency may render care that the physician assistant is able to provide without the ~~supervision~~ **collaboration** required under this chapter, but with such ~~supervision~~ **collaboration** as is available.

(d) A physician who ~~supervises~~ **collaborates with** a physician assistant providing medical care in response to an emergency is not required to meet the requirements under this chapter for a ~~supervising~~

collaborating physician.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1248, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-42-27-1, AS AMENDED BY P.L.129-2018, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: 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 ~~supervisory~~ **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 2. IC 25-1-9.5-4, AS AMENDED BY P.L.129-2018, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: 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 ~~supervisory~~ **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.".

Page 6, between lines 28 and 29, begin a new line block indented and insert:

"**However, the pharmacist must provide the patient with a written advance beneficiary notice that is signed by the patient and that states that the patient may not be eligible for reimbursement for the device or supply. The pharmacy must keep a copy of the patient's advance beneficiary notice on file for seven (7) years.**".

Page 6, after line 31, begin a new paragraph and insert:

"**(c) A pharmacist may issue a prescription for purposes of subsection (a)(5).**

SECTION 5. IC 25-27.5-1-2, AS ADDED BY P.L.90-2007, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. This article grants a ~~supervising~~ **collaborating** physician or physician designee the authority to delegate, as the physician determines is appropriate, those tasks or services the physician typically performs and is qualified to perform.

SECTION 6. IC 25-27.5-2-4.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 4.7. "Collaborating physician" means a physician licensed by the board who collaborates with and is responsible for a physician assistant.**

SECTION 7. IC 25-27.5-2-4.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 4.9. (a) "Collaboration" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant and that one (1) of the following conditions is met at all times that services are rendered or tasks are performed by the physician assistant:**

(1) The collaborating physician or the physician designee is physically present at the location at which services are rendered or tasks are performed by the physician assistant.

(2) When the collaborating physician or the physician designee is not physically present at the location at which services are rendered or tasks are performed by the physician assistant, the collaborating physician or the physician designee is able to personally ensure proper care of the patient and is:

(A) immediately available through the use of telecommunications or other electronic means; and

(B) able to see the person within a medically appropriate time frame;

for consultation, if requested by the patient or the physician assistant.

(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the collaborating physician.

SECTION 8. IC 25-27.5-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. "Dependent practice" means the performance of an act, a duty, or a function delegated to a physician assistant by the ~~supervising~~ **collaborating** physician or

physician designee.

SECTION 9. IC 25-27.5-2-11, AS AMENDED BY P.L.3-2008, SECTION 189, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 11. "Physician designee" means a physician:

(1) who:

(A) works in; or

(B) is trained in;

the same practice area as the practice area of the ~~supervising~~ **collaborating** physician; and

(2) to whom responsibility for the ~~supervision of~~ **collaboration with** a physician assistant is temporarily designated when the ~~supervising~~ **collaborating** physician is unavailable.

SECTION 10. IC 25-27.5-2-13 IS REPEALED [EFFECTIVE JULY 1, 2019]. ~~Sec. 13. "Supervising physician" means a physician licensed by the board who supervises and is responsible for a physician assistant.~~

SECTION 11. IC 25-27.5-2-14 IS REPEALED [EFFECTIVE JULY 1, 2019]. ~~Sec. 14. (a) "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant and that the conditions set forth in subdivision (1) or (2) are met at all times that services are rendered or tasks are performed by the physician assistant:~~

~~(1) The supervising physician or the physician designee is physically present at the location at which services are rendered or tasks are performed by the physician assistant.~~

~~(2) Both of the following apply:~~

~~(A) The supervising physician or the physician designee is immediately available:~~

~~(i) through the use of telecommunications or other electronic means; and~~

~~(ii) for consultation, including being able to see the patient in person within twenty-four (24) hours if requested by the patient or the physician assistant.~~

~~(B) If the supervising physician or the physician designee is not present in the same facility as the physician assistant, the supervising physician or physician designee must be within a reasonable travel distance from the facility to personally ensure proper care of the patients.~~

~~(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician.~~

SECTION 12. IC 25-27.5-5-1, AS AMENDED BY P.L.90-2007,

SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

~~(b) This chapter does not allow the independent practice by a physician assistant, including any of the activities of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).~~

~~(c)~~ **(b)** This chapter does not exempt a physician assistant from the requirements of IC 16-41-35-29.

SECTION 13. IC 25-27.5-5-2, AS AMENDED BY P.L.168-2016, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2. (a) A physician assistant:

(1) must engage in a dependent practice with ~~physician supervision.~~ **a collaborating physician; and**

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

A physician assistant may perform, under ~~the supervision of the supervising physician,~~ **a collaborative agreement,** the duties and responsibilities that are delegated by the ~~supervising~~ **collaborating** physician and that are within the ~~supervising~~ **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 ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or physician designee.

(c) If a physician assistant notifies the ~~supervising~~ **collaborating** physician that the physician should examine a patient, the ~~supervising~~ **collaborating** physician shall:

(1) schedule an examination of the patient ~~in a timely manner~~ unless the patient declines; or

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

~~(d) If a patient is subsequently examined by the supervising physician or another physician because of circumstances described in subsection (b) or (c), the visit must be considered as part of the same encounter except for in the instance of a medically appropriate referral.~~

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

~~(f)~~ **(e)** A physician assistant's ~~supervisory~~ **collaborative** agreement with a ~~supervising~~ **collaborating** physician must:

(1) be in writing;

(2) include all the tasks delegated to the physician assistant by the ~~supervising~~ **collaborating** physician;

(3) set forth the ~~supervisory plans~~ **collaborative agreement** for the physician assistant, including the emergency procedures that the physician assistant must follow; and

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

~~(g)~~ **(f)** The physician shall submit the ~~supervisory~~ **collaborative** agreement to the board. The physician assistant may prescribe a drug under the ~~supervisory~~ **collaborative** agreement unless the board denies the ~~supervisory~~ **collaborative** agreement. Any amendment to the ~~supervisory~~ **collaborative** agreement must be resubmitted to the board, and the physician assistant may operate under any new prescriptive authority under the amended ~~supervisory~~ **collaborative** agreement unless the agreement has been denied by the board.

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

SECTION 14. IC 25-27.5-5-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. A physician assistant is the agent of the ~~supervising~~ **collaborating** physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic, and other medical services.

SECTION 15. IC 25-27.5-5-4, AS AMENDED BY P.L.135-2015, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the ~~supervising~~ **collaborating** physician.

(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 ~~supervising~~ **collaborating** physician. 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 ~~supervising~~ **collaborating** physician.

(e) A physician assistant may not prescribe drugs unless the physician assistant has: ~~successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee.~~

(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) 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.

~~(g) Before a physician assistant may prescribe a controlled substance, the physician assistant must have practiced as a physician assistant for at least one thousand eight hundred (1,800) hours.~~

SECTION 16. IC 25-27.5-5-6, AS AMENDED BY P.L.135-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) Except as provided in section 4(d) of this

chapter, a ~~supervising~~ **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).

~~(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician, including the protocols the physician assistant shall use when prescribing the drug.~~

~~(c)~~ **(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.

~~(d)~~ **(c)** A ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or the physician designee.

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

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

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

~~(f)~~ **(e)** A ~~supervising~~ **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 ~~supervising~~ **collaborating** physician or the physician designee; **and**

~~(2) in an aggregate amount that does not exceed a thirty (30) day supply; the prescription may be refilled by the physician assistant as allowed for under the physician assistant's supervisory agreement; and~~

~~(3)~~ **(2)** in accordance with the limitations set forth in section 4(c) of this chapter.

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

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

SECTION 17. IC 25-27.5-6-1, AS AMENDED BY P.L.135-2015, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) ~~Supervision~~ **Collaboration** by the ~~supervising~~ **collaborating** physician or the physician designee must be continuous but does not require the physical presence of the ~~supervising~~ **collaborating** physician at the time and the place that the services are rendered.

(b) A ~~supervising~~ **collaborating** physician or physician designee shall review patient encounters not later than ten (10) business days, and within a reasonable time, as established in the ~~supervising~~ **collaborative** agreement, after the physician assistant has seen the patient, that is appropriate for the maintenance of quality medical care.

(c) The ~~supervising~~ **collaborating** physician or physician designee shall review within a reasonable time that is not later than ten (10) business days after a patient encounter, that is appropriate for the maintenance of quality medical care, at least the following percentages of the patient charts:

(1) ~~For the first year of practice of the physician assistant, at least twenty-five percent (25%).~~ **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 ~~supervising~~ **collaborative** agreement, that is appropriate for the maintenance of quality medical care.

~~(3) For the first year in which a physician assistant obtains authority to prescribe a Schedule II controlled substance under IC 25-27.5-5-4, fifty percent (50%) of the patient records for which a Schedule II controlled substance is being dispensed or prescribed.~~

~~However, if the physician assistant's employment changes to a different practice speciality, the chart review described in subdivision (1) is required for the first year.~~

SECTION 18. IC 25-27.5-6-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 3. It is the obligation of each team of **collaborating** physician and physician assistant to ensure the following:

(1) That the physician assistant's scope of practice is identified.

(2) That delegation of medical tasks is appropriate to the physician assistant's level of competence and within the ~~supervising~~ **collaborating** physician's scope of practice.

(3) That the relationship of and access to the ~~supervising~~ **collaborating** physician is defined.

~~(4) That a process for evaluation of the physician assistant's performance is established and maintained.~~

SECTION 19. IC 25-27.5-6-4, AS AMENDED BY P.L.102-2013, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. (a) A physician ~~supervising~~ **collaborating with** a physician assistant must do the following:

(1) Be licensed under IC 25-22.5.

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

~~(3) Submit a statement to the board that the physician will exercise supervision over the physician assistant in accordance with rules adopted by the board and retain professional and legal responsibility for the care rendered by the physician assistant.~~

~~(4)~~ **(3)** Not have a disciplinary action restriction that limits the physician's ability to ~~supervise~~ **collaborate with** a physician assistant.

~~(5)~~ **(4)** Maintain a written agreement with the physician assistant that states the physician will:

(A) ~~exercise supervision over~~ **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.

~~(6)~~ **(5)** Submit to the board a list of locations that the ~~supervising~~ **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 ~~(5).~~ **(4).**

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

SECTION 20. IC 25-27.5-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) Before initiating practice the ~~supervising~~ **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 ~~supervising~~ **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 ~~supervising~~ **collaborating** physicians not more than thirty (30) days after the change or addition.

SECTION 21. IC 25-27.5-6-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. The ~~supervising~~ **collaborating** physician may delegate authority for the physician assistant to provide volunteer work, including charitable work and migrant health care.

SECTION 22. IC 25-27.5-6-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. If a physician assistant is employed by a physician, a group of physicians, or another legal entity, the physician assistant must be ~~supervised by~~ **in collaboration with** and be the legal responsibility of the ~~supervising~~ **collaborating** physician. The legal responsibility for the physician assistant's patient care activities are that of the ~~supervising~~ **collaborating** physician, including when the physician assistant

provides care and treatment for patients in health care facilities. If a physician assistant is employed by a health care facility or other entity, the legal responsibility for the physician assistant's actions is that of the ~~supervising~~ **collaborating** physician. A physician assistant employed by a health care facility or entity must be ~~supervised~~ ~~by~~ **in collaboration with** a licensed physician.

SECTION 23. IC 25-27.5-6-8, AS ADDED BY P.L.105-2008, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) This section applies to a physician assistant:

(1) licensed in Indiana or licensed or authorized to practice in any other state or territory of the United States; or

(2) credentialed as a physician assistant by a federal employer.

(b) As used in this section, "emergency" means an event or a condition that is an emergency, a disaster, or a public health emergency under IC 10-14.

(c) A physician assistant who responds to a need for medical care created by an emergency may render care that the physician assistant is able to provide without the ~~supervision~~ **collaboration** required under this chapter, but with such ~~supervision~~ **collaboration** as is available.

(d) A physician who ~~supervises~~ **collaborates with** a physician assistant providing medical care in response to an emergency is not required to meet the requirements under this chapter for a ~~supervising~~ **collaborating** physician.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1248 as introduced.)

KIRCHHOFER

Committee Vote: yeas 11, nays 1.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1248, 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 2, line 38, strike "one (1)".

Page 2, line 39, strike "time".

and when so amended that said bill do pass.

(Reference is to HB 1248 as printed February 15, 2019.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 8, Nays 0.