

# HOUSE BILL No. 1392

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-37; IC 25-27.5-5.

**Synopsis:** Death records. Allows an advanced practice registered nurse to pronounce the time of death of a deceased individual and to enter or sign a record on a death into the Indiana death registration system. Allows a physician assistant who: (1) performs under a collaborative agreement that allows the physician assistant to pronounce the time of death and submit death records as delegated by the collaborating physician; and (2) pronounced the time of death of a deceased individual; to enter or sign a record on a death into the Indiana death registration system.

**Effective:** July 1, 2020.

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## Smaltz

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January 15, 2020, read first time and referred to Committee on Public Health.

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Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

## HOUSE BILL No. 1392

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 16-37-1-3.1, AS AMENDED BY P.L.138-2019,  
2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2020]: Sec. 3.1. (a) The state department shall establish the  
4 Indiana birth registration system (IBRS) for recording in an electronic  
5 format live births in Indiana.  
6 (b) The state department shall establish the Indiana death  
7 registration system (IDRS) for recording in an electronic format deaths  
8 in Indiana.  
9 (c) Submission of records on births and deaths shall be entered by:  
10 (1) funeral directors;  
11 (2) physicians;  
12 (3) coroners;  
13 (4) medical examiners;  
14 (5) persons in attendance at birth; ~~and~~  
15 (6) local health departments; **and**  
16 **(7) for purposes of records on death:**  
17 **(A) advanced practice registered nurses licensed under**



- 1                   **IC 25-23; or**  
 2                   **(B) physician assistants under a collaborative agreement**  
 3                   **(as described in IC 25-27.5-5-3).**  
 4 using the electronic system created by the state department under this  
 5 section.  
 6       (d) A person in attendance at a live birth shall report a birth to the  
 7 local health officer in accordance with IC 16-37-2-2.  
 8       (e) Except as provided in subsection (f), death records shall be  
 9 submitted as follows, using the Indiana death registration system:  
 10       (1) The:  
 11           (A) physician last in attendance upon the deceased; ~~or~~  
 12           **(B) physician assistant under a collaborative agreement;**  
 13           **(C) advanced practice registered nurse; or**  
 14           ~~(B)~~ **(D) person in charge of interment;**  
 15 shall initiate the document process. If the person in charge of  
 16 interment initiates the process, the person in charge of interment  
 17 shall electronically submit the certificate required under  
 18 IC 16-37-3-5 to the physician last in attendance upon the  
 19 deceased, **the physician assistant under a collaborative**  
 20 **agreement, or the advanced practice registered nurse** not later  
 21 than five (5) days after the death.  
 22       (2) The physician last in attendance upon the deceased, **the**  
 23 **physician assistant under a collaborative agreement, or the**  
 24 **advanced practice registered nurse** shall electronically certify  
 25 to the local health department the cause of death on the certificate  
 26 of death not later than five (5) days after:  
 27           (A) initiating the document process; or  
 28           (B) receiving under IC 16-37-3-5 the electronic notification  
 29 from the person in charge of interment.  
 30       (3) The local health officer shall submit the reports required under  
 31 IC 16-37-1-5 to the state department not later than five (5) days  
 32 after electronically receiving under IC 16-37-3-5 the completed  
 33 certificate of death from the physician last in attendance, **the**  
 34 **physician assistant under a collaborative agreement, or the**  
 35 **advanced practice registered nurse.**  
 36       (f) If the IBRS or IDRS is unavailable for more than forty-eight (48)  
 37 hours, the state registrar may issue a notice permitting the filing of a  
 38 paper record of a live birth, a death, or both, subject to the following:  
 39           (1) The notice issued by the state registrar must contain a time  
 40 frame for which the notice is in effect and when the notice  
 41 expires. However, the notice automatically expires if the state  
 42 department notifies the local health officers that the IBRS or



1 IDRS is available, the notice has expired, and that all future  
2 submissions must use the IBRS or IDRS.

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

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

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

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

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

15 SECTION 2. IC 16-37-3-0.5 IS ADDED TO THE INDIANA CODE  
16 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
17 1, 2020]: **Sec. 0.5. This chapter applies to the following:**

18 (1) **An advanced practice registered nurse licensed under  
19 IC 25-23.**

20 (2) **A physician assistant if the physician assistant:**

21 (A) **performed under a collaborative agreement that allows  
22 the physician assistant to pronounce the time of death for  
23 the deceased individual and submit death records under  
24 IC 25-27.5-5-3 as delegated by the collaborating physician;  
25 and**

26 (B) **pronounced the time of death for the deceased  
27 individual.**

28 SECTION 3. IC 16-37-3-3, AS AMENDED BY P.L.138-2019,  
29 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
30 JULY 1, 2020]: Sec. 3. Except as provided in IC 16-37-1-3.1(f), the  
31 physician last in attendance upon the deceased, **the physician assistant  
32 under a collaborative agreement (as described in IC 25-27.5-5-3),  
33 the advanced practice registered nurse,** or the person in charge of  
34 interment shall use the Indiana death registration system established  
35 under IC 16-37-1-3.1 to file a certificate of death with the local health  
36 officer of the jurisdiction in which the death occurred.

37 SECTION 4. IC 16-37-3-4, AS AMENDED BY P.L.156-2011,  
38 SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
39 JULY 1, 2020]: Sec. 4. The physician last in attendance upon the  
40 deceased, **the physician assistant under a collaborative agreement  
41 (as described in IC 25-27.5-5-3), the advanced practice registered  
42 nurse,** or the person in charge of interment shall secure the personal



1 data required by the state department by rules adopted under IC 4-22-2  
 2 for preparation of the certificate of death or of stillbirth from the  
 3 persons best qualified to give the information.

4 SECTION 5. IC 16-37-3-5, AS AMENDED BY P.L.138-2019,  
 5 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 6 JULY 1, 2020]: Sec. 5. Except as provided in IC 16-37-1-3.1(f), if the  
 7 person in charge of interment initiates the process, the person in charge  
 8 of interment shall electronically provide a certificate of death to the  
 9 physician last in attendance upon the deceased, **the physician assistant**  
 10 **under a collaborative agreement (as described in IC 25-27.5-5-3),**  
 11 **or the advanced practice registered nurse.** The physician last in  
 12 attendance upon the deceased, **the physician assistant under a**  
 13 **collaborative agreement (as described in IC 25-27.5-5-3), or the**  
 14 **advanced practice registered nurse** shall electronically certify to the  
 15 local health department the cause of death on the certificate of death,  
 16 using the Indiana death registration system.

17 SECTION 6. IC 16-37-3-6 IS AMENDED TO READ AS  
 18 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. (a) If:

- 19 (1) a death or stillbirth occurred without medical attendance; or  
 20 (2) the physician last in attendance, **the physician assistant**  
 21 **under a collaborative agreement (as described in**  
 22 **IC 25-27.5-5-3), or the advanced practice registered nurse** is  
 23 physically or mentally unable to sign the certificate of death or  
 24 stillbirth;

25 the local health officer shall inquire into the cause of death from  
 26 anyone having knowledge of the facts regarding the cause of death.

27 (b) The local health officer may issue a subpoena to obtain  
 28 information and to employ a qualified pathologist to perform an  
 29 autopsy when, in the judgment of the local health officer, those  
 30 procedures are required to complete the inquiry. The local health  
 31 officer shall then certify the cause of death on the basis of the  
 32 information.

33 SECTION 7. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019,  
 34 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 35 JULY 1, 2020]: Sec. 2. (a) A physician assistant:

- 36 (1) must engage in a dependent practice with a collaborating  
 37 physician; and  
 38 (2) may not be independent from the collaborating physician,  
 39 including any of the activities of other health care providers set  
 40 forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

41 A physician assistant may perform, under a collaborative agreement,  
 42 the duties and responsibilities that are delegated by the collaborating



1 physician and that are within the collaborating physician's scope of  
 2 practice, including prescribing and dispensing drugs and medical  
 3 devices **or duties related to death records under section 3 of this**  
 4 **chapter.** A patient may elect to be seen, examined, and treated by the  
 5 collaborating physician.

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

9 (c) If a physician assistant notifies the collaborating physician that  
 10 the physician should examine a patient, the collaborating physician  
 11 shall:

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

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

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

18 (e) A physician assistant's collaborative agreement with a  
 19 collaborating physician must:

20 (1) be in writing;

21 (2) include all the tasks delegated to the physician assistant by the  
 22 collaborating physician;

23 (3) set forth the collaborative agreement for the physician  
 24 assistant, including the emergency procedures that the physician  
 25 assistant must follow; and

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

28 (f) The physician shall submit the collaborative agreement to the  
 29 board. The physician assistant may prescribe a drug under the  
 30 collaborative agreement unless the board denies the collaborative  
 31 agreement. Any amendment to the collaborative agreement must be  
 32 resubmitted to the board, and the physician assistant may operate under  
 33 any new prescriptive authority under the amended collaborative  
 34 agreement unless the agreement has been denied by the board.

35 (g) A physician or a physician assistant who violates the  
 36 collaborative agreement described in this section may be disciplined  
 37 under IC 25-1-9.

38 SECTION 8. IC 25-27.5-5-3, AS AMENDED BY P.L.247-2019,  
 39 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 40 JULY 1, 2020]: Sec. 3. (a) A physician assistant is the agent of the  
 41 collaborating physician in the performance of all practice related  
 42 activities, including the ordering of diagnostic, therapeutic, and other



1 medical services.  
2       **(b) A physician assistant may:**  
3           **(1) pronounce death: and**  
4           **(2) authenticate and submit any form under IC 16-37-3;**  
5 **if the physician assistant has been delegated the duty or**  
6 **responsibility under a collaborative agreement with a collaborating**  
7 **physician.**

