

HOUSE BILL No. 1464

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-37; IC 25-1-9.5-4; IC 25-23-1.

Synopsis: Advanced practice registered nurses. Allows an advanced practice registered nurse who: (1) had primary responsibility for the treatment and care of a deceased individual for a period longer than six months; and (2) pronounced the time of death for the deceased individual; to enter or sign a record on a death into the Indiana death registration system. Requires the state board of nursing to establish requirements that allow an advanced practice registered nurse to prescribe diabetic medical equipment.

Effective: July 1, 2019.

Smaltz

January 15, 2019, read first time and referred to Committee on Public Health.



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.

HOUSE BILL No. 1464

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.156-2011,
2 SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2019]: Sec. 3.1. (a) Beginning January 1, 2011, the state
4 department shall establish the Indiana birth registration system (IBRS)
5 for recording in an electronic format live births in Indiana.
6 (b) Beginning January 1, 2011, the state department shall establish
7 the Indiana death registration system (IDRS) for recording in an
8 electronic format deaths 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 deaths, advanced practice**
17 **registered nurses providing primary care (as described in**



1 **IC 16-37-3-0.5);**
 2 using the electronic system created by the state department under this
 3 section.

4 (d) A person in attendance at a live birth shall report a birth to the
 5 local health officer in accordance with IC 16-37-2-2.

6 (e) Death records shall be submitted as follows, using the Indiana
 7 death registration system:

8 (1) The:

9 (A) physician last in attendance upon the deceased; ~~or~~
 10 **(B) advanced practice registered nurse providing primary**
 11 **care to the deceased; or**

12 ~~(B)~~ (C) person in charge of interment;
 13 shall initiate the document process. If the person in charge of
 14 interment initiates the process, the person in charge of interment
 15 shall electronically submit the certificate required under
 16 IC 16-37-3-5 to the physician last in attendance upon the
 17 deceased **or the advanced practice registered nurse providing**
 18 **primary care to the deceased** not later than five (5) days after
 19 the death.

20 (2) The physician last in attendance upon the deceased **or the**
 21 **advanced practice registered nurse providing primary care to**
 22 **the deceased** shall electronically certify to the local health
 23 department the cause of death on the certificate of death not later
 24 than five (5) days after:

25 (A) initiating the document process; or

26 (B) receiving under IC 16-37-3-5 the electronic notification
 27 from the person in charge of interment.

28 (3) The local health officer shall submit the reports required under
 29 IC 16-37-1-5 to the state department not later than five (5) days
 30 after electronically receiving under IC 16-37-3-5 the completed
 31 certificate of death from the physician last in attendance **or the**
 32 **advanced practice registered nurse providing primary care.**

33 SECTION 2. IC 16-37-3-0.5 IS ADDED TO THE INDIANA CODE
 34 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 35 1, 2019]: **Sec. 0.5. This chapter applies to an advanced practice**
 36 **registered nurse licensed under IC 25-23 if the advanced practice**
 37 **registered nurse:**

38 **(1) had primary responsibility for the treatment and care of**
 39 **the deceased individual for a period longer than six (6)**
 40 **months; and**

41 **(2) pronounced the time of death for the deceased individual.**

42 SECTION 3. IC 16-37-3-3, AS AMENDED BY P.L.122-2012,



1 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 JULY 1, 2019]: Sec. 3. (a) The physician last in attendance upon the
 3 deceased, **the advanced practice registered nurse who provided**
 4 **primary care as described in section 0.5 of this chapter**, or the
 5 person in charge of interment shall file a certificate of death or of
 6 stillbirth with the local health officer of the jurisdiction in which the
 7 death or stillbirth occurred. The local health officer shall retain a copy
 8 of the certificate of death.

9 (b) Notwithstanding subsection (a), beginning January 1, 2011, for
 10 a death occurring after December 31, 2010, the physician last in
 11 attendance upon the deceased, **the advanced practice registered**
 12 **nurse who provided primary care as described in section 0.5 of this**
 13 **chapter**, or the person in charge of interment shall use the Indiana
 14 death registration system established under IC 16-37-1-3.1 to file a
 15 certificate of death with the local health officer of the jurisdiction in
 16 which the death occurred.

17 SECTION 4. IC 16-37-3-4, AS AMENDED BY P.L.156-2011,
 18 SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2019]: Sec. 4. The physician last in attendance upon the
 20 deceased, **the advanced practice registered nurse who provided**
 21 **primary care as described in section 0.5 of this chapter**, or the
 22 person in charge of interment shall secure the personal data required by
 23 the state department by rules adopted under IC 4-22-2 for preparation
 24 of the certificate of death or of stillbirth from the persons best qualified
 25 to give the information.

26 SECTION 5. IC 16-37-3-5, AS AMENDED BY P.L.122-2012,
 27 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2019]: Sec. 5. (a) If the person in charge of interment initiates
 29 the process, the person in charge of interment shall present a certificate
 30 of death to the physician last in attendance upon the deceased **or the**
 31 **advanced practice registered nurse who provided primary care as**
 32 **described in section 0.5 of this chapter**, who shall certify the cause
 33 of death upon the certificate of death or of stillbirth.

34 (b) Notwithstanding subsection (a), beginning January 1, 2011, for
 35 a death occurring after December 31, 2010, using the Indiana death
 36 registration system established under IC 16-37-1-3.1, if the person in
 37 charge of interment initiates the process, the person in charge of
 38 interment shall electronically provide a certificate of death to the
 39 physician last in attendance upon the deceased **or the advanced**
 40 **practice registered nurse who provided primary care as described**
 41 **in section 0.5 of this chapter**. The physician last in attendance upon
 42 the deceased **or the advanced practice registered nurse who**



1 **provided primary care as described in section 0.5 of this chapter**
 2 shall electronically certify to the local health department the cause of
 3 death on the certificate of death, using the Indiana death registration
 4 system.

5 SECTION 6. IC 16-37-3-6 IS AMENDED TO READ AS
 6 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 6. (a) If:

- 7 (1) a death or stillbirth occurred without medical attendance; or
- 8 (2) the physician last in attendance **or the advanced practice**
 9 **registered nurse who provided primary care as described in**
 10 **section 0.5 of this chapter** is physically or mentally unable to
 11 sign the certificate of death or stillbirth;

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

14 (b) The local health officer may issue a subpoena to obtain
 15 information and to employ a qualified pathologist to perform an
 16 autopsy when, in the judgment of the local health officer, those
 17 procedures are required to complete the inquiry. The local health
 18 officer shall then certify the cause of death on the basis of the
 19 information.

20 SECTION 7. IC 25-1-9.5-4, AS AMENDED BY P.L.129-2018,
 21 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2019]: Sec. 4. As used in this chapter, "prescriber" means any
 23 of the following:

- 24 (1) A physician licensed under IC 25-22.5.
- 25 (2) A physician assistant licensed under IC 25-27.5 and granted
 26 the authority to prescribe by the physician assistant's supervisory
 27 physician in accordance with IC 25-27.5-5-4.
- 28 (3) An advanced practice registered nurse licensed and granted
 29 the authority to prescribe drugs **or diabetic medical equipment**
 30 under IC 25-23.
- 31 (4) An optometrist licensed under IC 25-24.
- 32 (5) A podiatrist licensed under IC 25-29.

33 SECTION 8. IC 25-23-1-7, AS AMENDED BY P.L.129-2018,
 34 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2019]: Sec. 7. (a) The board shall do the following:

- 36 (1) Adopt under IC 4-22-2 rules necessary to enable it to carry
 37 into effect this chapter.
- 38 (2) Prescribe standards and approve curricula for nursing
 39 education programs preparing persons for licensure under this
 40 chapter.
- 41 (3) Provide for surveys of such programs at such times as it
 42 considers necessary.



- 1 (4) Accredite such programs as meet the requirements of this
 2 chapter and of the board.
- 3 (5) Deny or withdraw accreditation from nursing education
 4 programs for failure to meet prescribed curricula or other
 5 standards.
- 6 (6) Examine, license, and renew the license of qualified
 7 applicants.
- 8 (7) Issue subpoenas, compel the attendance of witnesses, and
 9 administer oaths to persons giving testimony at hearings.
- 10 (8) Cause the prosecution of all persons violating this chapter and
 11 have power to incur necessary expenses for these prosecutions.
- 12 (9) Adopt rules under IC 4-22-2 that do the following:
- 13 (A) Prescribe standards for the competent practice of
 14 registered, practical, and advanced practice registered nursing.
- 15 (B) Establish with the approval of the medical licensing board
 16 created by IC 25-22.5-2-1 requirements that advanced practice
 17 registered nurses must meet to be granted authority to
 18 prescribe legend drugs and to retain that authority.
- 19 (C) Establish, with the approval of the medical licensing board
 20 created by IC 25-22.5-2-1, requirements for the renewal of a
 21 practice agreement under section 19.4 of this chapter, which
 22 shall expire on October 31 in each odd-numbered year.
- 23 **(D) Establish with the approval of the medical licensing
 24 board created by IC 25-22.5-2-1 requirements that
 25 advanced practice registered nurses must meet to be
 26 granted authority to prescribe diabetic medical equipment
 27 and to retain that authority.**
- 28 (10) Keep a record of all its proceedings.
- 29 (11) Collect and distribute annually demographic information on
 30 the number and type of registered nurses and licensed practical
 31 nurses employed in Indiana.
- 32 (b) The board may do the following:
- 33 (1) Create ad hoc subcommittees representing the various nursing
 34 specialties and interests of the profession of nursing. Persons
 35 appointed to a subcommittee serve for terms as determined by the
 36 board.
- 37 (2) Utilize the appropriate subcommittees so as to assist the board
 38 with its responsibilities. The assistance provided by the
 39 subcommittees may include the following:
- 40 (A) Recommendation of rules necessary to carry out the duties
 41 of the board.
- 42 (B) Recommendations concerning educational programs and



- 1 requirements.
- 2 (C) Recommendations regarding examinations and licensure
- 3 of applicants.
- 4 (3) Appoint nurses to serve on each of the ad hoc subcommittees.
- 5 (4) Withdraw from the interstate nurse licensure compact under
- 6 IC 25-23.2 (repealed).
- 7 (c) Nurses appointed under subsection (b) must:
- 8 (1) be committed to advancing and safeguarding the nursing
- 9 profession as a whole; and
- 10 (2) represent nurses who practice in the field directly affected by
- 11 a subcommittee's actions.
- 12 SECTION 9. IC 25-23-1-19.5, AS AMENDED BY P.L.129-2018,
- 13 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 14 JULY 1, 2019]: Sec. 19.5. (a) This section does not apply to certified
- 15 registered nurse anesthetists.
- 16 (b) The board shall establish a program under which advanced
- 17 practice registered nurses who meet the requirements established by
- 18 the board are authorized to prescribe:
- 19 (1) drugs, including controlled substances (as defined in
- 20 IC 35-48-1-9); **and**
- 21 **(2) diabetic medical equipment.**
- 22 (c) The authority granted by the board under this section:
- 23 (1) expires on October 31 of the odd-numbered year following the
- 24 year the authority was granted or renewed; and
- 25 (2) is subject to renewal indefinitely for successive periods of two
- 26 (2) years.
- 27 (d) The rules adopted under section 7 of this chapter concerning the
- 28 authority of advanced practice registered nurses to prescribe drugs
- 29 must do the following:
- 30 (1) Require an advanced practice registered nurse or a prospective
- 31 advanced practice registered nurse who seeks the authority to
- 32 submit an application to the board.
- 33 (2) Require an applicant to satisfy the following as a prerequisite
- 34 to the initial granting of the authority:
- 35 (A) Meet all the qualifications for licensure as a registered
- 36 nurse under this article.
- 37 (B) Successfully complete:
- 38 (i) education requirements determined by the board to be
- 39 appropriate to the advanced practice registered nurse's role;
- 40 and
- 41 (ii) a graduate level course in pharmacology providing at
- 42 least two (2) semester hours of academic credit.



- 1 (C) Either:
2 (i) provide documentation, as requested by the board, that
3 the applicant has graduated before December 31, 1997, from
4 an advanced, organized formal education program
5 appropriate to the practice and that is acceptable to the
6 board; or
7 (ii) complete a graduate, postgraduate, or doctoral advanced
8 practice registered nurse program from an accredited college
9 or university.
10 (3) Establish requirements for an advanced practice registered
11 nurse to comply with national certification or the certification's
12 equivalence, including a portfolio equivalence, appropriate to the
13 advance practice registered nurse's role.
14 (4) Require, as a condition of the renewal of the authority, the
15 completion by the advanced practice registered nurse of the
16 continuing education requirements set out in section 19.7 of this
17 chapter.

