

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 363 be amended to read as follows:

- 1 Page 10, between lines 15 and 16, begin a new paragraph and insert:
2 "SECTION 10. IC 25-27.5-2-13 IS AMENDED TO READ AS
3 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 13. "Supervising
4 physician" means a physician ~~registered with~~ **licensed by** the board
5 who supervises and is responsible for a physician assistant.
6 SECTION 1. IC 25-27.5-2-14, AS AMENDED BY P.L.3-2008,
7 SECTION 190, IS AMENDED TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2011]: Sec. 14. (a) "Supervision" means
9 **overseeing the activities of, and accepting responsibility for, the**
10 **medical services rendered by a physician assistant and** that the
11 conditions set forth in subdivision (1) or (2) are met at all times that
12 services are rendered or tasks are performed by the physician assistant:
13 (1) The supervising physician or the physician designee is
14 physically present at the location at which services are rendered
15 or tasks are performed by the physician assistant.
16 (2) Both of the following apply:
17 (A) The supervising physician or the physician designee is
18 immediately available:
19 **(i) through the use of telecommunications or other**
20 **electronic means; and**
21 **(ii) for consultation, including being able to see the patient**
22 **in person within twenty-four (24) hours if requested by**
23 **the patient or the physician assistant.**
24 ~~(B) Either:~~

1 (i) the supervising physician or the physician designee is in
 2 the county of; or a contiguous county to; the onsite location
 3 in which services are rendered or tasks are performed by the
 4 physician assistant; or

5 (ii) the physician or physician assistant is practicing at a
 6 hospital or health facility; or traveling to or from the hospital
 7 or health facility.

8 **(B) The supervising physician or the physician designee is**
 9 **in:**

10 **(i) the county of the physician assistant's practice; or**

11 **(ii) a contiguous county, including a county of a**
 12 **neighboring state, of the county containing the onsite**
 13 **location in which services are rendered or tasks are**
 14 **performed by the physician assistant.**

15 **The medical licensing board may permit an exception to the**
 16 **requirements of this clause after receiving an exceptional**
 17 **circumstance waiver request with the filed supervising**
 18 **agreement for each individual physician assistant and practice**
 19 **location. An exception must be approved by the board before**
 20 **the commencement of the physician assistant's practice in the**
 21 **county that requires the exceptional circumstance waiver**
 22 **request.**

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

25 SECTION 11. IC 25-27.5-3-5, AS AMENDED BY P.L.177-2009,
 26 SECTION 51, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 27 JULY 1, 2011]: Sec. 5. (a) The committee shall have regular meetings,
 28 called upon the request of the president or by a majority of the
 29 members appointed to the committee, and upon the advice and consent
 30 of the executive director of the Indiana professional licensing agency,
 31 for the transaction of business that comes before the committee under
 32 this article. At the first committee meeting of each calendar year, the
 33 committee shall elect a president and any other officer considered
 34 necessary by the committee by an affirmative vote of a majority of the
 35 members appointed to the committee.

36 (b) Three (3) members of the committee constitute a quorum. An
 37 affirmative vote of a majority of the members appointed to the
 38 committee is required for the committee to take action on any business.

39 (c) The committee shall do the following:

40 (1) Consider the qualifications of individuals who apply for an
 41 initial license under this article.

42 (2) Approve or reject license applications.

43 (3) Approve or reject renewal applications.

44 ~~(4) Approve or reject applications for a change or addition of a~~
 45 ~~supervising physician.~~

46 ~~(5) (4) Propose rules to the board concerning the competent~~

1 practice of physician assistants and the administration of this
2 article.

3 ~~(6)~~ (5) Recommend to the board the amounts of fees required
4 under this article.

5 SECTION 12. IC 25-27.5-5-2, AS AMENDED BY P.L.177-2009,
6 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7 JULY 1, 2011]: Sec. 2. (a) A physician assistant must engage in a
8 dependent practice with physician supervision. A physician assistant
9 may perform, under the supervision of the supervising physician, the
10 duties and responsibilities that are delegated by the supervising
11 physician and that are within the supervising physician's scope of
12 practice, including prescribing and dispensing drugs and medical
13 devices. A patient may elect to be seen, examined, and treated by the
14 supervising physician.

15 (b) If a physician assistant determines that a patient needs to be
16 examined by a physician, the physician assistant shall immediately
17 notify the supervising physician or physician designee.

18 (c) If a physician assistant notifies the supervising physician that the
19 physician should examine a patient, the supervising physician shall:

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

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

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

27 (e) A supervising physician or physician assistant who does not
28 comply with subsections (b) through (d) is subject to discipline under
29 IC 25-1-9.

30 (f) A physician assistant's supervisory agreement with a supervising
31 physician must:

32 (1) be in writing;

33 (2) include all the tasks delegated to the physician assistant by the
34 supervising physician;

35 (3) set forth the supervisory plans for the physician assistant,
36 including the emergency procedures that the physician assistant
37 must follow; and

38 (4) specify the name of the drug or drug classification being
39 delegated to the physician assistant and the protocol the physician
40 assistant shall follow in prescribing a drug.

41 (g) The physician shall submit the supervisory agreement to the
42 board. ~~for approval.~~ The physician assistant may ~~not~~ prescribe a drug
43 under the supervisory agreement ~~until unless~~ the board ~~approves~~
44 **denies** the supervisory agreement. Any amendment to the supervisory
45 agreement must be resubmitted to the board, ~~for approval~~, and the
46 physician assistant may ~~not~~ operate under any new prescriptive

1 authority under the amended supervisory agreement ~~until~~ **unless** the
2 agreement has been ~~approved~~ **denied** by the board.

3 (h) A physician or a physician assistant who violates the supervisory
4 agreement described in this section may be disciplined under
5 IC 25-1-9.

6 SECTION 13. IC 25-27.5-5-4, AS AMENDED BY P.L.90-2007,
7 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2011]: Sec. 4. (a) Except as provided in this section, a
9 physician assistant may prescribe, dispense, and administer drugs and
10 medical devices or services to the extent delegated by the supervising
11 physician.

12 (b) A physician assistant may not prescribe, dispense, or administer
13 ophthalmic devices, including glasses, contact lenses, and low vision
14 devices.

15 (c) ~~As permitted by the board;~~ A physician assistant may use or
16 dispense only drugs prescribed or approved by the supervising
17 physician. A physician assistant may not prescribe or dispense ~~the~~
18 ~~following drugs:~~

19 (1) a schedule I substance listed in IC 35-48-2-4.

20 (2) ~~A schedule II substance listed in IC 35-48-2-6.~~

21 (3) ~~A schedule III, schedule IV, or schedule V drug if the drug~~
22 ~~contains oxycodone.~~

23 ~~However, a physician assistant may prescribe one (1) dose of a drug~~
24 ~~listed in subdivision (2) or (3) for immediate administration if the~~
25 ~~patient is in an inpatient hospital post-operative setting and the~~
26 ~~physician is unavailable to make the prescription.~~

27 (d) A physician assistant may request, receive, and sign for
28 professional samples and may distribute professional samples to
29 patients if the samples are within the scope of the physician assistant's
30 prescribing privileges delegated by the supervising physician.

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

35 (f) A physician assistant may not prescribe, administer, or monitor
36 general anesthesia, regional anesthesia, or deep sedation as defined by
37 the board. A physician assistant may not administer moderate sedation:

38 (1) if the moderate sedation contains agents in which the
39 manufacturer's general warning advises that the drug should be
40 administered and monitored by an individual who is:

41 (A) experienced in the use of general anesthesia; and

42 (B) not involved in the conduct of the surgical or diagnostic
43 procedure; and

44 (2) during diagnostic tests, surgical procedures, or obstetric
45 procedures unless the following conditions are met:

46 (A) A physician is physically present in the area, is

1 immediately available to assist in the management of the
2 patient, and is qualified to rescue patients from deep sedation.

3 (B) The physician assistant is qualified to rescue patients from
4 deep sedation and is competent to manage a compromised
5 airway and provide adequate oxygenation and ventilation by
6 reason of meeting the following conditions:

7 (i) The physician assistant is certified in advanced
8 cardiopulmonary life support.

9 (ii) The physician assistant has knowledge of and training in
10 the medications used in moderate sedation, including
11 recommended doses, contraindications, and adverse
12 reactions.

13 (g) Before a physician assistant may prescribe drugs, the physician
14 assistant must have ~~been continuously employed~~ **practiced** as a
15 physician assistant:

16 (1) ~~for not less than at least one (1) year after graduating from a~~
17 ~~physician assistant program approved by the committee; ~~To be~~~~
18 ~~considered to have been continuously employed as a physician~~
19 ~~assistant for a year for purposes of this subsection; a person must~~
20 ~~have worked as a physician assistant more than and~~

21 (2) ~~at least one thousand eight hundred (1,800) hours. during the~~
22 ~~year.~~

23 SECTION 14. IC 25-27.5-5-6, AS ADDED BY P.L.90-2007,
24 SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25 JULY 1, 2011]: Sec. 6. (a) Except as provided in section 4(d) of this
26 chapter, a supervising physician may delegate authority to a physician
27 assistant to prescribe:

28 (1) legend drugs except as provided in section 4(c) of this chapter;
29 and

30 (2) medical devices (except ophthalmic devices, including
31 glasses, contact lenses, and low vision devices).

32 (b) Any prescribing authority delegated to a physician assistant must
33 be expressly delegated in writing by the physician assistant's
34 supervising physician, including:

35 (1) the name of the drug or drug classification being delegated by
36 the supervising physician; and

37 (2) the protocols the physician assistant shall use when
38 prescribing the drug.

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

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

44 (A) The signature of the physician assistant.

45 (B) The initials indicating the credentials awarded to the
46 physician assistant by the NCCPA.

- 1 (C) The physician assistant's state license number.
- 2 (2) Comply with all applicable state and federal laws concerning
3 prescriptions for legend drugs and medical devices.
- 4 (d) A supervising physician may delegate to a physician assistant
5 the authority to prescribe only legend drugs and medical devices that
6 are within the scope of practice of the licensed supervising physician
7 or the physician designee.
- 8 (e) A physician assistant who is delegated the authority to prescribe
9 controlled substances under subsection (a) ~~and in accordance with the~~
10 ~~limitations specified in section 4(c) of this chapter;~~ must do the
11 following:
- 12 (1) Obtain an Indiana controlled substance registration and a
13 federal Drug Enforcement Administration registration.
- 14 (2) Enter the following on each prescription form that the
15 physician assistant uses to prescribe a controlled substance:
- 16 (A) The signature of the physician assistant.
- 17 (B) The initials indicating the credentials awarded to the
18 physician assistant by the NCCPA.
- 19 (C) The physician assistant's state license number.
- 20 (D) The physician assistant's federal Drug Enforcement
21 Administration (DEA) number.
- 22 (3) Comply with all applicable state and federal laws concerning
23 prescriptions for controlled substances.
- 24 (f) A supervising physician may only delegate to a physician
25 assistant the authority to prescribe controlled substances:
- 26 (1) that may be prescribed within the scope of practice of the
27 licensed supervising physician or the physician designee;
- 28 (2) in an amount that does not exceed
- 29 (A) ~~a seven (7) thirty (30) day supply; for treatment of a~~
30 ~~single acute episode of a condition or injury; or~~
- 31 (B) ~~if a controlled substance cannot be dispensed in an amount~~
32 ~~that is small enough to meet the requirement of clause (A); the~~
33 ~~smallest dispensable amount; and~~
- 34 (3) in accordance with the limitations set forth in section 4(c) of
35 this chapter.
- 36 SECTION 15. IC 25-27.5-6-1 IS AMENDED TO READ AS
37 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. (a) Supervision by
38 the supervising physician or the physician designee must be continuous
39 but does not require the physical presence of the supervising physician
40 at the time and the place that the services are rendered.
- 41 (b) A supervising physician or physician designee shall review all
42 patient encounters not later than ~~twenty-four (24) seventy-two (72)~~
43 hours after the physician assistant has seen the patient.
- 44 (c) **The supervising physician or physician designee shall review**
45 **within seventy-two (72) hours after a patient encounter at least the**
46 **following percentages of the patient charts:**

- 1 **(1) For the first year of employment of the physician assistant,**
 2 **one hundred percent (100%).**
 3 **(2) For the second year of employment of the physician**
 4 **assistant, fifty percent (50%).**
 5 **(3) For the third year of employment of the physician**
 6 **assistant, twenty-five percent (25%).**

7 **However, if the physician assistant has had less than one thousand**
 8 **eight hundred (1,800) hours of practice, the supervising physician**
 9 **or physician designee shall review one hundred percent (100%) of**
 10 **the charts within seventy-two (72) hours of the patient encounter.**

11 SECTION 16. IC 25-27.5-6-4, AS AMENDED BY P.L.177-2009,
 12 SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2011]: Sec. 4. (a) A physician supervising a physician
 14 assistant must do the following:

- 15 (1) Be licensed under IC 25-22.5.
 16 (2) Register with the board the physician's intent to supervise a
 17 physician assistant.
 18 (3) Submit a statement to the board that the physician will
 19 exercise supervision over the physician assistant in accordance
 20 with rules adopted by the board and retain professional and legal
 21 responsibility for the care rendered by the physician assistant.
 22 (4) Not have a disciplinary action restriction that limits the
 23 physician's ability to supervise a physician assistant.

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

- 26 **(A) exercise supervision over the physician assistant in**
 27 **accordance with any rules adopted by the board; and**
 28 **(B) retain responsibility for the care rendered by the**
 29 **physician assistant.**

30 **The agreement must be signed by the physician and physician**
 31 **assistant, updated annually, and made available to the board**
 32 **upon request.**

33 (b) Except as provided in this section, this chapter may not be
 34 construed to limit the employment arrangement with a supervising
 35 physician under this chapter."

36 Page 11, after line 8, begin a new paragraph and insert:

37 "SECTION 18. IC 35-48-3-9, AS AMENDED BY P.L.204-2005,
 38 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 JULY 1, 2011]: Sec. 9. (a) Except for dosages medically required for
 40 a period of not more than forty-eight (48) hours that are dispensed by
 41 or on the direction of a practitioner or medication dispensed directly by
 42 a practitioner, other than a pharmacy, to an ultimate user, no controlled
 43 substance in schedule II may be dispensed without the written **or**
 44 **electronic** prescription of a practitioner.

45 (b) In emergency situations, as defined by rule of the board,
 46 schedule II drugs may be dispensed upon oral prescription of a

1 practitioner, reduced promptly to writing and filed by the pharmacy.
2 Prescriptions shall be retained in conformity with the requirements of
3 section 7 of this chapter. No prescription for a schedule II substance
4 may be refilled.

5 (c) Except for dosages medically required for a period of not more
6 than forty-eight (48) hours that are dispensed by or on the direction of
7 a practitioner, or medication dispensed directly by a practitioner, other
8 than a pharmacy, to an ultimate user, a controlled substance included
9 in schedule III or IV, which is a prescription drug as determined under
10 IC 16-42-19, shall not be dispensed without a written, **electronic**, or
11 oral prescription of a practitioner. The prescription shall not be filled
12 or refilled more than six (6) months after the date thereof or be refilled
13 more than five (5) times, unless renewed by the practitioner.
14 Prescriptions for schedule III, IV, and V controlled substances may be
15 transmitted by facsimile from the practitioner or the agent of the
16 practitioner to a pharmacy. The facsimile prescription is equivalent to
17 an original prescription to the extent permitted under federal law.

18 (d) A controlled substance included in schedule V shall not be
19 distributed or dispensed other than for a medical purpose."

20 Renumber all SECTIONS consecutively.

(Reference is to ESB 363 printed April 12, 2011.)

Representative Davisson