

First Regular Session 118th General Assembly (2013)

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 2012 Regular Session of the General Assembly.

## HOUSE ENROLLED ACT No. 1135

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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 16-18-2-163, AS AMENDED BY HEA 1182-2013, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 163. (a) "Health care provider", for purposes of IC 16-21 and IC 16-41, means any of the following:

(1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or legally authorized by this state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), a dentist, a registered or licensed practical nurse, a midwife, an optometrist, a pharmacist, a podiatrist, a chiropractor, a physical therapist, a respiratory care practitioner, an occupational therapist, a psychologist, a paramedic, an emergency medical technician, an advanced emergency medical technician, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.

(2) A college, university, or junior college that provides health care to a student, a faculty member, or an employee, and the governing board or a person who is an officer, employee, or agent of the college, university, or junior college acting in the course

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and scope of the person's employment.

(3) A blood bank, community mental health center, community mental retardation center, community health center, or migrant health center.

(4) A home health agency (as defined in IC 16-27-1-2).

(5) A health maintenance organization (as defined in IC 27-13-1-19).

(6) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(7) A corporation, partnership, or professional corporation not otherwise qualified under this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

Coverage for a health care provider qualified under this subdivision is limited to the health care provider's health care functions and does not extend to other causes of action.

(b) "Health care provider", for purposes of IC 16-35, has the meaning set forth in subsection (a). However, for purposes of IC 16-35, the term also includes a health facility (as defined in section 167 of this chapter).

(c) "Health care provider", for purposes of IC 16-36-5 and IC 16-36-6, means an individual licensed or authorized by this state to provide health care or professional services as:

(1) a licensed physician;

(2) a registered nurse;

(3) a licensed practical nurse;

(4) an advanced practice nurse;

(5) a ~~licensed~~ **certified** nurse midwife;

(6) a paramedic;

(7) an emergency medical technician;

(8) an advanced emergency medical technician; or

(9) an emergency medical responder, as defined by section 109.8 of this chapter.

The term includes an individual who is an employee or agent of a health care provider acting in the course and scope of the individual's employment.

(d) "Health care provider", for purposes of IC 16-40-4, means any of the following:

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(1) An individual, a partnership, a corporation, a professional corporation, a facility, or an institution licensed or authorized by the state to provide health care or professional services as a licensed physician, a psychiatric hospital, a hospital, a health facility, an emergency ambulance service (IC 16-31-3), an ambulatory outpatient surgical center, a dentist, an optometrist, a pharmacist, a podiatrist, a chiropractor, a psychologist, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.

(2) A blood bank, laboratory, community mental health center, community mental retardation center, community health center, or migrant health center.

(3) A home health agency (as defined in IC 16-27-1-2).

(4) A health maintenance organization (as defined in IC 27-13-1-19).

(5) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).

(6) A corporation, partnership, or professional corporation not otherwise specified in this subsection that:

(A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

(e) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).

SECTION 2. IC 16-34-2-1.1, AS AMENDED BY SEA 371-2013, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met:

(1) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as

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defined in IC 25-23-1-1(b)), or a **certified nurse** midwife (as defined in ~~IC 34-18-2-19~~ **IC 34-18-2-6.5**) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following:

(A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis.

(B) That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) and is available on an appropriate and timely basis when clinically necessary.

(C) The nature of the proposed procedure or information concerning the abortion inducing drug.

(D) Objective scientific information of the risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

- (i) the risk of infection and hemorrhage;
- (ii) the potential danger to a subsequent pregnancy; and
- (iii) the potential danger of infertility.

(E) That human physical life begins when a human ovum is fertilized by a human sperm.

(F) The probable gestational age of the fetus at the time the abortion is to be performed, including:

- (i) a picture of a fetus;
- (ii) the dimensions of a fetus; and
- (iii) relevant information on the potential survival of an unborn fetus;

at this stage of development.

(G) That objective scientific information shows that a fetus can feel pain at or before twenty (20) weeks of postfertilization age.

(H) The medical risks associated with carrying the fetus to term.

(I) The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services.

(J) That the pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act

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included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5.

(2) At least eighteen (18) hours before the abortion, the pregnant woman will be informed orally and in writing of the following:

(A) That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care from the county office of the division of family resources.

(B) That the father of the unborn fetus is legally required to assist in the support of the child. In the case of rape, the information required under this clause may be omitted.

(C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.

(D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.

(E) That Indiana has enacted the safe haven law under IC 31-34-2.5.

(F) The:

(i) Internet web site address of the state department of health's web site; and

(ii) description of the information that will be provided on the web site and that are;

described in section 1.5 of this chapter.

(3) The pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that:

(A) the information required by subdivisions (1) and (2) has been provided to the pregnant woman;

(B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible and that the woman has:

(i) viewed or refused to view the offered fetal ultrasound imaging; and

(ii) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible; and

(C) the pregnant woman has been given a written copy of the printed materials described in section 1.5 of this chapter.

(4) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as

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defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a midwife (as defined in IC 34-18-2-19) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has provided the pregnant woman with a color copy of the informed consent brochure described in section 1.5 of this chapter by printing the informed consent brochure from the state department's Internet web site and including the following information on the back cover of the brochure:

- (A) The name of the physician performing the abortion and the physician's medical license number.
- (B) An emergency telephone number where the physician or the physician's designee may be contacted twenty-four (24) hours a day, seven (7) days a week.
- (C) A statement that follow-up care by the physician or the physician's designee who is licensed under IC 25-22.5 is available on an appropriate and timely basis when clinically necessary.

(b) Before an abortion is performed, the provider shall perform, and the pregnant woman shall view, the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible unless the pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that the pregnant woman:

- (1) does not want to view the fetal ultrasound imaging; and
- (2) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible.

SECTION 3. IC 16-37-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter, "person in attendance at birth" means one (1) of the following:

- (1) A licensed attending physician.
- (2) ~~An attending~~ **A certified direct entry** midwife or **a certified** nurse midwife.
- (3) Another individual who:
  - (A) holds a license of the type designated by the governing board of a hospital, after consultation with the hospital's medical staff, to attend births at the hospital; and
  - (B) is in attendance at the birth.

SECTION 4. IC 16-37-2-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. A local health officer may accept a certificate of birth presented for filing not more than four (4) years after the birth occurred if the attending physician, **certified**

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**nurse midwife, certified direct entry** midwife, or other person desiring to file the certificate states the reason for the delay in writing. This statement shall be made a part of the certificate of birth.

SECTION 5. IC 16-37-2-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 9. (a) The local health officer shall make a permanent record of the following from a birth certificate:

- (1) Name.
- (2) Sex.
- (3) Date of birth.
- (4) Place of birth.
- (5) Name of the parents.
- (6) Birthplace of the parents.
- (7) The date of filing of the certificate of birth.
- (8) The person in attendance at the birth.**
- (9) Location of the birth, including whether the birth occurred at a hospital, licensed health care facility, home, or other non-health care facility.**

(b) Except as provided in subsection (c), the permanent record shall be open to public inspection.

(c) The birth record of an adopted child remains subject to the confidentiality provisions of IC 31-19 regarding the release of adoption information.

SECTION 6. IC 16-38-4-1, AS AMENDED BY SEA 267-2013, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter, "birth problems" means one (1) or more of the following conditions:

- (1) A structural deformation.
- (2) A developmental malformation.
- (3) A genetic, inherited, or biochemical disease.
- (4) A condition of a chronic nature, including central nervous system hemorrhage or infection of the central nervous system, that may result in a need for long term health care.
- (5) An autism spectrum disorder that is recognized in a child before the child becomes five (5) years of age.
- (6) A fetal alcohol spectrum disorder that is recognized before a child becomes five (5) years of age.
- (7) Any other severe disability that is:
  - (A) designated in a rule adopted by the state department; and
  - (B) recognized in a child after birth and before the child becomes three (3) years of age.

**(8) Complications resulting from a home delivery. As used in**

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**this subdivision, "home" includes the delivery of a viable fetus at a home or other non-health care facility.**

SECTION 7. IC 16-38-4-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7. (a) The state department shall adopt rules under IC 4-22-2 to:

- (1) define a birth problem; and
- (2) establish reporting requirements regarding birth problems for:
  - (A) hospitals;
  - (B) physicians;
  - (C) local health departments; ~~and~~
  - (D) home deliveries, as described in section 1(8) of this chapter; and**
  - ~~(E)~~ **(E)** other health care providers designated by the state department.

(b) In adopting rules regarding the reporting of birth problems, the state department shall give consideration to the following factors:

- (1) The extent to which a condition can be measured or identified.
- (2) The extent to which there is a known intervention for a condition.
- (3) The significance of the burden imposed on the life of the individual by a condition.
- (4) Other factors that the state department determines appropriate.

SECTION 8. IC 16-38-4-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 9. (a) **Certified** nurse midwives, **certified direct entry midwives**, and individuals and entities described in section 7(a)(2) of this chapter shall report each confirmed case of a birth problem that is recognized at the time of birth to the registry not later than sixty (60) days after the birth. An individual or entity described in section 7(a)(2) of this chapter who recognizes a birth problem in a child after birth but before the child is five (5) years of age shall report the birth problem to the registry not later than sixty (60) days after recognizing the birth problem. Information may be provided to amend or clarify an earlier reported case.

(b) A person required to report information to the registry under this section may use, when completing reports required by this chapter, information submitted to any other public or private registry or required to be filed with federal, state, or local agencies. However, the state department may require additional, definitive information.

(c) Exchange of information between state department registries is authorized. The state department may use information from another registry administered by the state department. Information used from

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other registries remains subject to the confidentiality restrictions on the other registries.

SECTION 9. IC 25-1-1.1-4, AS AMENDED BY P.L.28-2012, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) This section applies to an individual who is applying for, or will be applying for, an initial license or an initial certificate under one (1) of the following:

- (1) IC 25-2.5 (acupuncturists).
- (2) IC 25-10 (chiropractors).
- (3) IC 25-13 (dental hygienists).
- (4) IC 25-14 (dentists).
- (5) IC 25-14.5 (dietitians).
- (6) IC 25-17.3 (genetic counselors).
- (7) IC 25-19 (health facility and residential care facility administrators).
- (8) IC 25-21.8 (massage therapists).
- (9) IC 25-22.5 (physicians).
- (10) IC 25-23 (nurses).
- (11) IC 25-23.4 (certified direct entry midwives).**
- ~~(11)~~ **(12)** IC 25-23.5 (occupational therapists).
- ~~(12)~~ **(13)** IC 25-23.6 (social workers, marriage and family therapists, and counselors).
- ~~(13)~~ **(14)** IC 25-24 (optometrists).
- ~~(14)~~ **(15)** IC 25-26 (pharmacists).
- ~~(15)~~ **(16)** IC 25-27 (physical therapists).
- ~~(16)~~ **(17)** IC 25-27.5 (physician assistants).
- ~~(17)~~ **(18)** IC 25-29 (podiatrists).
- ~~(18)~~ **(19)** IC 25-33 (psychologists).
- ~~(19)~~ **(20)** IC 25-34.5 (respiratory care practitioners).
- ~~(20)~~ **(21)** IC 25-35.6 (speech pathologists and audiologists).
- ~~(21)~~ **(22)** IC 25-38.1 (veterinarians).

(b) As used in this chapter, "national criminal history background check" means the criminal history record system maintained by the Federal Bureau of Investigation based on fingerprint identification or any other method of positive identification.

(c) An individual applying for an initial license or initial certificate specified in subsection (a) shall submit to a national criminal history background check at the cost of the individual.

(d) The state police department shall release the results of a national criminal history background check conducted under this section to the Indiana professional licensing agency.

(e) A board, a commission, or a committee may conduct a random

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audit and require an individual seeking a renewal of a license or a certificate specified in subsection (a) to submit to a national criminal history background check at the cost of the individual.

SECTION 10. IC 25-1-2-2.1, AS AMENDED BY SEA 558-2013, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2.1. Rather than being issued annually, the following permits, licenses, certificates of registration, or evidences of authority granted by a state agency must be issued for a period of two (2) years or for the period specified in the article under which the permit, license, certificate of registration, or evidence of authority is issued if the period specified in the article is longer than two (2) years:

- (1) Certified public accountants, public accountants, and accounting practitioners.
- (2) Architects and landscape architects.
- (3) Dry cleaners.
- (4) Professional engineers.
- (5) Professional surveyors.
- (6) Real estate brokers.
- (7) Real estate agents.
- (8) Security dealers' licenses issued by the securities commissioner.
- (9) Dental hygienists.
- (10) Dentists.
- (11) Veterinarians.
- (12) Physicians.
- (13) Chiropractors.
- (14) Physical therapists.
- (15) Optometrists.
- (16) Pharmacists and assistants, drugstores or pharmacies.
- (17) Motels and mobile home community licenses.
- (18) Nurses.
- (19) Podiatrists.
- (20) Occupational therapists and occupational therapy assistants.
- (21) Respiratory care practitioners.
- (22) Social workers, marriage and family therapists, and mental health counselors.
- (23) Real estate appraiser licenses and certificates issued by the real estate appraiser licensure and certification board.
- (24) Wholesale legend drug distributors.
- (25) Physician assistants.
- (26) Dietitians.
- (27) Athlete agents.

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- (28) Manufactured home installers.
- (29) Home inspectors.
- (30) Massage therapists.
- (31) Interior designers.
- (32) Genetic counselors.

**(33) Direct entry midwives.**

SECTION 11. IC 25-1-2-6, AS AMENDED BY SEA 558-2013, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 6. (a) As used in this section, "license" includes all occupational and professional licenses, registrations, permits, and certificates issued under the Indiana Code, and "licensee" includes all occupational and professional licensees, registrants, permittees, and certificate holders regulated under the Indiana Code.

(b) This section applies to the following entities that regulate occupations or professions under the Indiana Code:

- (1) Indiana board of accountancy.
- (2) Indiana grain buyers and warehouse licensing agency.
- (3) Indiana auctioneer commission.
- (4) Board of registration for architects and landscape architects.
- (5) State board of cosmetology and barber examiners.
- (6) Medical licensing board of Indiana.
- (7) Secretary of state.
- (8) State board of dentistry.
- (9) State board of funeral and cemetery service.
- (10) Worker's compensation board of Indiana.
- (11) Indiana state board of health facility administrators.
- (12) Committee of hearing aid dealer examiners.
- (13) Indiana state board of nursing.
- (14) Indiana optometry board.
- (15) Indiana board of pharmacy.
- (16) Indiana plumbing commission.
- (17) Board of podiatric medicine.
- (18) Private investigator and security guard licensing board.
- (19) State board of registration for professional engineers.
- (20) State psychology board.
- (21) Indiana real estate commission.
- (22) Speech-language pathology and audiology board.
- (23) Department of natural resources.
- (24) Board of chiropractic examiners.
- (25) Mining board.
- (26) Indiana board of veterinary medical examiners.
- (27) State department of health.

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- (28) Indiana physical therapy committee.
- (29) Respiratory care committee.
- (30) Occupational therapy committee.
- (31) Behavioral health and human services licensing board.
- (32) Real estate appraiser licensure and certification board.
- (33) State board of registration for professional surveyors.
- (34) Physician assistant committee.
- (35) Indiana dietitians certification board.
- (36) Attorney general (only for the regulation of athlete agents).
- (37) Manufactured home installer licensing board.
- (38) Home inspectors licensing board.
- (39) State board of massage therapy.
- (40) Midwifery committee.**
- ~~(40)~~ **(41)** Any other occupational or professional agency created after June 30, 1981.

(c) Notwithstanding any other law, the entities included in subsection (b) shall send a notice of the upcoming expiration of a license to each licensee at least sixty (60) days prior to the expiration of the license. The notice must inform the licensee of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the entity, the licensee is not subject to a sanction for failure to renew if, once notice is received from the entity, the license is renewed within forty-five (45) days of the receipt of the notice.

(d) Notwithstanding any other law, the entities included in subsection (b) shall send notice of the expiration of a license to each individual whose license has expired within thirty (30) days following the expiration of the license. The notice must meet the following requirements:

- (1) Inform the individual of the following:
  - (A) That the individual's license has expired.
  - (B) Any requirements that must be met before reinstatement of a license may occur.
- (2) Be sent electronically. However, if the entity does not have an electronic mail address on record for the individual, the notice must be sent via United States mail.

SECTION 12. IC 25-1-5-3, AS AMENDED BY P.L.84-2010, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 3. (a) There is established the Indiana professional licensing agency. The agency shall perform all administrative functions, duties, and responsibilities assigned by law or rule to the executive director, secretary, or other statutory administrator of the



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following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).
- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22.5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Speech-language pathology and audiology board (IC 25-35.6-2).
- (10) State psychology board (IC 25-33).
- (11) Indiana board of veterinary medical examiners (IC 25-38.1-2).
- (12) Committee of hearing aid dealer examiners (IC 25-20).
- (13) Indiana physical therapy committee (IC 25-27).
- (14) Respiratory care committee (IC 25-34.5).
- (15) Occupational therapy committee (IC 25-23.5).
- (16) Behavioral health and human services licensing board (IC 25-23.6).
- (17) Physician assistant committee (IC 25-27.5).
- (18) Indiana athletic trainers board (IC 25-5.1-2-1).
- (19) Indiana dietitians certification board (IC 25-14.5-2-1).
- (20) Midwifery committee (IC 25-23.4-2-1).**

(b) Nothing in this chapter may be construed to give the agency policy making authority, which authority remains with each board.

SECTION 13. IC 25-1-5-10, AS AMENDED BY P.L.84-2010, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 10. (a) As used in this section, "provider" means an individual licensed, certified, registered, or permitted by any of the following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).
- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22.5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Speech-language pathology and audiology board



(IC 25-35.6-2).

(10) State psychology board (IC 25-33).

(11) Indiana board of veterinary medical examiners (IC 25-38.1-2).

(12) Indiana physical therapy committee (IC 25-27).

(13) Respiratory care committee (IC 25-34.5).

(14) Occupational therapy committee (IC 25-23.5).

(15) Behavioral health and human services licensing board (IC 25-23.6).

(16) Physician assistant committee (IC 25-27.5).

(17) Indiana athletic trainers board (IC 25-5.1-2-1).

(18) Indiana dietitians certification board (IC 25-14.5-2-1).

**(19) Midwifery committee (IC 25-23.4-2-1).**

(b) The agency shall create and maintain a provider profile for each provider described in subsection (a).

(c) A provider profile must contain the following information:

(1) The provider's name.

(2) The provider's license, certification, registration, or permit number.

(3) The provider's license, certification, registration, or permit type.

(4) The date the provider's license, certification, registration, or permit was issued.

(5) The date the provider's license, certification, registration, or permit expires.

(6) The current status of the provider's license, certification, registration, or permit.

(7) The provider's city and state of record.

(8) A statement of any disciplinary action taken against the provider within the previous ten (10) years by a board or committee described in subsection (a).

(d) The agency shall make provider profiles available to the public.

(e) The computer gateway administered by the office of technology established by IC 4-13.1-2-1 shall make the information described in subsection (c)(1), (c)(2), (c)(3), (c)(6), (c)(7), and (c)(8) generally available to the public on the Internet.

(f) The agency may adopt rules under IC 4-22-2 to implement this section.

SECTION 14. IC 25-1-7-1, AS AMENDED BY SEA 558-2013, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter:

"Board" means the appropriate agency listed in the definition of

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regulated occupation in this section.

"Director" refers to the director of the division of consumer protection.

"Division" refers to the division of consumer protection, office of the attorney general.

"Licensee" means a person who is:

- (1) licensed, certified, or registered by a board listed in this section; and
- (2) the subject of a complaint filed with the division.

"Person" means an individual, a partnership, a limited liability company, or a corporation.

"Regulated occupation" means an occupation in which a person is licensed, certified, or registered by one (1) of the following:

- (1) Indiana board of accountancy (IC 25-2.1-2-1).
- (2) Board of registration for architects and landscape architects (IC 25-4-1-2).
- (3) Indiana auctioneer commission (IC 25-6.1-2-1).
- (4) Board of chiropractic examiners (IC 25-10-1).
- (5) State board of cosmetology and barber examiners (IC 25-8-3-1).
- (6) State board of dentistry (IC 25-14-1).
- (7) State board of funeral and cemetery service (IC 25-15-9).
- (8) State board of registration for professional engineers (IC 25-31-1-3).
- (9) Indiana state board of health facility administrators (IC 25-19-1).
- (10) Medical licensing board of Indiana (IC 25-22.5-2).
- (11) Indiana state board of nursing (IC 25-23-1).
- (12) Indiana optometry board (IC 25-24).
- (13) Indiana board of pharmacy (IC 25-26).
- (14) Indiana plumbing commission (IC 25-28.5-1-3).
- (15) Board of podiatric medicine (IC 25-29-2-1).
- (16) State psychology board (IC 25-33).
- (17) Speech-language pathology and audiology board (IC 25-35.6-2).
- (18) Indiana real estate commission (IC 25-34.1-2).
- (19) Indiana board of veterinary medical examiners (IC 25-38.1).
- (20) Department of natural resources for purposes of licensing water well drillers under IC 25-39-3.
- (21) Respiratory care committee (IC 25-34.5).
- (22) Private investigator and security guard licensing board (IC 25-30-1-5.2).

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- (23) Occupational therapy committee (IC 25-23.5).
- (24) Behavioral health and human services licensing board (IC 25-23.6).
- (25) Real estate appraiser licensure and certification board (IC 25-34.1-8).
- (26) State board of registration for professional surveyors (IC 25-21.5-2-1).
- (27) Physician assistant committee (IC 25-27.5).
- (28) Indiana athletic trainers board (IC 25-5.1-2-1).
- (29) Indiana dietitians certification board (IC 25-14.5-2-1).
- (30) Indiana physical therapy committee (IC 25-27).
- (31) Manufactured home installer licensing board (IC 25-23.7).
- (32) Home inspectors licensing board (IC 25-20.2-3-1).
- (33) State department of health, for out-of-state mobile health care entities.
- (34) State board of massage therapy (IC 25-21.8-2-1).
- (35) Midwifery committee (IC 25-23.4-2-1).**
- ~~(35)~~ **(36)** Any other occupational or professional agency created after June 30, 1981.

SECTION 15. IC 25-22.5-1-2, AS AMENDED BY P.L.77-2012, SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. (a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

- (1) A student in training in a medical school approved by the board, or while performing duties as an intern or a resident in a hospital under the supervision of the hospital's staff or in a program approved by the medical school.
- (2) A person who renders service in case of emergency where no fee or other consideration is contemplated, charged, or received.
- (3) A paramedic (as defined in IC 16-18-2-266), an advanced emergency medical technician (as defined in IC 16-18-2-6.5), an emergency medical technician (as defined in IC 16-18-2-112), or a person with equivalent certification from another state who renders advanced life support (as defined in IC 16-18-2-7), or basic life support (as defined in IC 16-18-2-33.5):
  - (A) during a disaster emergency declared by the governor under IC 10-14-3-12 in response to an act that the governor in good faith believes to be an act of terrorism (as defined in IC 35-31.5-2-329); and
  - (B) in accordance with the rules adopted by the Indiana emergency medical services commission or the disaster





emergency declaration of the governor.

(4) Commissioned medical officers or medical service officers of the armed forces of the United States, the United States Public Health Service, and medical officers of the United States Department of Veterans Affairs in the discharge of their official duties in Indiana.

(5) An individual who is not a licensee who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by an individual licensed to practice medicine or osteopathic medicine in Indiana.

(6) A person administering a domestic or family remedy to a member of the person's family.

(7) A member of a church practicing the religious tenets of the church if the member does not make a medical diagnosis, prescribe or administer drugs or medicines, perform surgical or physical operations, or assume the title of or profess to be a physician.

(8) A school corporation and a school employee who acts under IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).

(9) A chiropractor practicing the chiropractor's profession under IC 25-10 or to an employee of a chiropractor acting under the direction and supervision of the chiropractor under IC 25-10-1-13.

(10) A dental hygienist practicing the dental hygienist's profession under IC 25-13.

(11) A dentist practicing the dentist's profession under IC 25-14.

(12) A hearing aid dealer practicing the hearing aid dealer's profession under IC 25-20.

(13) A nurse practicing the nurse's profession under IC 25-23. However, a certified registered nurse anesthetist (as defined in IC 25-23-1-1.4) may administer anesthesia if the certified registered nurse anesthetist acts under the direction of and in the immediate presence of a physician.

(14) An optometrist practicing the optometrist's profession under IC 25-24.

(15) A pharmacist practicing the pharmacist's profession under IC 25-26.

(16) A physical therapist practicing the physical therapist's profession under IC 25-27.

(17) A podiatrist practicing the podiatrist's profession under IC 25-29.

(18) A psychologist practicing the psychologist's profession under

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IC 25-33.

(19) A speech-language pathologist or audiologist practicing the pathologist's or audiologist's profession under IC 25-35.6.

(20) An employee of a physician or group of physicians who performs an act, a duty, or a function that is customarily within the specific area of practice of the employing physician or group of physicians, if the act, duty, or function is performed under the direction and supervision of the employing physician or a physician of the employing group within whose area of practice the act, duty, or function falls. An employee may not make a diagnosis or prescribe a treatment and must report the results of an examination of a patient conducted by the employee to the employing physician or the physician of the employing group under whose supervision the employee is working. An employee may not administer medication without the specific order of the employing physician or a physician of the employing group. Unless an employee is licensed or registered to independently practice in a profession described in subdivisions (9) through (18), nothing in this subsection grants the employee independent practitioner status or the authority to perform patient services in an independent practice in a profession.

(21) A hospital licensed under IC 16-21 or IC 12-25.

(22) A health care organization whose members, shareholders, or partners are individuals, partnerships, corporations, facilities, or institutions licensed or legally authorized by this state to provide health care or professional services as:

- (A) a physician;
- (B) a psychiatric hospital;
- (C) a hospital;
- (D) a health maintenance organization or limited service health maintenance organization;
- (E) a health facility;
- (F) a dentist;
- (G) a registered or licensed practical nurse;
- (H) a **certified nurse midwife or a certified direct entry midwife**;
- (I) an optometrist;
- (J) a podiatrist;
- (K) a chiropractor;
- (L) a physical therapist; or
- (M) a psychologist.

(23) A physician assistant practicing the physician assistant

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profession under IC 25-27.5.

(24) A physician providing medical treatment under section 2.1 of this chapter.

(25) An attendant who provides attendant care services (as defined in IC 16-18-2-28.5).

(26) A personal services attendant providing authorized attendant care services under IC 12-10-17.1.

(27) A respiratory care practitioner practicing the practitioner's profession under IC 25-34.5.

(b) A person described in subsection (a)(9) through (a)(18) is not excluded from the application of this article if:

(1) the person performs an act that an Indiana statute does not authorize the person to perform; and

(2) the act qualifies in whole or in part as the practice of medicine or osteopathic medicine.

(c) An employment or other contractual relationship between an entity described in subsection (a)(21) through (a)(22) and a licensed physician does not constitute the unlawful practice of medicine under this article if the entity does not direct or control independent medical acts, decisions, or judgment of the licensed physician. However, if the direction or control is done by the entity under IC 34-30-15 (or IC 34-4-12.6 before its repeal), the entity is excluded from the application of this article as it relates to the unlawful practice of medicine or osteopathic medicine.

(d) This subsection does not apply to a prescription or drug order for a legend drug that is filled or refilled in a pharmacy owned or operated by a hospital licensed under IC 16-21. A physician licensed in Indiana who permits or authorizes a person to fill or refill a prescription or drug order for a legend drug except as authorized in IC 16-42-19-11 through IC 16-42-19-19 is subject to disciplinary action under IC 25-1-9. A person who violates this subsection commits the unlawful practice of medicine under this chapter.

(e) A person described in subsection (a)(8) shall not be authorized to dispense contraceptives or birth control devices.

SECTION 16. IC 25-22.5-2-7, AS AMENDED BY SEA 414-2013, SECTION 2, AND SEA 246-2013, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7. (a) The board shall do the following:

(1) Adopt rules and forms necessary to implement this article that concern, but are not limited to, the following areas:

(A) Qualification by education, residence, citizenship, training, and character for admission to an examination for

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- licensure or by endorsement for licensure.
- (B) The examination for licensure.
- (C) The license or permit.
- (D) Fees for examination, permit, licensure, and registration.
- (E) Reinstatement of licenses and permits.
- (F) Payment of costs in disciplinary proceedings conducted by the board.
- (2) Administer oaths in matters relating to the discharge of the board's official duties.
- (3) Enforce this article and assign to the personnel of the agency duties as may be necessary in the discharge of the board's duty.
- (4) Maintain, through the agency, full and complete records of all applicants for licensure or permit and of all licenses and permits issued.
- (5) Make available, upon request, the complete schedule of minimum requirements for licensure or permit.
- (6) Issue, at the board's discretion, a temporary permit to an applicant for the interim from the date of application until the next regular meeting of the board.
- (7) Issue an unlimited license, a limited license, or a temporary medical permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.
- (8) Adopt rules establishing standards for the competent practice of medicine, osteopathic medicine, or any other form of practice regulated by a limited license or permit issued under this article.
- (9) Adopt rules regarding the appropriate prescribing of Schedule III or Schedule IV controlled substances for the purpose of weight reduction or to control obesity.
- (10) Adopt rules establishing standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia.
- (11) Adopt rules or protocol establishing the following:
- (A) An education program to be used to educate women with high breast density.
- (B) Standards for providing an annual screening or diagnostic test for a woman who is at least forty (40) years of age and who has been determined to have high breast density.
- As used in this subdivision, "high breast density" means a condition in which there is a greater amount of breast and connective tissue in comparison to fat in the breast.
- (12) Adopt rules establishing standards and protocols for the

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prescribing of controlled substances.

**(13) Adopt rules as set forth in IC 25-23.4 concerning the certification of certified direct entry midwives.**

- (b) The board may adopt rules that establish:
- (1) certification requirements for child death pathologists;
  - (2) an annual training program for child death pathologists under IC 16-35-7-3(b)(2); and
  - (3) a process to certify a qualified child death pathologist.

SECTION 17. IC 25-22.5-8-2, AS AMENDED BY P.L.90-2007, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. (a) A person who **knowingly or intentionally** violates this article by unlawfully practicing medicine or osteopathic medicine commits a Class C felony.

(b) A person who, **before January 1, 2014**, practices midwifery without the license required under this article commits a Class D felony.

(c) A person who **knowingly or intentionally** acts as a physician assistant without the license required under IC 25-27.5 commits a Class D felony.

SECTION 18. IC 25-23-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter:

- (a) "Board" means the Indiana state board of nursing.
- (b) "Advanced practice nurse" means:
  - (1) a nurse practitioner;
  - (2) a **certified** nurse midwife; or
  - (3) a clinical nurse specialist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.

(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

SECTION 19. IC 25-23-1-13.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 13.1. (a) An applicant who desires to practice **certified nurse** midwifery shall present to the board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the board or licensing agency for midwives that is located in any state.

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(b) The applicant shall submit to an examination in **certified nurse** midwifery prescribed or administered by the board. If the application and qualifications are approved by the board, the applicant is entitled to receive a ~~limited~~ license that allows the applicant to practice midwifery **as a certified nurse midwife**.

(c) The board shall adopt rules under ~~IC 25-23-1-7~~: **section 7 of this chapter:**

- (1) defining the scope of practice ~~for midwifery~~; **of a certified nurse midwife**; and
- (2) for implementing this section.

(d) **A certified nurse who holds a license to practice midwifery under this section (formerly referred to as a "midwife" before the repeal of IC 34-18-2-19) shall, beginning July 1, 2013, be known as a "certified nurse midwife".**

SECTION 20. IC 25-23.4 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]:

**ARTICLE 23.4. CERTIFIED DIRECT ENTRY MIDWIVES**  
**Chapter 1. Definitions**

**Sec. 1. The definitions in this chapter apply throughout this article.**

**Sec. 2. "Antepartum period" means the period that begins when a woman becomes pregnant and ends when the birthing period begins.**

**Sec. 3. "Board" refers to the medical licensing board of Indiana.**

**Sec. 4. (a) "Certified direct entry midwife" or "CDEM" means an individual who is a certified direct entry midwife and certified under this article.**

**(b) The term does not include any of the following:**

- (1) An individual engaged in the practice of medicine under IC 25-22.5.**
- (2) A certified nurse midwife engaged only in the practice of midwifery under IC 25-23.**
- (3) An individual providing emergency medical services.**

**Sec. 5. "Committee" refers to the midwifery committee established by IC 25-23.4-2.**

**Sec. 6. "Intrapartum period" means the period that begins when a woman starts labor and ends when the woman gives birth.**

**Sec. 7. "Licensing agency" refers to the Indiana professional licensing agency.**

**Sec. 8. "Postpartum period" means the six (6) week period after a birth.**



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**Sec. 9. "Practice of midwifery" means services delivered by a certified direct entry midwife, including, for compensation, to advise, attend, or assist a woman during pregnancy, labor, natural childbirth, or the postpartum period. The term includes the following:**

- (1) Providing the mother with individualized prenatal care.**
- (2) Identifying and referring women who require obstetrical attention.**
- (3) Providing the mother with continuous direct participation and assistance during labor and delivery.**
- (4) Administering medications as provided in IC 25-23.4-4-5.**
- (5) Providing the mother with postpartum support.**
- (6) Providing normal newborn care.**

**Chapter 2. Midwifery Committee**

**Sec. 1. The midwifery committee is established to provide recommendations and information to the board.**

**Sec. 2. (a) The committee consists of nine (9) members appointed by the governor as follows:**

- (1) Three (3) members who are certified direct entry midwives.**
- (2) Two (2) members who are licensed under IC 25-22.5 and who practice in the area of obstetrics, one (1) of whom has experience acting as a collaborative home birth physician with a midwife.**
- (3) One (1) certified nurse midwife with experience in the practice of home births.**
- (4) One (1) member who is licensed under IC 25-22.5 and practices in the area of family practice.**
- (5) One (1) member who is licensed under IC 25-22.5, who practices in the area of pediatrics, and who has experience acting as a collaborative home birth physician with a midwife.**
- (6) One (1) member representing the public who is not associated with the profession of midwifery or obstetrics other than as a consumer.**

**(b) Notwithstanding subsection (a)(1), a certified direct entry midwife appointed to the committee under subsection (a)(1) after June 30, 2013, and before September 2, 2014, is not required to be certified under this article. However, a certified direct entry midwife appointed to the committee after June 30, 2013, and before September 2, 2014, under subsection (a) must be designated as a Certified Professional Midwife (CPM) by the North American Registry of Midwives.**



**Sec. 3. (a) The term of each committee member is four (4) years.**

**(b) A committee member may be reappointed for not more than three (3) consecutive terms.**

**(c) A committee member serves until the committee member's successor is appointed. A vacancy occurring in the membership of the committee for any cause shall be filled by appointment by the governor for the unexpired term.**

**(d) Committee members annually shall select a chairperson and a vice chairperson from among the committee's members.**

**Sec. 4. (a) The committee shall meet at least one (1) time each year at the call of the chairperson. However, the first meeting of the committee shall be called by the licensing agency.**

**(b) With the approval of the executive director of the licensing agency, the committee may meet upon:**

**(1) the call of the chairperson; or**

**(2) the request of a majority of the members of the committee.**

**(c) Five (5) members of the committee constitute a quorum.**

**(d) The affirmative vote of five (5) members of the committee is required for the committee to take action.**

**Sec. 5. The licensing agency shall provide staff support for the committee.**

**Sec. 6. (a) The board shall, after receiving information, proposals, or recommendations from the committee, do the following:**

**(1) Establish as a requirement for certification as a certified direct entry midwife the Certified Professional Midwife credentials developed by the North American Registry of Midwives or a successor organization.**

**(2) Subject to IC 25-1-8-2, establish fees to administer this article.**

**(3) Establish annual continuing education requirements to renew a certified direct entry midwife's certificate, which must include continuing education in pharmacology. The requirements established under this subdivision must provide for at least fifteen (15) hours of continuing education every twelve (12) months.**

**(4) Develop a peer review procedure, using as guidelines the peer review procedures established by:**

**(A) the Indiana Midwives Association or a successor organization; and**

**(B) the North American Registry of Midwives or a successor organization.**

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**(b) The board shall, after receiving recommendations from the committee, do the following:**

**(1) In addition to the requirements under IC 25-23.4-5, adopt rules under IC 4-22-2 to provide for adequate collaboration between a certified direct entry midwife and a collaborating physician.**

**(2) Adopt rules under IC 4-22-2 that define the competent practice for certified direct entry midwives. Rules adopted under this subdivision must limit the practice of certified direct entry midwives to nonhospital settings.**

**(3) Adopt rules under IC 4-22-2 that establish standards for an emergency plan of care, including that a plan must allow for the timely provision of emergency care at a hospital.**

**(4) In addition to the requirements under IC 25-23.4-4-1(a)(6), adopt rules under IC 4-22-2 to set standards for determining the geographic area close enough to the planned location of the delivery to make the collaborating physician a reasonable choice to provide backup care.**

**(5) In addition to the requirements under IC 25-23.4-5-1(b), adopt rules under IC 4-22-2 to establish standards or conditions that require additional review of a certified direct entry midwife's client encounters by the collaborating physician.**

**(6) Adopt rules under IC 4-22-2 to determine the number of certified direct entry midwives with whom a physician may collaborate.**

**(7) In addition to the requirements under IC 25-23.4-6-1(b), establish the conditions that require a certified direct entry midwife to refer a client for an examination by a physician.**

**(8) Adopt rules under IC 4-22-2, establishing the health conditions that require a referral to a physician under IC 25-23.4-6-1(c).**

**(c) The board may not adopt rules to grant a certified direct entry midwife prescriptive authority other than the authority specified in IC 25-23.4-4-5.**

**Sec. 7. The committee may propose rules to the board for adoption. The board shall adopt rules under IC 4-22-2 to administer this article.**

### **Chapter 3. Certified Direct Entry Midwifery Certificates**

**Sec. 0.5. This chapter is effective beginning January 1, 2014.**

**Sec. 1. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified**

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nurse midwife and is practicing within the scope of that license.

(b) After July 1, 2014, an individual may not engage in the practice of midwifery unless:

- (1) the individual is issued a certificate by a board under IC 25-1-5 and is acting within the scope of the person's license; or
- (2) the individual has a certified direct entry midwife certificate under this article and has a collaborative agreement with a physician as set forth in this article.

(c) To become certified as a certified direct entry midwife, an applicant must satisfy the following requirements:

- (1) Be at least twenty-one (21) years of age.
- (2) Possess at least:
  - (A) an associate degree in nursing, associate degree in midwifery accredited by the Midwifery Education Accreditation Council (MEAC), or other similar science related associate degree; or
  - (B) a bachelor's degree;
 from a postsecondary educational institution.
- (3) Satisfactorily complete educational curriculum approved by:
  - (A) the Midwifery Education Accreditation Council (MEAC) or a successor organization; or
  - (B) the educational equivalent of a Midwifery Education Accreditation Council curriculum approved by the board.
- (4) Acquire and document practical experience as outlined in the Certified Professional Midwife credentialing process in accordance with the standards of the North American Registry of Midwives or a successor organization.
- (5) Obtain certification by an accredited association in adult cardiopulmonary resuscitation that is approved by the board.
- (6) Complete the program sponsored by the American Academy of Pediatrics in neonatal resuscitation, excluding endotracheal intubation and the administration of drugs.
- (7) Comply with the birth requirements of the Certified Professional Midwife credentialing process, observe an additional twenty (20) births, be directly supervised by a physician for twenty (20) births, assist with an additional twenty (20) births, and act as the primary attendant for an additional twenty (20) births.
- (8) Provide proof to the board that the applicant has obtained the Certified Professional Midwife credential as administered

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by the North American Registry of Midwives or a successor organization.

(9) Present additional documentation or certifications required by the board. The board may adopt standards that require more training than required by the North American Registry of Midwives.

(10) Maintain sufficient liability insurance.

(d) The board may exempt an applicant from the following:

(1) The education requirements in subsection (c)(2) if the applicant provides proof to the board that the applicant is enrolled in a program that will satisfy the requirements of subsection (c)(2). An exemption under this subdivision applies for an individual for not more than two (2) years. This subdivision expires June 30, 2016.

(2) The education requirements in subsection (c)(3) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.

This subdivision expires June 30, 2014.

(3) The requirement that a physician directly supervise twenty (20) births in subsection (c)(7) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.

This subdivision expires June 30, 2014.

**Sec. 2.** The board shall, after receiving recommendations from the committee, do the following:

(1) Determine the education that satisfies the requirements in section 1 of this chapter.

(2) Establish formal education requirements in addition to those required in section 1 of this chapter. The requirements must include course material on:

(A) emergency life support procedures;

(B) identification of high risk births for mothers;

(C) identification of potential complications during labor; and

(D) other material the board specifies.

**Sec. 3.** The board shall issue a certificate to practice certified

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direct entry midwifery to an applicant who satisfies the requirements of sections 1 and 2 of this chapter.

**Sec. 4. (a)** A certificate issued under this chapter expires after two (2) years, on a date established by the licensing agency. Failure to renew a certificate on or before the expiration date makes the certificate invalid without any action by the board.

**(b)** To be eligible for the renewal of a certificate issued under this chapter, an individual must:

- (1)** meet continuing education requirements set by the board;
- (2)** maintain a Certified Professional Midwife credential; and
- (3)** maintain sufficient liability insurance.

**Sec. 5.** After July 1, 2014, only an individual who is issued a certificate under this article may use the title "certified direct entry midwife".

**Sec. 6.** The board may issue a certificate to an individual who is licensed or certified as a midwife in another state if:

- (1)** the board determines that the midwife has fulfilled requirements that are at least equal to the certification requirements of this article;
- (2)** the midwife holds a license or certificate in good standing from another state and the midwife has practiced for at least three (3) out of the past five (5) years under the license or certificate;
- (3)** the midwife discloses to the board any judgment or settlement of malpractice and the board makes a determination that the judgment or settlement does not affect the midwife's ability to practice as a midwife; and
- (4)** the midwife does not have a conviction in the previous five (5) years that has a direct bearing on the midwife's ability to practice competently.

**Sec. 7. (a)** This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife.

**(b)** After July 1, 2014, an individual who knowingly or intentionally practices midwifery without a certificate required under this article commits a Class D felony.

#### **Chapter 4. Informed Consent for the Practice of Certified Direct Entry Midwifery**

**Sec. 1. (a)** All the following must occur before a certified direct entry midwife may accept a client for midwifery care:

- (1)** The certified direct entry midwife must provide the potential client with an informed disclosure of practice form.

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- (2) The potential client must sign and date the form.
- (3) The certified direct entry midwife must sign and date the form.
- (4) If the potential client refuses a procedure or treatment required by law, the potential client must so indicate on a separate procedure or treatment form.
- (5) The certified direct entry midwife must have an emergency plan for the care of the client if an emergency arises. As part of the emergency plan, the client must sign a release of the client's medical records that allows the certified direct entry midwife to provide the client's medical records to a physician if an emergency arises.
- (6) Subject to rules adopted under IC 25-23.4-2-6(b)(5), the certified direct entry midwife must have a collaborative agreement with a physician to provide for consultation and care for the client. The physician shall examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester. The collaborating physician should be located in an area close to where the delivery will occur.
- (7) The certified direct entry midwife must provide the client with a list of options for additional screening and assessments, including visits to a physician.
- (8) The certified direct entry midwife must maintain medical records on the client through the entire course of care and transfer the medical records to a treating physician if an emergency arises. The medical records must contain all the forms that are required under this subsection.

(b) A certified direct entry midwife may not have a minor as a client unless the minor's parent or guardian has agreed in writing to use the certified direct entry midwife and all other requirements of this article have been met.

Sec. 2. (a) A certified direct entry midwife may not perform on a client a specific procedure or treatment that is not described on the informed disclosure of practice form described in section 1 of this chapter until both of the following occur:

- (1) The specific procedure or treatment is disclosed to the client in writing on a form that is separate from the informed disclosure of practice form.
  - (2) The client agrees to the procedure or treatment by signing the procedure or treatment form.
- (b) If the potential client refuses a procedure or treatment

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required by law, the client must so indicate on a separate procedure or treatment form, which must be maintained in the client's medical records.

**Sec. 3. The informed disclosure of practice form must be in writing and must contain the following information:**

- (1) A description of the certified direct entry midwife's education and training in midwifery, including completion of continuing education courses and participation in the peer review process.
- (2) The certified direct entry midwife's experience level in the field of midwifery.
- (3) The certified direct entry midwife's philosophy of practice.
- (4) Antepartum, intrapartum, and postpartum period conditions requiring consultation, transfer of care, and transport to a hospital.
- (5) The emergency medical backup plan, including the emergency plan and the collaborative agreement with a physician for backup care required under section 1 of this chapter.
- (6) The services to be provided to the client by the certified direct entry midwife and that a physician is required to examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester.
- (7) The certified direct entry midwife's current status of certification under this article.
- (8) A detailed explanation of treatments and procedures.
- (9) A detailed description of the risks and expected benefits of midwifery care.
- (10) The availability of a grievance process in a case in which a client is dissatisfied with the performance of the certified direct entry midwife.
- (11) A statement that if the client is advised by the certified direct entry midwife or a collaborating physician that the client is or has become at risk (as described in IC 25-23.4-6), the certified direct entry midwife:
  - (A) shall refer the client to a physician for consultation;
  - (B) may refuse to provide or continue care; and
  - (C) may transfer care of the client to a physician.
- (12) A statement disclosing whether or not the certified direct entry midwife maintains liability insurance.
- (13) That state certification of a certified direct entry midwife does not ensure that a home setting for delivery of a child is

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safe.

(14) A statement that the client understands that the client is waiving the right to sue a physician or health care provider for the acts or omissions of the client's certified direct entry midwife.

**Sec. 4. (a)** Before March 31 every year, a certified direct entry midwife shall provide an annual report to the board regarding each birth the previous year that the certified direct entry midwife assisted. A report must summarize the following on a form prescribed by the board:

- (1) Vital statistics.
- (2) Scope of care.
- (3) Transport information.
- (4) Physician referral.

(b) A certified direct entry midwife may not reveal the identity of the clients referred to in a report under subsection (a).

(c) The board shall compile the data from the reports collected under subsection (a) and submit the data to the state department of health.

**Sec. 5. (a)** Except as provided in subsection (b), a certified direct entry midwife may not dispense or administer prescription drugs.

(b) A certified direct entry midwife may carry and administer the following medications under a protocol issued and agreed to by a physician licensed under IC 25-22.5:

- (1) Postpartum antihemorrhagic drugs in emergency situations.
- (2) Local anesthetics by infiltration or topical application, only for postpartum repair of lacerations, tears, and episiotomy.
- (3) Oxygen.
- (4) Prophylactic antibiotics for Group B Strep (also known as Beta Strep).

(c) A certified direct entry midwife may not administer a drug intravenously and may, with a physician's order, administer the following:

- (1) Vitamin K, either orally or through intramuscular injection.
- (2) Rhogam.
- (3) Prophylactic ophthalmic antibiotics.

The board may adopt rules under IC 4-22-2 specifying the circumstances under which a certified direct entry midwife may administer the substances listed in this subsection.



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**Sec. 6. After a client has given birth, the certified direct entry midwife shall:**

- (1) provide the client with a statement indicating that the newborn infant should be examined by a pediatrician or family practice physician for checkups beginning within two (2) weeks after birth; and**
- (2) identify with the client a pediatrician or family practice physician for the care of the infant.**

**Chapter 5. Physician Collaboration with Certified Direct Entry Midwives**

**Sec. 1. (a) A certified direct entry midwife must have a collaborating agreement with a physician licensed under IC 25-22.5. Collaboration under this chapter does not require the physical presence of the physician at the time and the place at which the certified direct entry midwife renders services.**

**(b) Subject to rules adopted under IC 25-23.4-2-6(b)(6), a collaborating physician shall review the patient encounters that the certified direct entry midwife has with a patient who is the client of the certified direct entry midwife:**

- (1) at any time when requested by the physician; and**
- (2) at the time of the client's visit with the physician during the first and third trimesters, at least the following percentages of the patient charts:**
  - (A) For the first year that the individual is a certified direct entry midwife, one hundred percent (100%).**
  - (B) For the second year that the individual is a certified direct entry midwife, fifty percent (50%).**
  - (C) For the third year that the individual is a certified direct entry midwife, twenty-five percent (25%).**

**Sec. 2. A physician collaborating with a certified direct entry midwife under this chapter shall do the following:**

- (1) Register with the board the physician's intent to collaborate with a certified direct entry midwife. The registration must include the following:**
  - (A) The name, the business address, and the telephone number of the collaborating physician.**
  - (B) The name, the business address, and the telephone number of the certified direct entry midwife.**
  - (C) Any other information required by the board.**

**The registration must be updated annually.**

- (2) File the written collaborative agreement, which is signed by the certified direct entry midwife and the collaborating**

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physician, with the board.

(3) Submit a statement to the board that the physician will collaborate with the certified direct entry midwife in accordance with the rules adopted by the board.

**Sec. 3.** The collaborating physician may not have a disciplinary action restriction that limits the physician's ability to collaborate with a certified direct entry midwife.

**Sec. 4.** A certified direct entry midwife shall notify the board of any changes or additions to the collaborating physicians not more than thirty (30) days after the change or addition.

**Sec. 5.** The requirements for collaboration between a certified direct entry midwife and a collaborating physician under this chapter are subject to rules adopted under IC 25-23.4-2-6(b)(1).

#### **Chapter 6. Management of At-Risk Clients**

**Sec. 1. (a)** Subject to rules adopted under IC 25-23.4-2-6(b)(6), a certified direct entry midwife must provide an initial screening of a client that includes an assessment of health conditions that require a referral to a physician under subsection (c).

(b) Subject to rules adopted under IC 25-23.4-2-6(b)(8), a certified direct entry midwife shall refer a client to a physician in the client's first and third trimester of pregnancy.

(c) If a client has a health condition that makes the client at risk, the certified direct entry midwife shall, subject to rules adopted under IC 28-23.4-2-6(b)(9):

- (1) refer the client to a licensed physician; and
- (2) consult with the physician concerning the client's care.

**Sec. 2. (a)** If the certified direct entry midwife, physician, and client agree that the certified direct entry midwife may continue to provide services to the at-risk client, the certified direct entry midwife shall enter into a written collaborative plan of treatment with the collaborating physician.

(b) The collaborative plan of treatment under subsection (a) must be in writing and include the following provisions:

- (1) The circumstances that would require consultation or referral with a physician.
- (2) The circumstances that would require transfer of responsibility for the primary care of the at-risk client.
- (3) The services to be provided by the certified direct entry midwife and the licensed physician.

#### **Chapter 7. Hospital Services**

**Sec. 1.** This article may not be construed to require a hospital to extend clinical privileges to a certified direct entry midwife.

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### Chapter 8. Liability

**Sec. 1. A hospital licensed under IC 16-21 may not be held jointly or severally liable for the acts or omissions of a certified direct entry midwife.**

SECTION 21. IC 34-6-2-81 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 81. "Midwife", for purposes of IC 34-18, has the meaning set forth in IC 34-18-2-19.~~

SECTION 22. IC 34-18-2-6.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: **Sec. 6.5. "Certified nurse midwife" means a registered nurse who holds a license to practice midwifery under IC 25-23-1-13.1.**

SECTION 23. IC 34-18-2-14, AS AMENDED BY P.L.77-2012, SECTION 61, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 14. "Health care provider" means any of the following:

- (1) An individual, a partnership, a limited liability company, a corporation, a professional corporation, a facility, or an institution licensed or legally authorized by this state to provide health care or professional services as a physician, psychiatric hospital, hospital, health facility, emergency ambulance service (IC 16-18-2-107), dentist, registered or licensed practical nurse, physician assistant, **certified nurse** midwife, optometrist, podiatrist, chiropractor, physical therapist, respiratory care practitioner, occupational therapist, psychologist, paramedic, advanced emergency medical technician, or emergency medical technician, or a person who is an officer, employee, or agent of the individual, partnership, corporation, professional corporation, facility, or institution acting in the course and scope of the person's employment.
- (2) A college, university, or junior college that provides health care to a student, faculty member, or employee, and the governing board or a person who is an officer, employee, or agent of the college, university, or junior college acting in the course and scope of the person's employment.
- (3) A blood bank, community mental health center, community mental retardation center, community health center, or migrant health center.
- (4) A home health agency (as defined in IC 16-27-1-2).
- (5) A health maintenance organization (as defined in IC 27-13-1-19).
- (6) A health care organization whose members, shareholders, or

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partners are health care providers under subdivision (1).

(7) A corporation, limited liability company, partnership, or professional corporation not otherwise qualified under this section that:

(A) as one (1) of its functions, provides health care;

(B) is organized or registered under state law; and

(C) is determined to be eligible for coverage as a health care provider under this article for its health care function.

Coverage for a health care provider qualified under this subdivision is limited to its health care functions and does not extend to other causes of action.

SECTION 24. IC 34-18-2-19 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 19. "Midwife" means a registered nurse who holds a limited license to practice midwifery under IC 25-23-1-13.1.~~

SECTION 25. IC 34-30-2-99.7 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2013]: **Sec. 99.7. IC 25-23.4-8-1 (Concerning a hospital for the errors or omissions of a certified direct entry midwife).**

SECTION 26. IC 35-51-25-1, AS AMENDED BY SEA 85-2013, SECTION 147, AND SEA 558-2013, SECTION 88, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. The following statutes define crimes in IC 25:

IC 25-2.1-13-3 (Concerning accountants).

IC 25-2.5-3-4 (Concerning acupuncturists).

IC 25-5.1-4-2 (Concerning athletic trainers).

IC 25-5.2-2-12 (Concerning athlete agents).

IC 25-6.1-7-1 (Concerning auctioneers and auctions).

IC 25-6.1-7-2 (Concerning auctioneers and auctions).

IC 25-8-15.4-25 (Concerning beauty culture).

IC 25-10-1-11 (Concerning chiropractors).

IC 25-11-1-12 (Concerning collection agencies).

IC 25-13-1-3 (Concerning dental hygienists).

IC 25-14-1-25 (Concerning dentists).

IC 25-14-4-6 (Concerning dentists).

IC 25-14.5-7-2 (Concerning dietitians).

IC 25-16-1-18 (Concerning employment services).

IC 25-17.3-5-3 (Concerning genetic counselors).

IC 25-17.6-8-2 (Concerning geologists).

IC 25-18-1-19 (Concerning distress sales).

IC 25-20-1-21 (Concerning hearing aid dealers).

IC 25-20.7-5-1 (Concerning interior designers).

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IC 25-21.5-5-10 (Concerning professional surveyors).  
 IC 25-21.5-13-2 (Concerning professional surveyors).  
 IC 25-21.8-7-1 (Concerning massage therapists).  
 IC 25-22.5-8-2 (Concerning physicians).  
 IC 25-22.5-8-3 (Concerning physicians).  
 IC 25-23-1-27 (Concerning nurses).  
**IC 25-23.4-3-7 (Concerning certified direct entry midwives).**  
 IC 25-23.5-3-2 (Concerning occupational therapists).  
 IC 25-23.6-3-3 (Concerning marriage and family therapists).  
 IC 25-23.6-4-4 (Concerning marriage and family therapists).  
 IC 25-23.6-4.5-4 (Concerning marriage and family therapists).  
 IC 25-23.6-7-7 (Concerning marriage and family therapists).  
 IC 25-23.6-10.1-6 (Concerning marriage and family therapists).  
 IC 25-23.6-11-1 (Concerning marriage and family therapists).  
 IC 25-23.6-11-2 (Concerning marriage and family therapists).  
 IC 25-23.6-11-3 (Concerning marriage and family therapists).  
 IC 25-23.7-7-5 (Concerning manufactured home installers).  
 IC 25-24-1-18 (Concerning optometrists).  
 IC 25-24-3-17 (Concerning optometrists).  
 IC 25-26-13-29 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-14-23 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-14-25 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-14-26 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-14-27 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-19-9 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-26-21-11 (Concerning pharmacists, pharmacies, and drug stores).  
 IC 25-27-1-12 (Concerning physical therapists).  
 IC 25-27.5-7-2 (Concerning physician assistants).  
 IC 25-28.5-1-31 (Concerning plumbers).  
 IC 25-29-9-1 (Concerning podiatrists).  
 IC 25-30-1-21 (Concerning private investigator firms, security guards, and polygraph examiners).  
 IC 25-30-1.3-23 (Concerning private investigator firms, security guards, and polygraph examiners).  
 IC 25-31-1-13 (Concerning engineers).

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IC 25-31-1-27 (Concerning engineers).  
 IC 25-31.5-8-7 (Concerning soil scientists).  
 IC 25-33-1-15 (Concerning psychologists).  
 IC 25-34.5-3-2 (Concerning respiratory care specialists).  
 IC 25-35.6-3-10 (Concerning speech pathologists and audiologists).  
 IC 25-36.1-1-2 (Concerning surgical technologists).  
 IC 25-36.5-1-10 (Concerning timber buyers).  
 IC 25-36.5-1-15 (Concerning timber buyers).  
 IC 25-38.1-4-10 (Concerning veterinarians).  
 IC 25-38.1-4-11 (Concerning veterinarians).  
 IC 25-39-5-1 (Concerning water well drilling contractors).  
 IC 25-39-5-7 (Concerning water well drilling contractors).  
 IC 25-41-1-2 (Concerning behavior analysts).

**SECTION 27. [EFFECTIVE JULY 1, 2013] (a) As used in this SECTION, "committee" refers to the midwifery committee established by IC 25-23.4-2-1, as added by this act.**

**(b) Notwithstanding IC 25-23.4-2-2, as added by this act, the governor shall appoint the initial members of the committee before September 1, 2013, for terms expiring as follows:**

**(1) One (1) member appointed under IC 25-23.4-2-2(a)(1), as added by this act, one (1) member appointed under IC 25-23.4-2-2(a)(2), as added by this act, and one (1) member appointed under IC 25-23.4-2-2(a)(4), as added by this act, for a term expiring August 31, 2017.**

**(2) One (1) member appointed under IC 25-23.4-2-2(a)(1), as added by this act, and one (1) member appointed under IC 25-23.4-2-2(a)(2), as added by this act, for a term expiring August 31, 2016.**

**(3) One (1) member appointed under IC 25-23.4-2-2(a)(1), as added by this act, and one (1) member appointed under IC 25-23.4-2-2(a)(3), as added by this act, for a term expiring August 31, 2015.**

**(4) One (1) member appointed under IC 25-23.4-2-2(a)(5), as added by this act, and one (1) member appointed under IC 25-23.4-2-2(a)(6), as added by this act, for a term expiring August 31, 2014.**

**(c) This SECTION expires September 1, 2018.**

**SECTION 28. [EFFECTIVE JULY 1, 2013] (a) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.**

**(b) The commission shall study during the 2013 interim the**

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following issues:

(1) Facilitating the availability of liability insurance for certified direct entry midwives who are certified under IC 25-23.4, as added by this act.

(2) Whether the requirement that a collaborative agreement filed with the medical licensing board affects a physician's willingness to enter into a collaborative agreement with a certified direct entry midwife.

(c) The Indiana Perinatal Quality Improvement Collaborative, with the Indiana State Medical Association, shall make recommendations to the commission not later September 15, 2013, concerning home birth deliveries.

(d) This SECTION expires December 31, 2013.

SECTION 29. [EFFECTIVE JULY 1, 2013] (a) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.

(b) As used in this SECTION, "committee" refers to the midwifery committee established by IC 25-23.4-2-1, as added by this act.

(c) The medical licensing board shall report to the commission as follows:

(1) Before October 1, 2013, actions taken under IC 25-23.4, as added by this act, including the following:

(A) Appointments made to the committee.

(B) Any proposed rules, including the status of the rules.

(2) Before October 1, 2014, actions taken under IC 25-23.4, as added by this act, including the following:

(A) Any proposed rules, including the status of the rules.

(B) The number of applications submitted for a certificate.

(C) The number of certificates issued.

(D) The names of physicians who have registered under IC 25-23.4-5-2, as added by this act.

(d) This SECTION expires December 31, 2014.

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Speaker of the House of Representatives

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President of the Senate

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President Pro Tempore

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Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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