Adopted	Rejected

COMMITTEE REPORT

YES: 11
NO: 0

MR. SPEAKER:

Your Committee on ***Public Health****, to which was referred House Bill 1298, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill* ***be amended*** *as follows:*

Page 1, delete lines 1 through 17.
Delete page 2.
Page 3, delete lines 1 through 35.
Page 3, line 40, delete "renewal amnesty" and insert "**accountant investigative fund established by IC 25-2.1-8-4.**".
Page 3, delete line 41.
Page 3, line 42, delete "individuals" and insert "**persons, including firms, required to be**".
Page 4, line 1, delete "this title" and insert "**IC 25-2.1**".
Page 4, line 3, delete "2000," and insert "**2003,**".
Page 4, line 5, delete "licensee must have been" and insert "**person must:**
(1) have held a valid license under IC 25-2.1 on January 1,

2003;

(2) have met the requirements for each missed license period during each missed license period, except for the requirements of having submitted a renewal form and paid the renewal fee; and

(3) provide a sworn statement that the person has not committed any act during the missed renewal periods that would constitute a violation of IC 25-1-11.".

Page 4, line 10, delete "the license renewal fee; and" and insert "**all missed license renewal fees;**

(2) the current license renewal fee; and".

Page 4, line 11, delete "(2)" and insert "**(3)**".

Page 4, line 12, delete "renewal amnesty program fund established" and insert "**fund.**".

Page 4, delete lines 13 through 29, begin a new paragraph and insert:

"**(f) The agency shall amend the renewal records of a person who has successfully completed the requirements under this section to reflect that the person has been properly renewed during the missed renewal periods.**

(g) This section expires July 1, 2012.

SECTION 2. IC 25-1-11-12, AS AMENDED BY P.L.177-2009, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. (a) The board may impose any of the following sanctions, singly or in combination, if the board finds that a practitioner is subject to disciplinary sanctions under sections 5 through 9 of this chapter:

(1) Permanently revoke a practitioner's license.

(2) Suspend a practitioner's license.

(3) Censure a practitioner.

(4) Issue a letter of reprimand.

(5) Place a practitioner on probation status and require the practitioner to:

(A) report regularly to the board upon the matters that are the basis of probation;

(B) limit practice to those areas prescribed by the board;

(C) continue or renew professional education approved by the board until a satisfactory degree of skill has been attained in

those areas that are the basis of the probation; ~~or~~

(D) perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner; **or**

(E) satisfactorily complete a quality review (before July 1, 2012) or peer review (after June 30, 2012) specified by the board as a condition for termination of probationary status if the practitioner is a licensee (as defined in IC 25-2.1-1-8).

(6) Assess a civil penalty against the practitioner for not more than one thousand dollars ($1,000) for each violation listed in sections 5 through 9 of this chapter except for a finding of incompetency due to a physical or mental disability.

(7) Order a practitioner to pay consumer restitution to a person who suffered damages as a result of the conduct or omission that was the basis for the disciplinary sanctions under this chapter.

(b) When imposing a civil penalty under subsection (a)(6), the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the civil penalty within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a civil penalty.

(c) The board may withdraw or modify the probation under subsection (a)(5) if the board finds after a hearing that the deficiency that required disciplinary action has been remedied or that changed circumstances warrant a modification of the order.

SECTION 3. IC 25-2.1-1-8.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 8.7. (a) "Peer review" means a study, an appraisal, or a review of at least one (1) aspect of the professional work of:**

(1) an individual who; or

(2) a firm in the practice of accountancy that;

attests or issues compilation reports, by at least one (1) individual who holds a certificate from any state and possesses qualifications that meet the applicable substantial equivalency standards and

who is independent of the individual or firm being reviewed. The term includes any part of a quality review conducted before July 1, 2012, that becomes part of a peer review conducted or peer review report issued after June 30, 2012.

(b) After June 30, 2012, any reference in any law, rule, or other document to "quality review" as that term was applied under this article before July 1, 2012, shall be treated as a reference to peer review.

SECTION 4. IC 25-2.1-1-12, AS AMENDED BY P.L.197-2007, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. **(a)** "Quality review" means a study, an appraisal, or a review of at least one (1) aspect of the professional work of:

(1) an individual who; or

(2) a firm in the practice of accountancy that;

attests or issues compilation reports, by at least one (1) individual who holds a certificate from any state and possesses qualifications that meet the applicable substantial equivalency standards and who is independent of the individual or firm being reviewed.

(b) This section expires July 1, 2012.

SECTION 5. IC 25-2.1-2-15, AS AMENDED BY P.L.190-2007, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 15. The board may adopt rules under IC 4-22-2 governing the administration and enforcement of this article and the conduct of licensees, including the following:

(1) The board's meetings and conduct of business.

(2) The procedure of investigations and hearings.

(3) The educational and experience qualifications required for the issuance of certificates under this article and the continuing professional education required for renewal of certificates under IC 25-2.1-4.

(4) Rules of professional conduct directed to controlling the quality and probity of the practice of accountancy by licensees, including independence, integrity, and objectivity, competence and technical standards, and responsibilities to the public and clients.

(5) The actions and circumstances that constitute professing to be a licensee in connection with the practice of accountancy.

(6) The manner and circumstances of use of the title "certified public accountant" and the abbreviation "CPA".

(7) Quality reviews **(before July 1, 2012) or peer reviews (after June 30, 2012)** that may be required to be performed under this article.

(8) Methods of applying for and conducting the examinations, including methods for grading examinations and determining a passing grade required of an applicant for a certificate. However, the board shall to the extent possible provide that the examination, grading of the examination, and the passing grades are uniform with those applicable in other states.

(9) Substantial equivalency.

(10) Administration of the accountant investigative fund established by IC 25-2.1-8-4.

SECTION 6. IC 25-2.1-5-8, AS AMENDED BY P.L.190-2007, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 8. (a) The board shall adopt rules that require as a condition to renew a permit under this chapter, that an applicant undergo, not more than once every three (3) years, a quality review **(before July 1, 2012) or peer review (after June 30, 2012)** conducted in a manner the board specifies.

(b) The rules adopted under subsection (a) must:

(1) be adopted reasonably in advance of the time when a quality review **(before July 1, 2012) or peer review (after June 30, 2012)** first becomes effective;

(2) include reasonable provision for compliance by an applicant showing that the applicant has in the preceding three (3) years undergone a quality review **(before July 1, 2012) or peer review (after June 30, 2012)** that is a satisfactory equivalent to the quality review **(before July 1, 2012) or peer review (after June 30, 2012)** required under this section;

(3) require, with respect to quality reviews **(before July 1, 2012) or peer reviews (after June 30, 2012)** under subdivision (2), that the quality review **(before July 1, 2012) or peer review (after June 30, 2012)** be subject to review by an oversight body established or sanctioned by the board that shall:

(A) comply with IC 25-2.1-9-4; and

(B) periodically report to the board on the effectiveness of the

review program and provide to the board a listing of firms that have participated in a quality review **(before July 1, 2012) or peer review (after June 30, 2012)** program; and

(4) **subject to section 9 of this chapter and IC 25-2.1-9-4,** require, with respect to quality reviews **(before July 1, 2012) or peer reviews (after June 30, 2012)** under subdivision (2), that:

(A) the proceedings, records, and work papers of a review committee are privileged and are not subject to discovery, subpoena, or other means of legal process or introduction into evidence in a civil action, arbitration, administrative proceeding, or Indiana board of accountancy proceeding; and

(B) a member of the review committee or individual who was involved in the quality review **(before July 1, 2012) or peer review (after June 30, 2012)** process is not permitted or required to testify in a civil action, arbitration, administrative proceeding, or ~~Indiana~~ board ~~of accountancy~~ proceeding to matters:

(i) produced, presented, disclosed or discussed during, or in connection with, the quality review **(before July 1, 2012) or peer review (after June 30, 2012)** process; or

(ii) that involve findings, recommendations, evaluations, opinions, or other actions of the committee or a committee member.

SECTION 7. IC 25-2.1-5-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) Notwithstanding section ~~8(4)(B)~~ **8(b)(4)(B)** of this chapter, information, documents, or records that are publicly available are not immune from discovery or use in any civil action, arbitration, administrative proceeding, or ~~Indiana~~ board ~~of accountancy~~ proceeding merely because they were presented or considered in connection with the quality review **(before July 1, 2012) or peer review (after June 30, 2012)** process.

(b) Any:

(1) materials prepared in connection with a particular engagement merely because they happen to subsequently be presented or considered as part of the quality review **(before July 1, 2012) or peer review (after June 30, 3012)** process; or

(2) dispute between review committees and individuals or firms subject to a quality review **(before July 1, 2012) or peer review**

(after June 30, 2012) arising from the performance of the quality review **(before July 1, 2012) or peer review (after June 30, 2012);**

are not privileged.

SECTION 8. IC 25-2.1-8-1, AS AMENDED BY P.L.190-2007, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. (a) The board may impose sanctions for any of the following reasons:

(1) A violation of IC 25-1-11-5, **including:**

(A) a peer review rating of fail; or

(B) an act or omission that is the basis of a peer review rating of fail;

on any peer review report issued under this article after June 30, 2012.

(2) Revocation or suspension of the right to practice before a state or federal agency.

(3) Dishonesty, fraud, or gross negligence in the practice of accountancy or in the filing of or failure to file the licensee's own income tax returns.

(4) Any conduct reflecting adversely on the licensee's fitness to engage in the practice of accountancy.

(5) Failure to complete continuing education requirements satisfactorily.

(6) Failure to furnish evidence, when required, of satisfactory completion of continuing education requirements.

(b) A holder of a CPA certificate issued under this article is subject to disciplinary action in this state if the CPA certificate holder:

(1) offers or renders services or uses the CPA title in another state; and

(2) commits an act in that other state for which the CPA certificate holder would be subject to discipline in the other state if the CPA certificate holder were licensed in the other state.

The board shall investigate a complaint made by a board of accountancy or the equivalent of a board of accountancy in another state.

SECTION 9. IC 25-2.1-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. In place of or in addition to any remedy specifically provided in IC 25-1-11, the board

may require the following of a licensee:

(1) **To undergo** a quality review ~~conducted.~~ **(before July 1, 2012) or a peer review (after June 30, 2012).**

(2) ~~Satisfactory completion of~~ **To satisfactorily complete** continuing professional education programs.

SECTION 10. IC 25-2.1-9-3, AS AMENDED BY P.L.84-2010, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. (a) If the board has reason to believe that the subject of an investigation has committed a violation of this article or IC 25-1-11:

(1) the board shall direct that a complaint be issued under IC 25-1-7, if the subject of the investigation is a licensee; and

(2) the board shall take appropriate action under IC 25-1-7-14, if the subject of the investigation is not a licensee.

(b) Subsection (a) does not prohibit the board from taking an action permitted under IC 25-1 or IC 25-2.1-8-2, including an action under the following:

(1) IC 25-1-4-5 (conditional license and other actions related to continuing education or lapsed license).

(2) IC 25-1-6-4 (refusal to issue a license or placement on probationary status).

~~(b)~~ **(c)** If the board does not proceed under subsection (a) **or (b),** the board shall close the matter and may release the information only with the consent of the individual or firm that was under investigation.

SECTION 11. IC 25-2.1-9-4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 4. (a) This section applies to a licensee that receives a peer review rating of fail on a peer review report issued after June 30, 2012, for a peer review conducted under IC 25-2.1-5-8.**

(b) The following definitions apply throughout this section:

(1) "Administering entity" refers to the oversight body established or sanctioned by the board to conduct a peer review program.

(2) "Director" refers to the director of the division of consumer protection in the office of the attorney general.

(3) "Oversight committee" refers to a committee of licensees who are not board members that is designated by the board to receive a report.

(4) "Report" refers to a peer review report described in subsection (a), including any description of the deficiencies on which the peer review rating of fail is based.

(c) The board shall provide the director with the name and contact information for the administering entity.

(d) Not more than thirty (30) days after the issuance of a report, the administering entity shall make the report available to the oversight committee. The oversight committee may forward the report to the director. Receipt of the report shall be treated under IC 25-1-7-4, IC 25-1-7-5, and IC 25-1-7-6 as a complaint submitted by the board. If, after conducting an investigation, the director believes that a licensee should be subjected to disciplinary sanctions by the board, the director shall report the director's determination to the attorney general. Upon receiving the director's report, the attorney general may prosecute the matter, on behalf of the state of Indiana, before the board. IC 25-1-7-7(b) does not apply to a determination related to a complaint filed under this section.

(e) The administering entity and the peer review committee issuing a report shall cooperate with an investigation under IC 25-1-7 of a complaint filed under this section and with any resulting proceeding, including compliance with any request for access to or production of the proceedings, records, and work papers of the review committee by the director, the office of the attorney general, or a party to any proceeding initiated as a result of the filing of a complaint under this section. However, all complaints and information pertaining to a complaint are confidential until the attorney general files notice with the board of the attorney general's intent to prosecute a licensee under IC 25-1-7-7. Any meeting of the board, the oversight committee, or a designee of the board or oversight committee that is required in an investigation conducted before the attorney general files notice of intent to prosecute shall be conducted as an executive session under IC 5-14-1.5-6.1.

SECTION 12. IC 25-2.1-9-5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 5. An:**

(1) entity administering a quality review program before July

1, 2012, or a peer review program after June 30, 2012;

(2) officer, member, or employee of an entity administering a quality review program before July 1, 2012, or a peer review program after June 30, 2012;

(3) employee or member of a quality review committee before July 1, 2012, or a peer review committee after June 30, 2012; and

(4) entity in which or for which a member of a quality review committee (before July 1, 2012) or peer review committee (after June 30, 2012) is a sole proprietor, a partner, a shareholder, a member, or an employee;

is immune from civil liability that would otherwise arise from communications, supervision, findings, recommendations, evaluations, reports, opinions, or other actions taken or omissions occurring in good faith in the course and scope of the duties of a quality review administering entity (before July 1, 2012) or peer review administering entity (after June 30, 2012) or a quality review committee (before July 1, 2012) or peer review committee (after June 30, 2012) that arise under this article, including the rules adopted by the board. The immunity granted under this section includes immunity for an act or omission related to any part of a quality review conducted under this article before July 1, 2012, that becomes part of a peer review conducted or peer review report issued after June 30, 2012.

SECTION 13. IC 25-2.1-11-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. Before reinstating a suspended certificate or permit under IC 25-1-11-14, the board may require the applicant to show successful completion of specified continuing professional education, and the board may make the reinstatement of a certificate or permit conditional on satisfactory completion of a quality review **(before July 1, 2012) or peer review (after June 30, 2012)** specified by the board.

SECTION 14. IC 25-2.1-14-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. The information derived from or as the result of professional services is confidential and privileged. However, this section does not prohibit a certified public accountant, a public accountant, or an accounting practitioner from disclosing any data required to be disclosed by the standards of the

profession:

(1) in rendering an opinion on the presentation of financial statements;

(2) in ethical investigations conducted by private professional organizations;

(3) in the course of quality reviews **(before July 1, 2012) or peer reviews (after June 30, 2012) or an investigation or proceeding related to a quality review (before July 1, 2012) or peer review (after June 30, 2012);** or

(4) in making disclosure where the financial statements or the professional services of an accountant are contested.

SECTION 15. IC 25-2.1-14-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. **(a) The following definitions apply throughout this section:**

(1) "Client provided records" means accounting or other records belonging to the client that were provided to the licensee by or on behalf of the client.

(2) "Client records prepared by the licensee" means accounting or other records (for example, tax returns, general ledgers, subsidiary journals, and supporting schedules such as detailed employee payroll records and depreciation schedules) that the licensee was engaged to prepare for the client.

(3) "Supporting records" means information not reflected in the client's books and records that are otherwise not available to the client with the result that the client's financial information is incomplete.

(4) "Working papers" include, but are not limited to, audit programs, analytical review schedules, and statistical sampling results, analyses, and schedules prepared by the client at the request of the licensee.

(b) All statements, records, schedules, working papers, and memoranda made by a licensee or a partner, a member, a shareholder, an officer, a director, or an employee of a licensee, including information prepared by the client for the work and services rendered to a client in the practice of accountancy, except the reports submitted by the licensee to the client and records that are part of the client's records, must remain the property of the licensee except in an express agreement between the licensee and the client to the contrary.

(c) Upon a client's request, a licensee is required to provide the following to the client:

(1) Client provided records in the licensee's custody or control.

(2) Client records prepared by the licensee. However, client records prepared by the licensee may be withheld if the preparation of the records is not complete or there are fees due the licensee for the engagement to prepare those records.

(3) Supporting records related to a completed and issued work product of a licensee. However, supporting records prepared by the licensee may be withheld if there are fees due to the licensee for the specific work product.

(d) A licensee may make and retain a copy of any records returned to a client. Records may be provided in any format usable to the client. To the extent practicable, records shall be returned to a client not more than forty-five (45) days after a request is received.

SECTION 16. IC 25-2.1-14-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 5. (a) This chapter does not prohibit a temporary transfer of work papers or other material necessary to carry out quality reviews **(before July 1, 2012) or peer reviews (after June 30, 2012), conduct an investigation or proceeding related to a quality review (before July 1, 2012) or peer review (after June 30, 2012),** or ~~to~~ comply with the disclosure of information under this chapter.

(b) A licensee is not required to keep any work paper beyond the period prescribed in any applicable statute.

SECTION 17. IC 25-27.5-2-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 13. "Supervising physician" means a physician ~~registered with~~ **licensed by** the board who supervises and is responsible for a physician assistant.

SECTION 18. IC 25-27.5-2-14, AS AMENDED BY P.L.3-2008, SECTION 190, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 14. (a) "Supervision" means **overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant and** that the conditions set forth in subdivision (1) or (2) are met at all times that services are rendered or tasks are performed by the physician assistant:

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

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

~~(A)~~ **(2)** The **practicing** supervising physician or the **supervising** physician designee is immediately available for consultation, **including through the use of telecommunications or other electronic means.**

~~(B) Either:~~

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

~~(ii) the physician or physician assistant is practicing at a hospital or health facility, or traveling to or from the hospital or health facility.~~

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

SECTION 19. IC 25-27.5-3-5, AS AMENDED BY P.L.177-2009, SECTION 51, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 5. (a) The committee shall have regular meetings, called upon the request of the president or by a majority of the members appointed to the committee, and upon the advice and consent of the executive director of the Indiana professional licensing agency, for the transaction of business that comes before the committee under this article. At the first committee meeting of each calendar year, the committee shall elect a president and any other officer considered necessary by the committee by an affirmative vote of a majority of the members appointed to the committee.

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

(c) The committee shall do the following:

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

(2) Approve or reject license applications.

(3) Approve or reject renewal applications.

~~(4) Approve or reject applications for a change or addition of a~~

~~supervising physician.~~

~~(5)~~ **(4)** Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.

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

SECTION 20. IC 25-27.5-5-2, AS AMENDED BY P.L.177-2009, SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. (a) A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform, under the supervision of the supervising physician, the duties and responsibilities that are delegated by the supervising physician and that are within the supervising physician's scope of practice, including prescribing and dispensing drugs and medical devices. A patient may elect to be seen, examined, and treated by the supervising physician.

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

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

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

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

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

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

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

(1) be in writing;

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

(3) set forth the supervisory plans for the physician assistant, including the emergency procedures that the physician assistant

must follow; and

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

(g) The physician shall submit the supervisory agreement to the board. ~~for approval.~~ The physician assistant may ~~not~~ prescribe a drug under the supervisory agreement ~~until~~ **unless** the board ~~approves~~ **denies** the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board, ~~for approval,~~ and the physician assistant may ~~not~~ operate under any new prescriptive authority under the amended supervisory agreement ~~until~~ **unless** the agreement has been ~~approved~~ **denied** by the board.

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

SECTION 21. IC 25-27.5-5-4, AS AMENDED BY P.L.90-2007, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. (a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.

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

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

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

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

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

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

(d) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to

patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

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

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

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

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

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

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

(A) A physician is physically present in the area, is immediately available to assist in the management of the patient, and is qualified to rescue patients from deep sedation.

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

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

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

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

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

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

SECTION 22. IC 25-27.5-5-6, AS ADDED BY P.L.90-2007, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. (a) Except as provided in section 4(d) of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:

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

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

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

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

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

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

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

(A) The signature of the physician assistant.

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

(C) The physician assistant's state license number.

(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.

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

(1) Obtain an Indiana controlled substance registration and a

federal Drug Enforcement Administration registration.

(2) Enter the following on each prescription form that the physician assistant uses to prescribe a controlled substance:

(A) The signature of the physician assistant.

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

(C) The physician assistant's state license number.

(D) The physician assistant's federal Drug Enforcement Administration (DEA) number.

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

(f) A supervising physician may only delegate to a physician assistant the authority to prescribe controlled substances:

(1) that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee;

(2) in an amount that does not exceed

~~(A)~~ a ~~seven~~ ~~(7)~~ **thirty (30)** day supply; ~~for treatment of a single acute episode of a condition or injury; or~~

~~(B) if a controlled substance cannot be dispensed in an amount that is small enough to meet the requirement of clause (A), the smallest dispensable amount;~~ and

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

SECTION 23. IC 25-27.5-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. ~~(a)~~ Supervision by the supervising physician or the physician designee must be continuous but does not require the physical presence of the supervising physician at the time and the place that the services are rendered.

(b) A supervising physician or physician designee shall review all patient encounters not later than ~~twenty-four~~ ~~(24)~~ **seventy-two (72)** hours after the physician assistant has seen the patient.

(c) The supervising physician or physician designee shall review within seventy-two (72) hours of the patient encounter not less than the following percentages of the patient charts:

(1) For the first year of employment of the physician assistant, one hundred percent (100%).

(2) For the second year of employment of the physician assistant, fifty percent (50%).

(3) For the third year of employment of the physician assistant, twenty-five percent (25%).

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

SECTION 24. IC 25-27.5-6-4, AS AMENDED BY P.L.177-2009, SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. (a) A physician supervising a physician assistant must do the following:

(1) Be licensed under IC 25-22.5.

(2) Register with the board the physician's intent to supervise a physician assistant.

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

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

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

(A) exercise supervision over the physician assistant in accordance with any rules adopted by the board; and

(B) retain responsibility for the care rendered by the physician assistant.

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

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

SECTION 25. IC 34-30-2-158 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 158. IC 25-2.1-9-5 (Concerning immunity of an entity administering a quality review (before July 1, 2012) or peer review (after June 30, 2012) program and members of a quality review committee (before July 1, 2012) or peer review committee (after June 30, 2012)).**

SECTION 26. IC 34-46-2-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 17. IC 25-2.1-5-8 (Concerning proceedings, records, and work papers of a quality review committee that conducts a quality review of an accounting firm **before July 1, 2012, or a peer review committee that conducts a peer review of an accounting firm after June 30, 2012).**

SECTION 27. IC 35-48-3-9, AS AMENDED BY P.L.204-2005, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) Except for dosages medically required for a period of not more than forty-eight (48) hours that are dispensed by or on the direction of a practitioner or medication dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance in schedule II may be dispensed without the written **or electronic** prescription of a practitioner.

(b) In emergency situations, as defined by rule of the board, schedule II drugs may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of section 7 of this chapter. No prescription for a schedule II substance may be refilled.

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

1 (d) A controlled substance included in schedule V shall not be
2 distributed or dispensed other than for a medical purpose.".
3 Renumber all SECTIONS consecutively.
(Reference is to HB 1298 as introduced.)

and when so amended that said bill do pass.

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Representative Brown T