
HOUSE BILL No. 1473

DIGEST OF INTRODUCED BILL

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

Synopsis: Physician assistants. Allows a physician assistant (PA) to pronounce a death and authenticate any form that may be authenticated by the PA's supervising physician. Removes geographical locations that a supervising physician must be located within. Removes the medical licensing board's approval of supervisory agreements. Requires that the agreement must be available to the board upon request. Changes the information required to be contained in a supervising agreement. Removes certain limitations on PAs prescribing and dispensing drugs and controlled substances. Removes the requirement that the supervising physician or physician designee review all PA patient encounters within 24 hours. Removes the limitation of a physician supervising not more than two PAs. Provides that a physician may supervise the number of PAs that is consistent with good medical practice. Allows a PA to be supervised by more than one physician. Repeals the law that requires a supervising physician and a PA to submit certain information concerning supervising physicians and practice sites.

Effective: July 1, 2011.

Welch, Turner

January 20, 2011, read first time and referred to Committee on Public Health.

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First Regular Session 117th General Assembly (2011)

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 2010 Regular Session of the General Assembly.

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HOUSE BILL No. 1473



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

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

1 SECTION 1. IC 16-37-1-3.1, AS ADDED BY P.L.61-2009,
2 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2011]: Sec. 3.1. (a) ~~Beginning January 1, 2011~~, The state
4 department shall establish the Indiana birth registration system (IBRS)
5 for recording in an electronic format live births in Indiana.
6 (b) ~~Beginning January 1, 2011~~, The state department shall establish
7 the Indiana death registration system (IDRS) for recording in an
8 electronic format deaths in Indiana.
9 (c) Submission of records on births and deaths shall be entered by:
10 (1) funeral directors;
11 (2) physicians;
12 (3) coroners;
13 (4) medical examiners;
14 **(5) physician assistants;**
15 ~~(5)~~ **(6)** persons in attendance at birth; and
16 ~~(6)~~ **(7)** local health departments;
17 using the electronic system created by the state department under this



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section.

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

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

(1) The person in charge of interment shall initiate the document process and electronically submit the certificate required under IC 16-37-3-5 to the physician **or physician assistant** last in attendance upon the deceased not later than five (5) days after the death.

(2) The physician **or physician assistant** last in attendance upon the deceased shall electronically certify to the local health department the cause of death on the certificate of death not later than five (5) days after receiving under IC 16-37-3-5 the electronic notification from the person in charge of interment.

(3) The local health officer shall submit the reports required under IC 16-37-1-5 to the state department not later than five (5) days after electronically receiving under IC 16-37-3-5 the completed certificate of death from the physician **or physician assistant** last in attendance.

SECTION 2. IC 16-37-3-5, AS AMENDED BY P.L.61-2009, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 5. (a) The person in charge of interment shall present a certificate of death to the physician **or physician assistant** last in attendance upon the deceased, who shall certify the cause of death upon the certificate of death or of stillbirth.

(b) Notwithstanding subsection (a), ~~beginning January 1, 2011,~~ using the Indiana death registration system established under IC 16-37-1-3.1, the person in charge of interment shall electronically provide a certificate of death to the physician **or physician assistant** last in attendance upon the deceased. The physician **or physician assistant** last in attendance upon the deceased shall electronically certify to the local health department the cause of death on the certificate of death, using the Indiana death registration system.

SECTION 3. IC 16-37-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. (a) If:

- (1) a death or stillbirth occurred without medical attendance; or
- (2) the physician **or physician assistant** last in attendance is physically or mentally unable to sign the certificate of death or stillbirth;

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

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1 (b) The local health officer may issue a subpoena to obtain
2 information and to employ a qualified pathologist to perform an
3 autopsy when, in the judgment of the local health officer, those
4 procedures are required to complete the inquiry. The local health
5 officer shall then certify the cause of death on the basis of the
6 information.

7 SECTION 4. IC 16-37-3-7 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 7. (a) If the
9 circumstances suggest that the death was caused by other than natural
10 causes, the following individual shall refer the case to the coroner for
11 investigation:

- 12 (1) The attending physician **or physician assistant.**
- 13 (2) If there is no attending physician **or physician assistant** or the
- 14 attending physician **or physician assistant** has failed to refer the
- 15 case to the coroner, the local health officer.

16 (b) The coroner shall report a death coming under the coroner's
17 supervision upon official death certificate blanks to the health officer
18 having jurisdiction not more than three (3) days after the inquest is
19 held. Another person may not report the death.

20 SECTION 5. IC 25-27.5-2-13 IS AMENDED TO READ AS
21 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 13. "Supervising
22 physician" means a physician ~~registered with~~ **licensed by** the board
23 who supervises and is responsible for a physician assistant.

24 SECTION 6. IC 25-27.5-2-14, AS AMENDED BY P.L.3-2008,
25 SECTION 190, IS AMENDED TO READ AS FOLLOWS
26 [EFFECTIVE JULY 1, 2011]: Sec. 14. (a) "Supervision" means
27 **overseeing the activities of, and accepting responsibility for, the**
28 **medical services rendered by a physician assistant and** that the
29 conditions set forth in subdivision (1) or (2) are met at all times that
30 services are rendered or tasks are performed by the physician assistant:

- 31 (1) The supervising physician or the physician designee is
- 32 physically present at the location at which services are rendered
- 33 or tasks are performed by the physician assistant.
- 34 (2) ~~Both of the following~~ apply:
 - 35 (A) The supervising physician or the physician designee is
 - 36 immediately available for consultation, **including through the**
 - 37 **use of telecommunications or other electronic means.**
 - 38 (B) Either:
 - 39 (i) the supervising physician or the physician designee is in
 - 40 the county of, or a contiguous county to, the onsite location
 - 41 in which services are rendered or tasks are performed by the
 - 42 physician assistant; or

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1 ~~(ii) the physician or physician assistant is practicing at a~~
2 ~~hospital or health facility; or traveling to or from the hospital~~
3 ~~or health facility.~~

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

6 SECTION 7. IC 25-27.5-3-5, AS AMENDED BY P.L.177-2009,
7 SECTION 51, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2011]: Sec. 5. (a) The committee shall have regular meetings,
9 called upon the request of the president or by a majority of the
10 members appointed to the committee, and upon the advice and consent
11 of the executive director of the Indiana professional licensing agency,
12 for the transaction of business that comes before the committee under
13 this article. At the first committee meeting of each calendar year, the
14 committee shall elect a president and any other officer considered
15 necessary by the committee by an affirmative vote of a majority of the
16 members appointed to the committee.

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

20 (c) The committee shall do the following:

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

23 (2) Approve or reject license applications.

24 (3) Approve or reject renewal applications.

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

27 ~~(5) (4) Propose rules to the board concerning the competent~~
28 ~~practice of physician assistants and the administration of this~~
29 ~~article.~~

30 ~~(6) (5) Recommend to the board the amounts of fees required~~
31 ~~under this article.~~

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

42 (b) If a physician assistant determines that a patient needs to be

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1 examined by a physician, the physician assistant shall immediately
2 notify the supervising physician or physician designee.

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

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

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

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

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

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

17 (1) be in writing;

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

20 (3) set forth the supervisory plans for the physician assistant,
21 including the emergency procedures that the physician assistant
22 must follow; and

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

26 ~~(g) The physician shall submit the supervisory agreement to the~~
27 ~~board for approval. The physician assistant may not prescribe a drug~~
28 ~~under the supervisory agreement until the board approves the~~
29 ~~supervisory agreement. Any amendment to the supervisory agreement~~
30 ~~must be resubmitted to the board for approval, and the physician~~
31 ~~assistant may not operate under any new prescriptive authority under~~
32 ~~the amended supervisory agreement until the agreement has been~~
33 ~~approved by the board.~~

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

37 SECTION 9. IC 25-27.5-5-3 IS AMENDED TO READ AS
38 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. (a) A physician
39 assistant is the agent of the supervising physician in the performance
40 of all practice related activities, including the ordering of diagnostic,
41 therapeutic, and other medical services.

42 (b) A physician assistant may pronounce death and authenticate

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1 **any form that may be authenticated by the physician assistant's**
2 **supervising physician.**

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

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

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

- 16 (1) ~~A schedule I substance listed in IC 35-48-2-4.~~
- 17 (2) ~~A schedule II substance listed in IC 35-48-2-6.~~
- 18 (3) ~~A schedule III, schedule IV, or schedule V drug if the drug~~
19 ~~contains oxycodone.~~

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

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

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

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

- 35 (1) if the moderate sedation contains agents in which the
36 manufacturer's general warning advises that the drug should be
37 administered and monitored by an individual who is:
 - 38 (A) experienced in the use of general anesthesia; and
 - 39 (B) not involved in the conduct of the surgical or diagnostic
40 procedure; and
- 41 (2) during diagnostic tests, surgical procedures, or obstetric
42 procedures unless the following conditions are met:

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

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

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

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

14 ~~(g) Before a physician assistant may prescribe drugs, the physician~~
 15 ~~assistant must have been continuously employed as a physician~~
 16 ~~assistant for not less than one (1) year after graduating from a physician~~
 17 ~~assistant program approved by the committee. To be considered to have~~
 18 ~~been continuously employed as a physician assistant for a year for~~
 19 ~~purposes of this subsection, a person must have worked as a physician~~
 20 ~~assistant more than one thousand eight hundred (1,800) hours during~~
 21 ~~the year.~~

22 SECTION 11. IC 25-27.5-5-6, AS ADDED BY P.L.90-2007,
 23 SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2011]: Sec. 6. (a) Except as provided in section 4(d) of this
 25 chapter, a supervising physician may delegate authority to a physician
 26 assistant to prescribe:

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

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

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

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

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

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

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

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

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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) hours after the physician assistant has seen the patient.

SECTION 13. IC 25-27.5-6-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. A physician may supervise not more than two (2) the number of physician assistants that is consistent with good medical practice when considering the type of practice and the authority delegated to each physician assistant.

SECTION 14. 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) (2) Not have a disciplinary action restriction that limits the physician's ability to supervise a physician assistant.
- (3) 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 15. IC 25-27.5-6-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 7. (a) This chapter does not limit the ability of a physician assistant to be supervised by more than one (1) physician in a legal entity as long as there is a written agreement with each supervising physician.

(b) If a physician assistant is employed by a physician, a group of physicians, or another legal entity, the physician assistant must be

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1 supervised by and be the legal responsibility of the supervising
2 physician. The legal responsibility for the physician assistant's patient
3 care activities are that of the supervising physician, including when the
4 physician assistant provides care and treatment for patients in health
5 care facilities.

6 (c) If a physician assistant is employed by a health care facility or
7 other entity, the legal responsibility for the physician assistant's actions
8 is that of the supervising physician. A physician assistant employed by
9 a health care facility or entity must be supervised by a licensed
10 physician.

11 SECTION 16. IC 25-27.5-6-5 IS REPEALED [EFFECTIVE JULY
12 1, 2011].

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