March 22, 2013

ENGROSSED
HOUSE BILL No. 1099

DIGEST OF HB 1099 (Updated March 20, 2013 12:45 pm - DI 104)

Citations Affected: IC 25-27.5.

Synopsis: Physician assistants. Amends the definition of "supervision" for purposes of the physician assistant law concerning where the supervising physician or physician designee is located. Allows a physician assistant that meets certain practice requirements to prescribe schedule II controlled substances. Allows a supervising physician to delegate a physician assistant to prescribe a controlled substance for an aggregate 30 day supply. (Current law limits the prescription to a one time 30 day supply.) Changes the percentages of patient charts that a supervising physician or physician designee must review based on the number of years the physician assistant has been employed. Specifies that a physician may supervise not more than two physician assistants at the same time.

Effective: July 1, 2013.

Davisson, Zent, Errington, Bacon
(SENATE SPONSORS — MILLER PATRICIA, GROOMS, SKINNER)

January 8, 2013, read first time and referred to Committee on Public Health.
January 17, 2013, reported — Do Pass.
January 22, 2013, read second time, ordered engrossed. Engrossed.
January 23, 2013, read third time, passed. Yeas 94, nays 0.

SENATE ACTION

February 25, 2013, read first time and referred to Committee on Health and Provider Services.
March 21, 2013, amended, reported favorably — Do Pass.

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March 22, 2013

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.

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ENGROSSED
HOUSE BILL No. 1099

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:

SECTION 1. IC 25-27.5-2-14, AS AMENDED BY P.L.197-2011, SECTION 118, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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) The supervising physician or the physician designee is immediately available:

(i) through the use of telecommunications or other electronic means; and

(ii) for consultation, including being able to see the patient in person within twenty-four (24) hours if requested by the

patient or the physician assistant.

(B) If the supervising physician or the physician designee is ~~in:~~

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

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

~~The medical licensing board may permit an exception to the requirements of this clause after receiving an exceptional circumstance waiver request with the filed supervising agreement for each individual physician assistant and practice location. An exception must be approved by the board before the commencement of the physician assistant's practice in the county that requires the exceptional circumstance waiver request.~~ **not present in the same facility as the physician assistant, the supervising physician or physician designee must be within a reasonable travel distance from the facility to personally ensure proper care of the patients.**

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

SECTION 2. IC 25-27.5-5-4, AS AMENDED BY P.L.197-2011, SECTION 121, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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) 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 **controlled** substance listed in IC 35-48-2-4.

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

~~However, a physician assistant may write a drug order for a drug listed in subdivision (2) for use in the hospital if the patient is in an inpatient hospital.~~

(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

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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,~~ **a controlled substance,** the physician assistant must have practiced as a physician assistant:

(1) for at least one (1) year after graduating from a physician assistant program approved by the committee; and

(2) for at least one thousand eight hundred (1,800) hours.

SECTION 3. IC 25-27.5-5-6, AS AMENDED BY P.L.197-2011, SECTION 122, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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).

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(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;

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(2) in an **aggregate** amount that does not exceed a ~~one (1)~~ thirty (30) day supply; **however, any refills or subsequent prescriptions beyond the thirty (30) day supply must be authorized by the supervising physician and recorded in the patient's medical record;** and

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

~~If an additional prescription for the controlled substance is necessary after the one (1) time thirty (30) day supply described in subdivision (2) has been prescribed, the additional prescription may be prescribed only by a physician.~~

SECTION 4. IC 25-27.5-6-1, AS AMENDED BY P.L.197-2011, SECTION 123, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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 seventy-two (72) hours after the physician assistant has seen the patient.

(c) **Subject to subsection (d),** the supervising physician or physician designee shall review within seventy-two (72) hours after a patient encounter **at least the following percentages of the patient charts:**

(1) For the first year of employment of the physician assistant, one hundred percent (100%). ~~of the charts for the first three (3) years of employment of the physician assistant, by the same employer and at least~~

(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 and thereafter, **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.~~

(4) For the first year in which a physician assistant obtains authority to prescribe a controlled substance under IC 25-27.5-5-4, one hundred percent (100%).

(d) If a physician assistant changes supervising physicians but remains in the same practice specialty, the schedule of chart review in subsection (c) does not start over. However, if the physician

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assistant is employed in a different practice specialty, the full schedule of chart review in subsection (c) must be followed.

SECTION 5. IC 25-27.5-6-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. A physician may ~~supervise~~ **enter into a supervising agreement with more than two (2) physician assistants but may** not **supervise** more than two (2) physician assistants **at the same time.**

SECTION 6. IC 25-27.5-6-4, AS AMENDED BY P.L.197-2011, SECTION 124, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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.

(6) Submit to the board a list of locations that the supervising physician and the physician assistant may practice. The board may request additional information concerning the practice locations to assist the board with considering the written agreement described in subdivision (5).

(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.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1099, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

CLERE, Chair

Committee Vote: yeas 12, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1099, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 5, between lines 36 and 37, begin a new line single block indented and insert:

"**(4) For the first year in which a physician assistant obtains authority to prescribe a controlled substance under IC 25-27.5-5-4, one hundred percent (100%).**".

Page 6, after line 4, begin a new paragraph and insert:

"SECTION 6. IC 25-27.5-6-4, AS AMENDED BY P.L.197-2011, SECTION 124, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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

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assistant.

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

(6) Submit to the board a list of locations that the supervising physician and the physician assistant may practice. The board may request additional information concerning the practice locations to assist the board with considering the written agreement described in subdivision (5).

(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.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1099 as printed January 18, 2013.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 10, Nays 0.

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