



January 18, 2013

HOUSE BILL No. 1099

DIGEST OF HB 1099 (Updated January 16, 2013 4:55 pm - DI 77)

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

January 8, 2013, read first time and referred to Committee on Public Health.
January 17, 2013, reported — Do Pass.

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HB 1099—LS 6510/DI 77+



January 18, 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.

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:

- 1 SECTION 1. IC 25-27.5-2-14, AS AMENDED BY P.L.197-2011,
2 SECTION 118, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2013]: Sec. 14. (a) "Supervision" means
4 overseeing the activities of, and accepting responsibility for, the
5 medical services rendered by a physician assistant and that the
6 conditions set forth in subdivision (1) or (2) are met at all times that
7 services are rendered or tasks are performed by the physician assistant:
8 (1) The supervising physician or the physician designee is
9 physically present at the location at which services are rendered
10 or tasks are performed by the physician assistant.
11 (2) Both of the following apply:
12 (A) The supervising physician or the physician designee is
13 immediately available:
14 (i) through the use of telecommunications or other electronic
15 means; and
16 (ii) for consultation, including being able to see the patient
17 in person within twenty-four (24) hours if requested by the

HB 1099—LS 6510/DI 77+



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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 H 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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1 physician assistant has successfully completed at least thirty (30)
 2 contact hours in pharmacology from an educational program that is
 3 approved by the committee.

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

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

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

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

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

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

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

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

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

28 (g) Before a physician assistant may prescribe ~~drugs~~, a **controlled**
 29 **substance**, the physician assistant must have practiced as a physician
 30 assistant:

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

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

34 SECTION 3. IC 25-27.5-5-6, AS AMENDED BY P.L.197-2011,
 35 SECTION 122, IS AMENDED TO READ AS FOLLOWS
 36 [EFFECTIVE JULY 1, 2013]: Sec. 6. (a) Except as provided in section
 37 4(d) of this chapter, a supervising physician may delegate authority to
 38 a physician assistant to prescribe:

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

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



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

- 4 (1) the name of the drug or drug classification being delegated by
 5 the supervising physician; and
 6 (2) the protocols the physician assistant shall use when
 7 prescribing the drug.

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

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

- 13 (A) The signature of the physician assistant.
 14 (B) The initials indicating the credentials awarded to the
 15 physician assistant by the NCCPA.
 16 (C) The physician assistant's state license number.

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

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

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

27 (1) Obtain an Indiana controlled substance registration and a
 28 federal Drug Enforcement Administration registration.

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

- 31 (A) The signature of the physician assistant.
 32 (B) The initials indicating the credentials awarded to the
 33 physician assistant by the NCCPA.
 34 (C) The physician assistant's state license number.

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

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

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

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

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- 1 (2) in an **aggregate** amount that does not exceed a ~~one~~ **(1)** thirty
- 2 (30) day supply; **however, any refills or subsequent**
- 3 **prescriptions beyond the thirty (30) day supply must be**
- 4 **authorized by the supervising physician and recorded in the**
- 5 **patient's medical record; and**
- 6 (3) in accordance with the limitations set forth in section 4(c) of
- 7 this chapter.

8 If an additional prescription for the controlled substance is necessary
 9 after the ~~one~~ **(1)** time ~~thirty~~ **(30)** day supply described in subdivision
 10 ~~(2)~~ **(2)** has been prescribed, the additional prescription may be prescribed
 11 only by a physician.

12 SECTION 4. IC 25-27.5-6-1, AS AMENDED BY P.L.197-2011,
 13 SECTION 123, IS AMENDED TO READ AS FOLLOWS
 14 [EFFECTIVE JULY 1, 2013]: Sec. 1. (a) Supervision by the
 15 supervising physician or the physician designee must be continuous but
 16 does not require the physical presence of the supervising physician at
 17 the time and the place that the services are rendered.

18 (b) A supervising physician or physician designee shall review all
 19 patient encounters not later than seventy-two (72) hours after the
 20 physician assistant has seen the patient.

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

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

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

31 **(3) For the third year of employment of the physician**
 32 **assistant and thereafter, twenty-five percent (25%).** **However,**
 33 **if the physician assistant has had less than one thousand eight**
 34 **hundred (1,800) hours of practice, the supervising physician or**
 35 **physician designee shall review one hundred percent (100%) of**
 36 **the charts within seventy-two (72) hours of the patient encounter.**

37 **(d) If a physician assistant changes supervising physicians but**
 38 **remains in the same practice specialty, the schedule of chart review**
 39 **in subsection (c) does not start over. However, if the physician**
 40 **assistant is employed in a different practice specialty, the full**
 41 **schedule of chart review in subsection (c) must be followed.**

42 SECTION 5. IC 25-27.5-6-2 IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. A physician may
2 supervise **enter into a supervising agreement with more than two**
3 **(2) physician assistants but may not supervise** more than two (2)
4 physician assistants **at the same time.**

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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.

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