
TITLE 844 MEDICAL LICENSING BOARD OF INDIANA

Proposed Rule
LSA Document #09-164

DIGEST

Adds [844 IAC 2.2-1.1](#) to add definitions relating to anesthesia under [IC 25-27.5-5-4](#)(f). Amends [844 IAC 2.2-2-1](#) through [844 IAC 2.2-2-6](#) to implement P.L.90-2007 (HEA 1241) regarding requirements for prescriptive authority for qualified licensed physician assistants and to make nonsubstantive changes by updating rule language and clarifying requirements. Repeals [844 IAC 2.2-1](#) and [844 IAC 2.2-2-7](#). Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[844 IAC 2.2-1](#); [844 IAC 2.2-1.1](#); [844 IAC 2.2-2-1](#); [844 IAC 2.2-2-2](#); [844 IAC 2.2-2-3](#); [844 IAC 2.2-2-4](#); [844 IAC 2.2-2-5](#); [844 IAC 2.2-2-6](#); [844 IAC 2.2-2-7](#)

SECTION 1. [844 IAC 2.2-1.1](#) IS ADDED TO READ AS FOLLOWS:

Rule 1.1. Definitions

[844 IAC 2.2-1.1-1](#) Applicability

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

Sec. 1. The definitions in this rule apply throughout this title.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-1](#))

[844 IAC 2.2-1.1-2](#) "Anesthesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 2. For purposes of [IC 25-27.5](#), "anesthesia" includes the following:

- (1) Moderate sedation/analgesia.
- (2) Deep sedation/analgesia.
- (3) General anesthesia.
- (4) Regional anesthesia.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-2](#))

[844 IAC 2.2-1.1-3](#) "Board" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

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

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-3](#))

[844 IAC 2.2-1.1-4](#) "Committee" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#); [IC 25-27.5-3-1](#)

Sec. 4. "Committee" refers to the physician assistant committee established by [IC 25-27.5-3-1](#).

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-4](#))

[844 IAC 2.2-1.1-5](#) "Contact hour" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

Sec. 5. "Contact hour" includes fifty (50) to sixty (60) minutes of instruction in pharmacology in either an institutional setting or Category I continuing medical education. One (1) credit hour obtained through an educational institution approved by the committee is equal to ten (10) contact hours.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-5](#))

[844 IAC 2.2-1.1-6](#) "Deep sedation/analgesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 6. (a) For purposes of [IC 25-27.5](#), "deep sedation/analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. For purposes of this rule, reflex withdrawal from a painful stimulus is not considered a purposeful response.

(b) The following are conditions that a patient under deep sedation/analgesia may experience:

(1) The ability to independently maintain ventilatory function may be impaired.

(2) Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

(3) Cardiovascular function is usually maintained.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-6](#))

[844 IAC 2.2-1.1-7](#) "Drug classification" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#)

Sec. 7. "Drug classification" means the broad general category of drug products defined by their primary clinical role, for example, antihypertensive or antibiotic.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-7](#))

[844 IAC 2.2-1.1-8](#) "General anesthesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 8. (a) For purposes of [IC 25-27.5](#), "general anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by pain stimulation.

(b) The following are conditions that a patient under general anesthesia may experience:

(1) The ability to independently maintain ventilatory function is often impaired.

(2) Patients often require assistance in maintaining a patent airway, and positive pressure ventilation

may be required due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

(3) Cardiovascular function may be impaired.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-8](#))

[844 IAC 2.2-1.1-9](#) "Local anesthesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 9. For purposes of [IC 25-27.5](#), "local anesthesia" means a transient and reversible loss of sensation in a circumscribed portion of the body produced by a local anesthetic agent or by cooling a circumscribed area of the skin. The term includes subcutaneous infiltration of an agent.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-9](#))

[844 IAC 2.2-1.1-10](#) "Minimal sedation/anxiolysis" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 10. For purposes of [IC 25-27.5](#), "minimal sedation/anxiolysis" means a drug-induced state during which a patient responds normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are usually not affected.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-10](#))

[844 IAC 2.2-1.1-11](#) "Moderate sedation/analgesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 11. (a) For purposes of [IC 25-27.5](#), "moderate sedation/analgesia" (also referred to as "conscious sedation") means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

(b) The following are conditions that a patient under moderate sedation/analgesia may experience:

- (1) No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.
- (2) Cardiovascular function is usually maintained.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-11](#))

[844 IAC 2.2-1.1-12](#) "NCCPA" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

Sec. 12. "NCCPA" refers to the National Commission on Certification of Physician Assistants.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-12](#))

[844 IAC 2.2-1.1-13](#) "Physician assistant" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

Sec. 13. "Physician assistant" means an individual who has:

- (1) graduated from an approved physician assistant or surgeon assistant program; and**
- (2) passed the certifying examination and maintains certification by the NCCPA.**

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-13](#))

[844 IAC 2.2-1.1-14](#) "Protocol" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1](#)

Sec. 14. "Protocol" means general directions under standard practice for prescribing a drug or medical device. The term includes clinical practice guidelines and reference texts or other sources.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-14](#))

[844 IAC 2.2-1.1-15](#) "Regional anesthesia" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#); [IC 25-27.5](#)

Sec. 15. (a) For purposes of [IC 25-27.5](#), "regional anesthesia" means the administration of anesthetic agents to a patient to interrupt nerve impulses without the loss of consciousness and includes the following:

(1) Major conduction blocks, such as:

- (A) epidural;**
- (B) spinal; and**
- (C) caudal;**

blocks.

(2) Peripheral nerve blocks, such as:

- (A) brachial;**
- (B) lumbar plexus;**
- (C) peribulbar; and**
- (D) retrobulbar;**

blocks.

(3) Intravenous regional anesthesia, such as Bier blocks.

(b) A superficial nerve block or application of a local anesthetic agent in which the total dosage administered exceeds the recommended maximum dosage per body weight described in the manufacturer's package insert shall be considered regional anesthesia for purposes of this rule.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-15](#))

[844 IAC 2.2-1.1-16](#) "Supervisory agreement" defined

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5](#)

Sec. 16. "Supervisory agreement" means a written document signed by the supervising physician or physicians and the physician assistant that:

- (1) includes the tasks delegated to the physician assistant;**
- (2) describes the supervisory plan for the physician assistant, including emergency procedures that the physician assistant must follow;**
- (3) specifies the names of the drug or drug classification the physician assistant is delegated to prescribe and the protocol the physician assistant shall follow in prescribing a drug;**
- (4) specifies the names of medical devices the physician is delegated to prescribe;**

(5) includes the:

- (A) name;
- (B) address; and
- (C) phone number;

of the physician or physicians who will be supervising the physician assistant; and

(6) includes a description of the setting or settings in which the physician assistant will be working.

(Medical Licensing Board of Indiana; [844 IAC 2.2-1.1-16](#))

SECTION 2. [844 IAC 2.2-2-1](#) IS AMENDED TO READ AS FOLLOWS:

[844 IAC 2.2-2-1 Applications](#)

Authority: [IC 25-22.5-2-7](#); [IC 25-27.5-3-5](#)

Affected: [IC 25-22.5-1-2](#); [IC 25-27.5](#)

Sec. 1. (a) The application for ~~certification~~ **licensure** of a physician assistant must be made upon forms supplied by the committee.

(b) Each application for ~~certification~~ **licensure** as a physician assistant or for a temporary permit ~~while waiting for the next committee meeting~~ shall include all of the following information:

- (1) Complete names, address, and telephone number of the physician assistant.
- (2) Satisfactory evidence of the following:
 - (A) Completion of an approved educational program.
 - (B) Passage of the Physician Assistant National Certifying Examination administered by the NCCPA.
 - (C) A current NCCPA certificate.
 - (D) Official transcripts or a notarized copy of transcripts or a notarized copy of CE certificates indicating completion of thirty (30) contact hours of pharmacology.**
 - (E) A letter signed by an employer, past or present, listing the time frame of full-time employment resulting in one thousand eight hundred (1,800) hours in a twelve (12) month period.**
 - (F) Must possess a current Indiana physician assistant license or have submitted an application in conjunction with prescribing authority application.**
- (3) All names used by the physician assistant, explaining the reason for such name change or use.
- (4) **The** date and place of birth of the physician assistant and age at the time of application.
- (5) Citizenship and visa status, if applicable.
- (6) Whether the physician assistant has been licensed, certified, or registered in any other jurisdiction and, if so, the dates thereof.
- (7) Whether the physician assistant has had ~~any~~ disciplinary action taken against the license, certificate, or registration by the licensing or regulatory agency of any other state or jurisdiction and the details and dates thereof.
- (8) A complete listing of all places of employment, including:
 - (A) the name and address of **the** employers;
 - (B) the dates of each employment; and
 - (C) employment responsibilities held or performed;that the applicant has had since becoming a physician assistant in any state or jurisdiction.
- (9) Whether the physician assistant is, or has been, addicted to, or is chemically dependent upon, any narcotic drugs, alcohol, or other drugs and, if so, the details thereof.
- (10) Whether the applicant has been denied ~~a license, certificate,~~ **licensure, certification,** approval, or registration as a physician assistant by any other state or jurisdiction and, if so, the details thereof, including the following:
 - (A) The name and location of the state or jurisdiction denying:
 - (i) licensure;**
 - ~~(B)~~ **(ii) certification;**
 - (iii) approval; or**
 - (iv) registration.**
 - ~~(C)~~ **(B)** The date of **the** denial. ~~of the certification, approval, or registration.~~
 - ~~(D)~~ **(C)** The reasons relating to the denial. ~~of certification, approval, or registration.~~
- (11) Whether the physician assistant has been convicted of, or pleaded guilty to, any violation of federal, state, or local law relating the:

- (A) use;
- (B) manufacturing;
- (C) distributing;
- (D) sale;
- (E) dispensing; or
- (F) possession;

of controlled substances or of drug addiction and, if so, all of the details relating thereto.

(12) Whether the physician assistant has been convicted of, or pleaded guilty to, any federal or state criminal offense, felony, or misdemeanor, except for traffic violations that resulted only in fines and, if so, all of the details thereto.

(13) Whether the physician assistant was denied privileges in any hospital or health care facility, or had such privileges revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitation, and, if so, all of the details relating thereto, including the:

- (A) name and address of the hospital or health care facility; ~~the~~
- (B) date of ~~such the~~ action; and ~~the~~
- (C) reasons ~~therefore~~. **therefor.**

(14) Whether the physician assistant has ever been admonished, censured, reprimanded, or requested to withdraw, resign, or retire from any hospital or health care facility in which the physician assistant was employed, worked, or held privileges.

(15) Whether the physician assistant has had any malpractice judgments entered against him or her or settled any malpractice action or cause of action and, if so, a complete, detailed description of the facts and circumstances relating thereto.

~~(16) A statement from the supervising physician that the physician assistant is, or will be, supervised by that physician.~~

~~(17) A description of the setting in which the physician assistant shall be working under the physician supervision.~~

~~(18) The name, business address, and telephone number of the physician under whose supervision the physician assistant will be supervised.~~

~~(19)~~ **(16)** One (1) passport-type photo taken of the applicant within the last eight (8) weeks.

(c) All information in the application shall be submitted under oath or affirmation, subject to the penalties of perjury.

(d) Each applicant for ~~certification~~ **licensure** as a physician assistant shall submit an executed authorization and release form supplied by the committee that:

(1) authorizes the committee or any of its authorized representatives to inspect, receive, and review **all documents, records, or other information pertaining to the applicant;**

(2) authorizes and directs any:

- (A) person;
- (B) corporation;
- (C) partnership;
- (D) association;
- (E) organization;
- (F) institute;
- (G) forum; or
- (H) officer thereof;

to furnish, provide, and supply to the committee all relevant documents, records, or other information pertaining to the applicant; and

(3) releases the committee, or any of its authorized representatives, and any:

- (A) person;
- (B) corporation;
- (C) partnership;
- (D) association;
- (E) organization;
- (F) institute;
- (G) forum; or
- (H) officer thereof;

from any and all liability regarding such inspection, review, receipt, furnishing, or supply of any such information.

(e) Application forms submitted to the committee must be complete. ~~in every detail.~~ All supporting documents required by the application must be submitted with the application.

(f) Applicants for a temporary permit to practice as a physician assistant while waiting to take the examination or ~~waiting for awaiting~~ results of the examination must submit all requirements of subsection (b), except for subsection (b)(2)(B) and (b)(2)(C), in order to apply for a temporary permit.

(g) A temporary permit becomes invalid if the temporary permit holder fails to sit or fails to register for the next available examination.

(h) Prior to beginning practice as a physician assistant, the physician assistant must submit a supervisory agreement to the committee, which must be approved by the board. The supervisory agreement must:

- (1) be submitted on employer's letterhead;**
- (2) be written specifically for the applicant; and**
- (3) contain the original signature of both the applicant and supervising physician and the date signed.**

(Medical Licensing Board of Indiana; [844 IAC 2.2-2-1](#); filed May 26, 2000, 8:52 a.m.: 23 IR 2498; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1558)

SECTION 3. [844 IAC 2.2-2-2](#) IS AMENDED TO READ AS FOLLOWS:

[844 IAC 2.2-2-2](#) Registration of supervising physician

Authority: [IC 25-22.5-2-7](#); [IC 25-27.5-3-5](#)

Affected: [IC 25-27.5-6](#)

Sec. 2. (a) A physician licensed under [IC 25-22.5](#) who intends to supervise a physician assistant shall register his or her intent to do so with the board on a form approved by the board prior to commencing supervision of a physician assistant. The supervising physician shall include the following information on the form supplied by the board:

(1) The:

- (A)** name;
- (B)** business address; and
- (C)** telephone number;

of the supervising physician.

(2) The:

- (A)** name;
- (B)** business address;
- (C)** telephone number; and
- (D)** certification number;

of the physician assistant.

(3) The current license number of the physician.

(4) A statement that the physician will be supervising ~~no~~ **not** more than two (2) physician assistants, and the name and certificate numbers of the physician assistants he or she is currently supervising.

(5) A description of the setting in which the physician assistant will practice under the supervising physician, including the specialty, if any, of the supervising physician.

(6) A statement that the supervising physician:

(A) will exercise continuous supervision over the physician assistant in accordance with [IC 25-27.5-6](#) and this article;

(B) shall review all patient encounters maintained by the physician assistant within twenty-four (24) hours after the physician assistant has seen a patient; and

(C) at all times, retain professional and legal responsibility for the care rendered by the physician assistant.

(7) **A** detailed description of the process maintained by the physician for evaluation of the physician assistant's performance.

(b) The supervising physician may not:

- (1) be the designated supervising physician for more than two (2) physician assistants; ~~and may not or~~**

(2) supervise more than two (2) physician assistants at one (1) time as the primary or designated supervising physician.

(c) The designated supervising physician is to accept responsibility of supervising the physician assistant in the absence of the primary supervising physician of record. Protocol is to be established by the physician practice.

(d) The supervising physician shall, within fifteen (15) days, notify **both** the board ~~when~~ **and the committee** ~~that~~ the supervising relationship with the physician assistant is terminated. ~~and The notification shall state the reason for such the termination. In addition, notification shall be submitted to the committee.~~

(Medical Licensing Board of Indiana; 844 IAC 2.2-2-2; filed May 26, 2000, 8:52 a.m.: 23 IR 2499; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1559)

SECTION 4. [844 IAC 2.2-2-3](#) IS AMENDED TO READ AS FOLLOWS:

[844 IAC 2.2-2-3](#) License renewal

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-27.5-5-2](#)

Sec. 3. (a) Every physician assistant holding a ~~certificate~~ **license** issued by the committee shall renew his or her ~~certificate~~ **license** every two (2) years, in even-numbered years.

(b) On or before April 30 ~~every two (2) years in even-numbered years,~~ **of a renewal year**, the committee, or its duly authorized agent, shall notify each ~~certificate~~ **license** holder that the ~~certificate~~ **license** holder is required to renew with the committee. The committee, or its agent, shall furnish a ~~certificate~~ **license** holder a form to be completed for renewal.

(c) Applications for all renewals must be made under oath or affirmation.

(d) Each ~~certificate~~ **license** holder shall **do the following:**

(1) Submit the following:

(A) Evidence of current NCCPA certification.

~~(e) Each certificate holder shall submit~~ **(B)** A fee as determined by the committee, in the form of a:

(i) check;

(ii) certified check;

(iii) cashier's check; or

(iv) postal money order;

payable to the order of the ~~"Health Professions Bureau"~~. **"Indiana Professional Licensing Agency"**.

~~(f) Each certificate holder shall~~ **(2)** Inform the committee, in writing, of all changes in address or name within thirty (30) days of the change.

~~(g)~~ **(e)** A ~~certificate~~ **license** holder's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not:

(1) constitute an error on the part of the committee or the ~~health professions bureau,~~ **nor shall it Indiana professional licensing agency; or**

(2) exonerate or otherwise excuse the ~~certificate~~ **license** holder from renewing ~~such certificate.~~ **the license.**

~~(h)~~ **(f)** A physician assistant who is less than three (3) years delinquent in renewing a ~~certificate~~ **license** may be reinstated upon receipt of the:

(1) renewed application;

(2) renewal fees; and

(3) penalty fee.

~~(i)~~ **(g)** If more than three (3) years have elapsed since the expiration of a ~~certificate~~ **license** to practice as a

physician assistant, **prior to reinstatement**, the applicant may be required by the committee to take and pass examination approved by the committee. ~~prior to reinstatement.~~

(Medical Licensing Board of Indiana; [844 IAC 2.2-2-3](#); filed May 26, 2000, 8:52 a.m.: 23 IR 2500; readopted filed Nov 16, 2006, 10:49 a.m.: [20061129-IR-844060239RFA](#))

SECTION 5. [844 IAC 2.2-2-4](#) IS AMENDED TO READ AS FOLLOWS:

[844 IAC 2.2-2-4](#) Reporting requirements

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1-2](#)

Sec. 4. If for any reason a physician assistant discontinues working at the direction ~~and/or~~ **or** under the supervision, **or both**, of the physician under which the physician assistant is registered with the board, ~~such the~~ physician assistant shall inform **both the board and** the committee, in writing, within fifteen (15) days of ~~such the~~ event. The physician assistant shall not commence practice under a new supervising physician until that physician registers his or her intent to supervise the physician assistant to the board under section 2 of this rule. The physician assistant, in ~~such the~~ written report, shall ~~inform the board of~~ **state** the specific reason for the discontinuation of supervision. ~~of the physician assistant. In addition, notification shall be submitted to the committee.~~

(Medical Licensing Board of Indiana; [844 IAC 2.2-2-4](#); filed May 26, 2000, 8:52 a.m.: 23 IR 2500; readopted filed Nov 16, 2006, 10:49 a.m.: [20061129-IR-844060239RFA](#))

SECTION 6. [844 IAC 2.2-2-5](#) IS AMENDED TO READ AS FOLLOWS:

[844 IAC 2.2-2-5](#) Privileges and duties

Authority: [IC 25-22.5-2-7](#); [IC 25-27.5-3-5](#)

Affected: [IC 25-22.5-1-2](#); [IC 25-27.5](#)

Sec. 5. (a) When engaged in the physician assistant's professional activities, a physician assistant shall:
(1) wear a name tag identifying the individual as a physician assistant; and ~~shall~~
(2) inform patients that he or she is a physician assistant.

A physician assistant shall not portray himself or herself as a licensed physician.

(b) A physician assistant shall make available for inspection at his or her primary place of business:

- (1)** the physician assistant's ~~certificate~~ **license** issued by the committee; **and**
- (2)** a statement from the supervising physician that the physician assistant is, or will be, supervised by that physician.
- ~~(3) a description of the setting in which the physician assistant shall be working under the physician supervision;~~
- ~~(4) a job description with duties to be performed by the physician assistant and to be signed by both the physician and physician assistant; and~~
- ~~(5) the name, business address, and telephone number of the physician under whose supervision the physician assistant will be supervised.~~

(c) The physician assistant may perform, under the supervision of the supervising physician, such duties and responsibilities **that are:**

- (1)** ~~delegated by the supervising physician; and~~
- (2)** ~~within the scope of the supervising physician's~~ **scope of** practice.

(Medical Licensing Board of Indiana; [844 IAC 2.2-2-5](#); filed May 26, 2000, 8:52 a.m.: 23 IR 2500; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1560)

SECTION 7. [844 IAC 2.2-2-6](#) IS AMENDED TO READ AS FOLLOWS:

844 IAC 2.2-2-6 Competent practice of physician assistants

Authority: [IC 25-22.5-2-7](#)

Affected: [IC 25-22.5-1-2](#); [IC 25-27.5-5-4](#); [IC 35-48-2](#)

Sec. 6. It shall be deemed willful misconduct or the incompetent practice as a physician assistant under [IC 25-27.5](#) if a physician assistant ~~certified~~ **licensed** by the committee has committed any of the following acts:

- (1) ~~The physician assistant has~~ Held himself or herself out or permitted another to represent him or her as a licensed physician.
- (2) ~~The physician assistant has, in fact,~~ Performed **otherwise a task other** than under the direction ~~and under the~~ **or** supervision of a physician licensed by the board.
- (3) ~~The physician assistant has~~ Been delegated a task or performed a task beyond his or her competence unless ~~there may be some~~ **under** mitigating circumstances, such as the physician assistant attending **to** a patient in a life-threatening emergency with no physician immediately available.
- (4) ~~The physician assistant has~~ Used intoxicants or drugs to such an extent that he or she is unable to perform competently and with safety as a physician assistant.
- (5) ~~The physician assistant has~~ Been convicted of a felony or other criminal offense involving moral turpitude in this state or any other state, territory, or country. As used in this subdivision, "conviction" includes:
 - (A) a conviction of an offense that, if committed in this state, would be deemed a felony or other criminal offense without regard to its designation elsewhere; or
 - (B) a criminal proceeding in which a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered thereon.
- (6) ~~The physician assistant has~~ Been **judicially** adjudicated as mentally or physically incompetent ~~and/or~~ **or** his or her condition renders him or her unable to safely perform as a physician assistant, **or both**.
- (7) ~~The physician assistant has~~ Failed **to**:
 - (A) while on duty, ~~to~~ wear a name tag with a designation of physician assistant thereon; ~~or if he or she has failed to~~
 - (B) make available for inspection his or her ~~certificate~~ **license** as a physician assistant in the office of his or her primary employment as a physician assistant; **or**
 - (8) ~~The physician assistant has failed to~~ (C) be of good moral character and to abide by ethical standards.
- (8) ~~The physician assistant has~~ (8) Engaged in independent practice or ~~has~~ received remuneration for medical services directly from the patient or a third party ~~on his or her behalf, except for provisions as mandated~~ **provided** by federal ~~and~~ **or** state law.
- (9) ~~The physician assistant has~~ (9) Failed to work under the supervision of the supervising physician designee.
- (10) ~~The physician assistant has~~ (10) Advertised himself or herself in any manner that would ~~tend to~~ mislead the public generally or the patients of the supervising physician as to the physician assistant's role and status.
- (11) ~~The physician assistant has~~ (11) Failed to maintain certification issued by the NCCPA.
- (12) ~~The physician assistant has~~ (12) Neglected or failed to keep adequate patient records of services performed by the physician assistant ~~and/or has~~ **or** not submitted those encounters for review by the supervising physician within twenty-four (24) hours of the time services were performed.
- (13) ~~The physician assistant has~~ (13) Failed to follow the request of a patient to be seen, examined, ~~and/or~~ **or** treated by a physician. In the event a patient makes such a request, the physician assistant and supervising physician shall take all necessary and appropriate actions to comply with the patient's request.
- (14) ~~The physician assistant has~~ (14) Prescribed the use of a drug or medicine **outside of those drugs included in the prescribing authority delegated by the supervising physician as identified in the supervisory agreement and prohibited under [IC 25-27.5-5-4](#)**.
- (15) ~~The physician assistant has~~ (15) Made a diagnosis or ~~has~~ instituted a treatment without the authorization of the supervising physician or physician designee.
- (16) ~~The physician assistant has~~ dispensed or prescribed a schedule substance listed under [IC 35-48-2](#).

(Medical Licensing Board of Indiana; [844 IAC 2.2-2-6](#); filed May 26, 2000, 8:52 a.m.: 23 IR 2501; readopted filed Nov 16, 2006, 10:49 a.m.: [20061129-IR-844060239RFA](#))

SECTION 8. THE FOLLOWING ARE REPEALED: [844 IAC 2.2-1](#); [844 IAC 2.2-2-7](#).

[Notice of Public Hearing](#)

