

HOUSE BILL No. 1183

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-27.5; IC 35-48-3-11.

Synopsis: Physician assistants. Allows a physician assistant who is delegated authority to prescribe a Schedule II controlled substance after practicing for one year after graduating from a physician assistant program. (Current law allows a physician assistant to prescribe a controlled substance after practicing for one year after graduating from a physician assistant program and practicing for at least 1,800 hours.) Removes the limitation on the amount of a controlled substance a physician assistant may prescribe. Provides that a pharmacist may not require the supervising agreement or a cosignature to fill a prescription written by a physician assistant. Provides that a physician must review physician assistant charts within a reasonable time. Reduces the number of physician assistant charts that a physician must review. Requires 50% of patient records for a Schedule II prescription that a physician assistant, with less than a year of authority to prescribe Schedule II controlled substances, writes must be reviewed by the physician. Provides that a physician may supervise four physician assistants at the same time. Allows a physician assistant to treat a patient with a Schedule III or Schedule IV controlled substance if certain conditions are met.

Effective: July 1, 2015.

Davisson, Heaton, Errington

January 12, 2015, read first time and referred to Committee on Public Health.



First Regular Session of the 119th General Assembly (2015)

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 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

HOUSE BILL No. 1183

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 25-27.5-5-4, AS AMENDED BY P.L.102-2013,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2015]: Sec. 4. (a) Except as provided in this section, a
4 physician assistant may prescribe, dispense, and administer drugs and
5 medical devices or services to the extent delegated by the supervising
6 physician.
7 (b) A physician assistant may not prescribe, dispense, or administer
8 ophthalmic devices, including glasses, contact lenses, and low vision
9 devices.
10 (c) A physician assistant may use or dispense only drugs prescribed
11 or approved by the supervising physician. A physician assistant may
12 not prescribe or dispense a schedule I controlled substance listed in
13 IC 35-48-2-4.
14 (d) A physician assistant may request, receive, and sign for
15 professional samples and may distribute professional samples to



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

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

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

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

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

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

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

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

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

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

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

31 (g) Before a physician assistant may prescribe a **Schedule II**
32 controlled substance, the physician assistant must have practiced as a
33 physician assistant

34 (†) for at least one (1) year after graduating from a physician
35 assistant program approved by the committee. ~~and~~

36 (‡) ~~for at least one thousand eight hundred (1,800) hours.~~

37 SECTION 2. IC 25-27.5-5-6, AS AMENDED BY P.L.102-2013,
38 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
39 JULY 1, 2015]: Sec. 6. (a) Except as provided in section 4(d) of this
40 chapter, a supervising physician may delegate authority to a physician
41 assistant to prescribe:

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



- 1 and
- 2 (2) medical devices (except ophthalmic devices, including
- 3 glasses, contact lenses, and low vision devices).
- 4 (b) Any prescribing authority delegated to a physician assistant must
- 5 be expressly delegated in writing by the physician assistant's
- 6 supervising physician, including:
- 7 (1) the name of the drug or drug classification being delegated by
- 8 the supervising physician; and
- 9 (2) the protocols the physician assistant shall use when
- 10 prescribing the drug.
- 11 (c) A physician assistant who is delegated the authority to prescribe
- 12 legend drugs or medical devices must do the following:
- 13 (1) Enter the following on each prescription form that the
- 14 physician assistant uses to prescribe a legend drug or medical
- 15 device:
- 16 (A) The signature of the physician assistant.
- 17 (B) The initials indicating the credentials awarded to the
- 18 physician assistant by the NCCPA.
- 19 (C) The physician assistant's state license number.
- 20 (2) Comply with all applicable state and federal laws concerning
- 21 prescriptions for legend drugs and medical devices.
- 22 (d) A supervising physician may delegate to a physician assistant
- 23 the authority to prescribe only legend drugs and medical devices that
- 24 are within the scope of practice of the licensed supervising physician
- 25 or the physician designee.
- 26 (e) A physician assistant who is delegated the authority to prescribe
- 27 controlled substances under subsection (a) and in accordance with the
- 28 limitations specified in section 4(c) of this chapter must do the
- 29 following:
- 30 (1) Obtain an Indiana controlled substance registration and a
- 31 federal Drug Enforcement Administration registration.
- 32 (2) Enter the following on each prescription form that the
- 33 physician assistant uses to prescribe a controlled substance:
- 34 (A) The signature of the physician assistant.
- 35 (B) The initials indicating the credentials awarded to the
- 36 physician assistant by the NCCPA.
- 37 (C) The physician assistant's state license number.
- 38 (D) The physician assistant's federal Drug Enforcement
- 39 Administration (DEA) number.
- 40 (3) Comply with all applicable state and federal laws concerning
- 41 prescriptions for controlled substances.
- 42 (f) A supervising physician may only delegate to a physician



1 assistant the authority to prescribe controlled substances:

- 2 (1) that may be prescribed within the scope of practice of the
 3 licensed supervising physician or the physician designee; **and**
 4 ~~(2) in an aggregate amount that does not exceed a thirty (30) day~~
 5 ~~supply; however, any refills or subsequent prescriptions beyond~~
 6 ~~the thirty (30) day supply must be authorized by the supervising~~
 7 ~~physician and recorded in the patient's medical record; and~~
 8 ~~(3) (2) in accordance with the limitations set forth in section 4(c)~~
 9 ~~of this chapter.~~

10 **(g) Unless the pharmacist has specific knowledge that filling the**
 11 **prescription written by a physician assistant will violate a**
 12 **supervising agreement or is illegal, a pharmacist shall fill a**
 13 **prescription written by a physician assistant without requiring to**
 14 **see the physician assistant's supervising agreement.**

15 **(h) A prescription written by a physician assistant that complies**
 16 **with this chapter does not require a cosignature from the**
 17 **supervising physician or physician designee.**

18 SECTION 3. IC 25-27.5-6-1, AS AMENDED BY P.L.102-2013,
 19 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2015]: Sec. 1. (a) Supervision by the supervising physician or
 21 the physician designee must be continuous but does not require the
 22 physical presence of the supervising physician at the time and the place
 23 that the services are rendered.

24 (b) A supervising physician or physician designee shall review ~~all~~
 25 ~~patient encounters not later than seventy-two (72) hours~~ **within a**
 26 **reasonable time, as established in the supervising agreement,** after
 27 the physician assistant has seen the patient.

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

- 32 (1) For the first year of ~~employment practice~~ of the physician
 33 ~~assistant, one hundred twenty-five percent (100%): (25%).~~
 34 (2) ~~For the second each subsequent year of employment practice~~
 35 ~~of the physician assistant, fifty percent (50%):~~ **the percentage of**
 36 **charts that the physician or physician designee determines to**
 37 **be reasonable for the particular practice setting and level of**
 38 **experience of the physician assistant, as stated in the**
 39 **supervising agreement.**
 40 ~~(3) For the third year of employment of the physician assistant~~
 41 ~~and thereafter, twenty-five percent (25%).~~
 42 ~~(4) (3) For the first year in which a physician assistant obtains~~



1 authority to prescribe a **Schedule II** controlled substance under
 2 IC 25-27.5-5-4, ~~one hundred fifty~~ percent (~~100%~~) (**50%**) of the
 3 patient records for which a **Schedule II** controlled substance is
 4 being dispensed or prescribed.

5 (d) If a physician assistant changes supervising physicians but
 6 remains in the same practice specialty, the schedule of chart review in
 7 subsection (c) does not start over. However, if the physician assistant
 8 is employed in a different practice specialty, the full schedule of chart
 9 review in subsection (c) must be followed:

10 SECTION 4. IC 25-27.5-6-2, AS AMENDED BY P.L.102-2013,
 11 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2015]: Sec. 2. A physician may enter into a supervising
 13 agreement with more than ~~two (2)~~ **four (4)** physician assistants but may
 14 not supervise more than ~~two (2)~~ **four (4)** physician assistants at the
 15 same time.

16 SECTION 5. IC 35-48-3-11 IS AMENDED TO READ AS
 17 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 11. (a) Only a
 18 physician licensed under IC 25-22.5 **or a physician assistant licensed**
 19 **under IC 25-27.5** may treat a patient with a Schedule III or Schedule
 20 IV controlled substance for the purpose of weight reduction or to
 21 control obesity.

22 (b) A physician licensed under IC 25-22.5 **or a physician assistant**
 23 **licensed under IC 25-27.5** may not prescribe, dispense, administer,
 24 supply, sell, or give any amphetamine, sympathomimetic amine drug,
 25 or compound designated as a Schedule III or Schedule IV controlled
 26 substance under IC 35-48-2-8 and IC 35-48-2-10 for a patient for
 27 purposes of weight reduction or to control obesity, unless the physician
 28 **or physician assistant** does the following:

29 (1) Determines:

30 (A) through review of:

31 (i) the physician's records of prior treatment of the patient;

32 or

33 (ii) the records of prior treatment of the patient provided by
 34 a previous treating physician or weight loss program;

35 that the physician's patient has made a reasonable effort to lose
 36 weight in a treatment program using a regimen of weight
 37 reduction based on caloric restriction, nutritional counseling,
 38 behavior modification, and exercise without using controlled
 39 substances; and

40 (B) that the treatment described in clause (A) has been
 41 ineffective for the physician's patient.

42 (2) Obtains a thorough history and performs a thorough physical



- 1 examination of the physician's patient before initiating a treatment
2 plan using a Schedule III or Schedule IV controlled substance for
3 purposes of weight reduction or to control obesity.
- 4 (c) A physician licensed under IC 25-22.5 **or a physician assistant**
5 **licensed under IC 25-27.5** may not begin and shall discontinue using
6 a Schedule III or Schedule IV controlled substance for purposes of
7 weight reduction or to control obesity after the physician **or physician**
8 **assistant** determines in the physician's **or physician assistant's**
9 professional judgment that:
- 10 (1) the physician's patient has failed to lose weight using a
11 treatment plan involving the controlled substance;
- 12 (2) the controlled substance has provided a decreasing
13 contribution toward further weight loss for the patient unless
14 continuing to take the controlled substance is medically necessary
15 or appropriate for maintenance therapy;
- 16 (3) the physician's patient:
- 17 (A) has a history of; or
18 (B) shows a propensity for;
19 alcohol or drug abuse; or
- 20 (4) the physician's patient has consumed or disposed of a
21 controlled substance in a manner that does not strictly comply
22 with a treating physician's **or physician assistant's** direction.

