

IC 25-27.5-5

Chapter 5. Scope of Practice

IC 25-27.5-5-1

Application of chapter; prohibitions

Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(b) This chapter does not allow the independent practice by a physician assistant, including any of the activities of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(c) This chapter does not exempt a physician assistant from the requirements of IC 16-41-35-29.

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.23.

IC 25-27.5-5-2

Practice with supervising physician; examination by physician; supervisory agreement

Sec. 2. (a) A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform, under the supervision of the supervising physician, the duties and responsibilities that are delegated by the supervising physician and that are within the supervising physician's scope of practice, including prescribing and dispensing drugs and medical devices. A patient may elect to be seen, examined, and treated by the supervising physician.

(b) If a physician assistant determines that a patient needs to be examined by a physician, the physician assistant shall immediately notify the supervising physician or physician designee.

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

- (1) schedule an examination of the patient in a timely manner unless the patient declines; or
- (2) arrange for another physician to examine the patient.

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

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

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

- (1) be in writing;

- (2) include all the tasks delegated to the physician assistant by the supervising physician;
- (3) set forth the supervisory plans for the physician assistant, including the emergency procedures that the physician assistant must follow; and
- (4) specify the protocol the physician assistant shall follow in prescribing a drug.

(g) The physician shall submit the supervisory agreement to the board. The physician assistant may prescribe a drug under the supervisory agreement unless the board denies the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board, and the physician assistant may operate under any new prescriptive authority under the amended supervisory agreement unless the agreement has been denied by the board.

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

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.24; P.L.177-2009, SEC.55; P.L.197-2011, SEC.120; P.L.168-2016, SEC.8.

IC 25-27.5-5-3

Agents of supervising physicians

Sec. 3. A physician assistant is the agent of the supervising physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic, and other medical services.

As added by P.L.227-1993, SEC.11.

IC 25-27.5-5-4

Prescribing, dispensing, and administering drugs and medical devices

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 a schedule I controlled substance listed in IC 35-48-2-4.

(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

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 a controlled substance, the physician assistant must have practiced as a physician assistant for at least one thousand eight hundred (1,800) hours.

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.25; P.L.197-2011, SEC.121; P.L.102-2013, SEC.2; P.L.135-2015, SEC.1.

IC 25-27.5-5-4.5

INSPECT program report in patient's medical file

Sec. 4.5. A physician assistant may include a report from the INSPECT program in a patient's medical file. Any disclosure or release of a patient's medical file must be in compliance with IC 35-48-7-11.1.

As added by P.L.82-2016, SEC.10.

IC 25-27.5-5-5

Display of license; name tags

Sec. 5. A physician assistant licensed under IC 25-27.5 shall:

(1) keep the physician assistant's license available for inspection

at the primary place of business; and

(2) when engaged in the physician assistant's professional activities, wear a name tag identifying the individual as a physician assistant.

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.26.

IC 25-27.5-5-6

Delegation of authority to prescribe drugs and medical devices; filling prescriptions

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).

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

(2) in an aggregate amount that does not exceed a thirty (30) day supply; the prescription may be refilled by the physician assistant as allowed for under the physician assistant's supervisory agreement; and

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

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

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

As added by P.L.90-2007, SEC.27. Amended by P.L.197-2011, SEC.122; P.L.102-2013, SEC.3; P.L.135-2015, SEC.2.