



# Insights

## Revisions to Indiana Physician Assistant Laws Change Relationship from Supervisory to Collaborative

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The Indiana General Assembly recently enacted legislation ("Bill 1248") that changes the relationship between physicians and physician assistants ("PAs") from that of a supervisory relationship to one of collaboration. Health care providers should be aware that Bill 1248 affects the form of agreement physicians and PAs must enter into, physician chart review, and a PAs ability to prescribe drugs. Bill 1248 will be effective as of July 1, 2019.

### The Collaborative Relationship:

- Collaboration is defined as "overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant." [1]
- Collaboration also requires that one of the following conditions must be met at all times that a PA is performing services: (1) "[t]he collaborating physician or the physician designee is physically present at the location at which services are rendered or tasks are performed by the physician assistant"; or (2) "[w]hen the collaborating physician or the physician designee is not physically present ... the collaborating physician or the physician designee [must be]: (a) immediately available through telecommunications or other electronic means; and (b) able to see the person within a medically appropriate time frame for consultation, if requested by the patient or the physician assistant." [2]

### Requirements for a Collaborative Agreement:

- While current laws require physicians and PAs to enter into a supervisory agreement, the physician and PA must now sign a collaborative agreement to ensure that the physician will "work in collaboration with," as opposed to "exercise supervision of," the PA.



- The collaborative agreement must: (1) be in writing; (2) include all tasks delegated to the PA by the collaborating physician; (3) set forth the emergency procedures the PA must follow; (4) specify the protocol the PA shall follow in prescribing a drug; and (5) be signed by the physician and PA.[3]
- The physician must register with the Indiana Medical Licensing Board (the "Board") his/her intent to enter into a collaborative agreement with the PA, and thereafter submit the collaborative agreement to the Board.
- The physician must also submit to the Board a list of locations at which the physician and PA may practice.

#### Changes to Requirements for Chart Review:

- Collaborating physicians must now review 10% of patients' records for the first year in which a PA is able to prescribe drugs (reduced from 25%).
- For each subsequent year after the first year, collaborating physicians must continue to review that percentage of charts that the collaborating physician determines to be reasonable based on the practice setting, the experience of the PA, and the need to maintain quality medical care.
- The requirement that the supervising physician review 50% of patient's medical records for the first year that a PA is able to prescribe Schedule II controlled substances has been eliminated.

#### Additional Prescriptive Authority:

- In order to prescribe, a PA must have: (1) graduated from an accredited PA program, (2) received the required pharmacology training from the accredited program, and (3) the collaborating physician perform the required chart review.
- The requirement that the PA must have practiced for 1,800 hours in order to prescribe a controlled substance has been eliminated.
- PAs no longer need to have written authority to prescribe drugs (aside from the collaborative agreement).
- The restriction limiting a PAs ability to prescribe more than a 30 day supply of medication has also been eliminated.

Although these changes grant PAs greater authority, PAs may not practice independently from a collaborating physician. If you or your organization has any questions regarding the changes to Indiana's physician assistant laws or needs assistance with drafting new collaborative agreements or policies relating to them, please contact Stephanie T. Eckerle, Alexandria M. Foster or any other Krieg DeVault attorney in the Health Care practice group.



[1] See Bill 1248 § 7 <http://iga.in.gov/legislative/2019/bills/house/1248#document-091a0a5d>.

[2] *Id.*

[3] *Id.* at § 19.