

FAEGRE BAKER DANIELS

2019 Legislative Update #1

Indiana Society of Anesthesiologists



January 13, 2019

The 2019 Indiana General Assembly has wrapped up its first full week of legislative activity. Although Thursday (January 10) was the deadline for House and Senate members to file bills, it will be a few more days before the general public gets a glimpse of all the issues that will be considered by lawmakers this year.

Under the legislature's rules, proposed legislation must be assigned to a committee before it is released to the public. As of Friday, more than 700 bills had been filed and assigned to committees -- slightly more than half of the total number of bills that are usually filed during the four-month "long" session. We expect 500-700 more bills to be released over the next week.

Three substantially identical bills that expand the scope of practice for APRNs with prescriptive authority have been filed to date: [HB 1097](#) (authored by **Rep. Ron Bacon** and co-authored by **Rep. Cindy Kirchhofer**); [SB 343](#) (authored by **Sen. J.D. Ford**), and [SB 394](#) (authored by **Sen. Ed Charbonneau**).

Under the proposed legislation, an APRN would be able to practice independently after operating for one year under a practice agreement with a practitioner who has been licensed in Indiana for five or more years. "Practitioner" means physician, dentist, optometrist, podiatrist, or APRN. During that year, the practitioner must review at least 5% of the APRN's prescriptive charts. The bill does not apply to CRNAs, who do not have prescriptive authority under Indiana law.

The proposal got a jump start last week when House Public Health Committee Chairman Cindy Kirchhofer scheduled HB 1097 for a hearing on Wednesday during the first meeting of the panel.

During the hearing, representatives of CAPNI (Coalition of Advanced Practice Nurses of Indiana) testified that if the proposed legislation was enacted, the APRN workforce would grow substantially in Indiana and APRNs would be able to practice in rural and underserved areas. They also noted that APRNs were allowed independent prescriptive authority in VA facilities.

The Indiana Hospital Association testified in support of a phase-out of the collaborative practice agreement requirement but indicated a preference for a longer transition time than one year. AARP also testified in support.

Two new members of committee – both physicians with APRN connections – grilled the CAPNI representatives about their training and experience. **Dr. Rita Fleming**, an ob-gyn from

Jeffersonville, was an APRN before entering medical school, and **Dr. Brad Barrett**, a retired surgeon from Richmond, is married to APRN.

Several representatives from ISMA testified in opposition. No vote was taken on the bill. Instead, Rep. Kirchhofer closed the hearing by asking the stakeholders to meet in an effort to come up with a compromise which could be brought back to the committee for further consideration.

Following are brief summaries of bills filed to date of potential interest to ISA. Please let me know if you have any questions or need additional information.

SCOPE OF PRACTICE

HB 1097 ADVANCED PRACTICE REGISTERED NURSES (BACON R) Provides that an advanced practice registered nurse with prescriptive authority and who has operated under a practice agreement with a practitioner for at least one year may operate without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who operates in the hospital will interact with other practitioners. Makes a conforming change.

Current Status: 1/10/2019 - added as coauthor Representative Kirchhofer

All Bill Status: 1/9/2019 - House Public Health, **Time & Location:** 3:30 PM, House Chamber
1/3/2019 - Authored By Ronald Bacon

State Bill Page: [HB1097](#)

HB 1197 REGULATION OF PHYSICAL THERAPISTS (FRIZZELL D) Establishes the Indiana board of physical therapy (board). (Current law regulates physical therapy under the medical licensing board of Indiana, with certain functions delegated to the Indiana physical therapy committee.) Creates a new definition of "physical therapy" and adds or amends other definitions. Adds physician assistants and nurse practitioners to the list of persons who may issue an order to a physical therapist. Allows a physical therapist to treat a patient for 90 days without a referral from a provider. (Current law allows treatment for 24 days.) Provides that certain individuals are exempt from license and certification requirements. Allows a physical therapist assistant to work under a physical therapist.

Current Status: 1/10/2019 - Referred to House Public Health

All Bill Status: 1/10/2019 - Authored By David Frizzell

State Bill Page: [HB1197](#)

HB 1248 PHARMACY MATTERS (DAVISSON S) Sets out the conditions for emergency pharmaceutical refills and prescription adaptations. Permits a pharmacist to prescribe certain devices or supplies approved by the federal Food and Drug Administration.

Current Status: 1/10/2019 - Referred to House Public Health

All Bill Status: 1/10/2019 - Authored By Steven Davisson

State Bill Page: [HB1248](#)

HB 1259 PHYSICIAN ASSISTANTS (DAVISSON S) Changes the role of a supervising physician to that of a collaborating physician. Makes conforming changes.

Current Status: 1/10/2019 - Referred to House Public Health

All Bill Status: 1/10/2019 - Authored By Steven Davisson

State Bill Page: [HB1259](#)

- SB 291 PRACTICE OF NATUROPATHIC MEDICINE STUDY (NIEZGODSKI D)** Urges the legislative council to assign to an interim study committee the task of studying issues related to the creation of a license to practice naturopathic medicine in Indiana.
Current Status: 1/7/2019 - Referred to Senate Health and Provider Services
All Bill Status: 1/7/2019 - Authored By David Niezgodski
State Bill Page: [SB291](#)
- SB 343 ADVANCED PRACTICE REGISTERED NURSES (FORD J)** Provides that an advanced practice registered nurse with prescriptive authority and who has practiced under a practice agreement with a practitioner for the full time equivalent of one year may practice without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who practices in the hospital will interact with other practitioners. Makes conforming changes.
Current Status: 1/8/2019 - Referred to Senate Health and Provider Services
All Bill Status: 1/8/2019 - Authored By J.D. Ford
State Bill Page: [SB343](#)
- SB 394 ADVANCED PRACTICE REGISTERED NURSES (CHARBONNEAU E)** Provides that an advanced practice registered nurse with prescriptive authority and who has operated under a practice agreement with a practitioner for at least one year may operate without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who operates in the hospital will interact with other practitioners. Makes a conforming change.
Current Status: 1/14/2019 - Authored By Ed Charbonneau
State Bill Page: [SB394](#)
- SB 436 NURSE LICENSURE COMPACT (ZAY A)** Specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact.
Current Status: 1/14/2019 - Authored By Andy Zay
State Bill Page: [SB436](#)

INSURANCE & MEDICAID

- HB 1029 PRESCRIPTION DRUG PRICING STUDY COMMITTEE (SHACKLEFORD R)** Urges the legislative council to assign to the interim study committee on public health, behavioral health, and human services the task of studying issues related to prescription drug price transparency by drug manufacturers in Indiana.
Current Status: 1/3/2019 - Referred to House Public Health
All Bill Status: 1/3/2019 - Authored By Robin Shackelford
State Bill Page: [HB1029](#)
- HB 1179 PRIOR AUTHORIZATION OF PRESCRIPTION DRUGS (DAVISSON S)** Requires a health plan that denies prior authorization for a prescription drug to provide certain information in the notice of denial.
Current Status: 1/8/2019 - Referred to House Insurance
All Bill Status: 1/8/2019 - Authored By Steven Davisson
State Bill Page: [HB1179](#)

- HB 1228** **PRESCRIPTION DRUG IMPORTATION STUDY (CHYUNG C)** Requires the state department of health to conduct a study and report to the legislative council concerning a state prescription drug importation program through which the state would import certain prescription drugs, including insulin, from Canada for Indiana consumers.
Current Status: 1/10/2019 - Referred to House Public Health
All Bill Status: 1/10/2019 - Authored By Chris Chyung
State Bill Page: [HB1228](#)
- SB 162** **CHRONIC PAIN MANAGEMENT (MESSMER M)** Requires state employee health plans, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts to provide coverage for chronic pain management. Requires a practitioner to prescribe other forms of treatment for certain chronic pain before prescribing an opioid. Requires the office of Medicaid policy and planning to apply for any Medicaid state plan amendment necessary to provide the coverage.
Current Status: 1/3/2019 - Referred to Senate Insurance and Financial Institutions
All Bill Status: 1/3/2019 - Authored By Mark Messmer
State Bill Page: [SB162](#)
- SB 203** **PHYSICIAN MAINTENANCE OF CERTIFICATION (BROWN L)** Prohibits a hospital from denying hospital staff or admitting privileges to a physician based solely on the decision of the physician not to participate in maintenance of certification. Specifies that the medical licensing statute does not require a licensed physician to hold or maintain a board certification in a specialty medical area in order to practice. Prohibits a health insurer or HMO from: (1) denying a physician the right to enter into a reimbursement agreement with the insurer; (2) denying a physician reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician at a lower rate; based solely on the decision of the physician not to participate in maintenance of certification.
Current Status: 1/3/2019 - Referred to Senate Health and Provider Services
All Bill Status: 1/3/2019 - Authored By Liz Brown
State Bill Page: [SB203](#)
- SB 386** **HEALTH CARE COMPARISON INFORMATION AND PROGRAM (KOCH E)** Requires the state department of health to establish a health care price data system to make information concerning certain health care services available to the public. Requires a health care provider to inform a covered individual of certain information when making a referral for a recommended health care service. Requires a health plan to make health care price information available to the public and specifies requirements for a health plan designed to create an incentive for a covered individual to compare health care provider prices. Makes conforming amendments.
Current Status: 1/14/2019 - Authored By Eric Koch
State Bill Page: [SB386](#)
- SB 415** **ESSENTIAL OFF-PATENT OR GENERIC DRUGS (BREAUX J)** Prohibits a manufacturer or a wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. Provides that the office of the secretary of family and social services (office) may provide to the attorney general a written notice of an increase in the price of an essential off-patent or generic drug if the price increase meets specified criteria. Provides that if the attorney general receives a notice of a price increase from the office, the attorney general may request the manufacturer identified in the notice to submit a statement that includes specified information about the increase. Provides that the attorney general has certain powers and duties with respect to price gouging in the sale of an essential off-patent or generic drug, including the power to bring a court action in Marion County if the attorney general determines that price gouging has occurred. Provides that if the court finds that a manufacturer or a wholesale distributor has engaged in price gouging, the court may issue an order to do one or more of the following: (1) Restrain or enjoin the violation. (2) Restore to any consumer (or third party payor) any money obtained by the manufacturer or wholesale distributor as a result of the violation. (3) Require a manufacturer that has engaged in price gouging to make the drug available to participants in certain state health plans or programs for a period of up

to one year at the price at which the drug was available to the participants immediately before the effective date of the price increase constituting the violation. (4) Impose a civil penalty of up to \$10,000 for each violation. Provides that a person that engages in price gouging in the sale of an essential off-patent or generic drug commits a deceptive act that is subject to the remedies and penalties set forth in the statute concerning deceptive consumer sales.

Current Status: 1/14/2019 - Authored By Jean Breaux

State Bill Page: [SB415](#)

OPIOIDS & MEDICAL MARIJUANA

- HB 1007 PERINATAL CARE (KIRCHHOFER C)** Requires the state department of health (department) to establish a perinatal navigator program. Requires a health care provider to: (1) use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women who are seen by the health care provider; and (2) if the health care provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer the patient to treatment. Requires the department to establish guidelines for health care providers treating substance use disorder in pregnancy. Adds the department of child services to the list of agencies to which a health care provider may not release the results of certain tests given to a pregnant woman.
- Current Status:* 1/10/2019 - added as coauthor Representative McNamara
All Bill Status: 1/10/2019 - added as coauthor Representative Sullivan
1/7/2019 - Authored By Cindy Kirchhofer
State Bill Page: [HB1007](#)
- HB 1294 INSPECT PROGRAM (ZENT D)** Authorizes a practitioner's board to discipline the practitioner when there is a complaint or the director of the INSPECT program brings a notice of violation for a practitioner who fails to query INSPECT before prescribing a controlled substance or benzodiazepine. Decreases the instances in which a Class A misdemeanor is a violation to when a practitioner discloses confidential information without authorization. (Current law provides for a Class A misdemeanor for any violation of the chapter.) Provides for instances in which a practitioner is not required to obtain information from the data base.
- Current Status:* 1/10/2019 - Referred to House Public Health
All Bill Status: 1/10/2019 - Authored By Dennis Zent
State Bill Page: [HB1294](#)
- SB 117 WAIVER TRAINING REIMBURSEMENT PILOT PROGRAM (MERRITT J)** Establishes the physician waiver training reimbursement pilot program to reimburse qualified physicians who undergo certain training, for the purpose of increasing the number of physicians in Indiana allowed under the federal Drug Addiction Treatment Act of 2000 to prescribe certain controlled substances to treat opioid dependency in settings other than an opioid treatment program. Establishes requirements for participation in the pilot program.
- Current Status:* 1/3/2019 - Referred to Senate Health and Provider Services
All Bill Status: 1/3/2019 - Authored By James Merritt
State Bill Page: [SB117](#)
- SB 141 OFFICE BASED OPIOID TREATMENT PROVIDERS (HOUCHIN E)** Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient. Requires the medical licensing board of Indiana, in consultation with the state department of health and the office of the secretary of family and social services, to adopt rules or protocols concerning office based opioid treatment providers and: (1) treatment agreements; (2) periodic scheduled patient visits; (3) urine toxicology screenings; (4) HIV, hepatitis B, and hepatitis C testing; and (5) the medical record documentation required for the prescribing of buprenorphine over a specified dosage.

Current Status: 1/3/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/3/2019 - Authored By Erin Houchin

State Bill Page: [SB141](#)

SB 146 **PRESCRIBING OF CONTROLLED SUBSTANCE** (MERRITT J) Requires that a controlled substance prescription be issued electronically after June 30, 2020, and establishes a Class B infraction for a prescriber who fails to comply. Requires a prescriber to obtain three hours of continuing education every two years on the prescribing of opioid medication in order to continue issuing prescriptions for opioid medication, and establishes a Class B infraction for failure to comply. Requires the medical licensing board to study and determine, before November 1, 2019, whether a waiver is necessary for the electronic prescription requirement and to report back to the general assembly. Sets forth requirements for the report.

Current Status: 1/3/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/3/2019 - Authored By James Merritt

State Bill Page: [SB146](#)

SB 287 **MEDICAL MARIJUANA FOR THE TERMINALLY ILL** (STOOPS M) Creates a defense to possession of paraphernalia that: (1) the paraphernalia is for use with marijuana; and (2) a physician has certified in writing that the person suffers from a terminal illness or serious untreatable disease, and, in the professional opinion of the physician, the benefits of treatment with marijuana are greater than the risks. Creates a defense to possession of marijuana that: (1) the person possessed less than two ounces of marijuana; and (2) a physician has certified in writing that the person suffers from a terminal illness or serious untreatable disease, and, in the professional opinion of the physician, the benefits of treatment with marijuana are greater than the risks.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/7/2019 - Authored By Mark Stoops

State Bill Page: [SB287](#)

SB 310 **OUTPATIENT BASED OPIOID TREATMENT PROVIDERS** (MERRITT J) Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/7/2019 - Authored By James Merritt

State Bill Page: [SB310](#)

SB 357 **CANNABIS REGULATION** (TALLIAN K) Establishes a medical marijuana program (program), and permits caregivers and patients who have received a physician recommendation to possess a certain quantity of marijuana for treatment of certain medical conditions. Establishes a regulatory agency to oversee the program, and creates the regulatory agency advisory committee to review the effectiveness of the program and to consider recommendations from the regulatory agency. Authorizes the regulatory agency to grant research licenses to research facilities with a physical presence in Indiana. Repeals the controlled substance excise tax and the marijuana eradication program. Makes conforming amendments.

Current Status: 1/10/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/10/2019 - Authored By Karen Tallian

State Bill Page: [SB357](#)

SB 378 **SUBSTANCE USE DISORDERS** (HEAD R) Requires an addiction treatment team and an office based opioid provider to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient. Requires the coroner to notify the state department of health (department) and a deceased individual's prescribing physician, physician assistant, or advanced practice registered nurse upon learning of the death of the individual in the coroner's jurisdiction as the result of a controlled substance overdose. Requires the department to maintain a list of physicians, physician assistants, and advanced practice registered

nurses who prescribe a controlled substance that results in an overdose death. Requires the medical licensing board to adopt rules to establish treatment requirements for physicians, physician assistants, and advanced practice registered nurses who treat patients with chronic pain that are based on the federal Centers for Disease Control and Prevention's guidelines for the treatment of chronic pain. Requires that the medical licensing board adopt rules to require physicians, physician assistants, and advanced practice registered nurses who treat patients with a drug addiction to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient.

Current Status: 1/14/2019 - Authored By Randall Head

State Bill Page: [SB378](#)

HB 1184 **END OF LIFE OPTIONS** (PIERCE M) Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.

Current Status: 1/8/2019 - Referred to House Public Health

All Bill Status: 1/8/2019 - Authored By Matt Pierce

State Bill Page: [HB1184](#)

MISCELLANEOUS

HB 1218 **HEALTH WORKFORCE STUDENT LOAN REPAYMENT PROGRAM** (MANNING E) Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce student loan repayment program commission (commission). (3) The health workforce student loan repayment program fund (fund) for the purpose of providing funds to repay outstanding student loans of certain health providers who meet the program requirements. Establishes: (1) the imposition of fees at the time a license is issued or renewed for certain health profession licenses; and (2) qualifications to receive a student loan repayment award under the program. Provides that the commission shall, at the end of each state fiscal year, make student loan repayment awards under the program in an amount determined by the commission to an eligible applicant who met the program requirements during that state fiscal year. Provides that, if a recipient of a student loan repayment award does not fulfill the obligations of the agreement between the recipient and the commission, the recipient is required to repay in a timely fashion, as determined by the commission, the total amount of the student loan repayment award that the recipient received. Requires, not later than July 1, 2021, and not later than July 1 every two years thereafter, the commission to submit a report concerning the program and fund to the governor and the general assembly. Appropriates \$500,000 to the commission from the state general fund.

Current Status: 1/10/2019 - Referred to House Ways and Means

All Bill Status: 1/10/2019 - Authored By Ethan Manning

State Bill Page: [HB1218](#)

HB 1229 **MEDICAL RESIDENCY PROGRAMS** (CHYUNG C) Requires that the medical education board and the graduate medical education board study the medical residency programs in northwest Indiana and prepare a report that provides recommendations to increase the number of medical residents in those residency programs.

Current Status: 1/10/2019 - Referred to House Public Health

All Bill Status: 1/10/2019 - Authored By Chris Chyung

State Bill Page: [HB1229](#)

- HB 1269** **BOARDS** (GUTWEIN D) Among other things, repeals the midwifery committee and transfers all duties performed by the medical licensing board to the Indiana state board of nursing. Repeals the Indiana dietitians certification board and transfers the duties to the medical licensing board.
Current Status: 1/10/2019 - Referred to House Select Committee on Government Reduction
All Bill Status: 1/10/2019 - Authored By Doug Gutwein
State Bill Page: [HB1269](#)
- HB 1275** **SEPSIS TREATMENT PROTOCOLS** (MAHAN K) Requires a hospital to adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Requires certain hospital staff to be periodically trained to implement the sepsis protocols. Provides that subject to available funding, the state department of health (department) shall: (1) recommend evidence based sepsis definitions and metrics that incorporate evidence based findings; (2) establish and use a methodology for collecting, analyzing, and disclosing the information collected; and (3) consult with appropriate health representatives before issuing certain rules or guidance documents. Requires the department to prepare a report on the implementation of the sepsis protocols.
Current Status: 1/10/2019 - Referred to House Public Health
All Bill Status: 1/10/2019 - Authored By Kevin Mahan
State Bill Page: [HB1275](#)
- SB 26** **MEDICAL MALPRACTICE ACTIONS** (RANDOLPH L) Permits a patient to bring an action against a health care provider without submitting the complaint to the medical review board if the amount of the claim is not more than \$187,000. (Under current law, a patient may bring a direct action only if the amount is not more than \$15,000.)
Current Status: 1/3/2019 - Referred to Senate Judiciary
All Bill Status: 1/3/2019 - Authored By Lonnie Randolph
State Bill Page: [SB26](#)
- SB 188** **NURSING FACULTY LOAN REPAYMENT GRANT PROGRAM** (BECKER V) Establishes the nursing faculty loan repayment grant program to increase the number of nursing faculty in Indiana.
Current Status: 1/3/2019 - Referred to Senate Education and Career Development
All Bill Status: 1/3/2019 - Authored By Vaneta Becker
State Bill Page: [SB188](#)
- SB 202** **PHYSICIAN ORDER FOR SCOPE OF TREATMENT** (BROWN L) Requires that a health provider assess an individual's mental health before the individual may execute a physician order for scope of treatment (POST) form. Removes artificially administered nutrition from inclusion in the POST form. Requires that there is space at the top of the POST form to indicate whether an individual has designated a health care representative.
Current Status: 1/3/2019 - Referred to Senate Health and Provider Services
All Bill Status: 1/3/2019 - Authored By Liz Brown
State Bill Page: [SB202](#)
- SB 300** **END OF LIFE OPTIONS** (RANDOLPH L) Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1)

without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/7/2019 - Authored By Lonnie Randolph

State Bill Page: [SB300](#)

SB 312

MANDATORY ELECTRONIC PRESCRIPTIONS (MERRITT J) Requires dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists to issue a prescription in an electronic format and by electronic transmission after June 30, 2019. Provides exceptions to issuing an electronically transmitted prescription. Requires the Indiana board of pharmacy to adopt rules concerning electronically transmitted prescriptions. Provides that dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists are subject to disciplinary action for violating these provisions. Makes conforming changes.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/7/2019 - Authored By James Merritt

State Bill Page: [SB312](#)