

## SENATE BILL No. 60

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### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-15-5-14; IC 12-23-18-5; IC 16-41-6-1; IC 25-1-9-6.8; IC 25-23-1; IC 34-30-2.1-374; IC 35-48-3-11.

**Synopsis:** Advanced practice registered nurses. Removes the requirement that an advanced practice registered nurse (APRN) have a practice agreement with a collaborating physician. Removes a provision requiring an APRN to operate under a collaborative practice agreement or the privileges granted by a hospital governing board. Removes certain provisions concerning the audit of practice agreements. Allows an APRN with prescriptive authority to prescribe a schedule II controlled substance for weight reduction or to control obesity. Makes conforming changes.

**Effective:** July 1, 2026.

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**Hunley, Goode, Niezgodski**

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December 8, 2025, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session of the 124th General Assembly (2026)

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 2025 Regular Session of the General Assembly.

## SENATE BILL No. 60

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 12-15-5-14, AS AMENDED BY P.L.129-2018,
- 2 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2026]: Sec. 14. (a) As used in this section, "advanced practice
- 4 registered nurse" means:
- 5 (1) a nurse practitioner; or
- 6 (2) a clinical nurse specialist;
- 7 who is a registered nurse licensed under IC 25-23 and qualified to
- 8 practice nursing in a specialty role based upon the additional
- 9 knowledge and skill gained through a formal organized program of
- 10 study and clinical experience, or the equivalent as determined by the
- 11 Indiana state board of nursing.
- 12 (b) As used in this section, "office" includes the following:
- 13 (1) The office of the secretary of family and social services.
- 14 (2) A managed care organization that has contracted with the
- 15 office of Medicaid policy and planning under this article.
- 16 (3) A person that has contracted with a managed care organization
- 17 described in subdivision (2).



(c) The office shall reimburse eligible Medicaid claims for the following services provided by an advanced practice registered nurse employed by a community mental health center if the services are part of the advanced practice registered nurse's scope of practice:

- (1) Mental health services.
- (2) Behavioral health services.
- (3) Substance abuse treatment.
- (4) Primary care services.
- (5) Evaluation and management services for inpatient or outpatient psychiatric treatment.
- (6) Prescription drugs.

(d) The office shall include an advanced practice registered nurse as an eligible provider for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services, if the supervision is in the advanced practice registered nurse's scope of practice, education, and training.

(e) This section

~~(1) may not be construed to expand an advanced practice registered nurse's scope of practice. and~~

~~(2) is subject to IC 25-23-1-19.4(c) and applies only if the service is included in the advanced practice registered nurse's practice agreement with a collaborating physician.~~

SECTION 2. IC 12-23-18-5, AS AMENDED BY P.L.143-2025, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The division shall adopt rules under IC 4-22-2 to establish the following:

(1) Standards for operation of an opioid treatment program in Indiana, including the following requirements:

(A) Except as otherwise prescribed by the division, an opioid treatment program shall obtain prior authorization from the division for any patient receiving more than fourteen (14) days of opioid maintenance treatment medications at one (1) time and the division may approve the authorization only under the following circumstances:

- (i) A physician licensed under IC 25-22.5 has issued an order for the opioid treatment medication.
- (ii) The patient has not tested positive under a drug test for a drug for which the patient does not have a prescription for a period of time set forth by the division.
- (iii) The opioid treatment program has determined that the benefit to the patient in receiving the take home opioid treatment medication outweighs the potential risk of



- 1 diversion of the take home opioid treatment medication.
- 2 (B) Minimum requirements for a licensed physician's regular:
- 3 (i) physical presence in the opioid treatment facility; and
- 4 (ii) physical evaluation and progress evaluation of each
- 5 opioid treatment program patient.
- 6 (C) Minimum staffing requirements by licensed and
- 7 unlicensed personnel.
- 8 (D) Clinical standards for the appropriate tapering of a patient
- 9 on and off of an opioid treatment medication.
- 10 (2) A requirement that, not later than February 28 of each year, a
- 11 current diversion control plan that meets the requirements of 21
- 12 CFR Part 290 and 42 CFR Part 8 be submitted for each opioid
- 13 treatment facility.
- 14 (3) Fees to be paid by an opioid treatment program for deposit in
- 15 the fund for annual certification under this chapter as described
- 16 in section 3 of this chapter.
- 17 The fees established under this subsection must be sufficient to pay the
- 18 cost of implementing this chapter.
- 19 (b) The division shall conduct an annual onsite visit of each opioid
- 20 treatment program facility to assess compliance with this chapter.
- 21 (c) Not later than April 1 of each year, the division shall report to
- 22 the general assembly in electronic format under IC 5-14-6 the
- 23 following information:
- 24 (1) The number of prior authorizations that were approved under
- 25 subsection (a)(1)(A) in the previous year and the:
- 26 (A) time frame for each approval; and
- 27 (B) duration of each approved treatment.
- 28 (2) The number of authorizations under subdivision (1) that were,
- 29 in the previous year, revoked due to a patient's violation of an
- 30 applicable term or condition.
- 31 (3) The number of each of the actions taken under section 5.8(a)
- 32 of this chapter in the previous year.
- 33 (4) The number and type of violations assessed for each action
- 34 specified in section 5.8(a) of this chapter in the previous year.
- 35 (d) A facility shall report, in a manner prescribed by the division, all
- 36 information required by the division to complete the report described
- 37 in subsection (c).
- 38 (e) An opioid treatment program may close on Sundays and a
- 39 national legal holiday recognized by the federal government.
- 40 (f) The division may not require the medical director of an opioid
- 41 treatment program to obtain admitting privileges at a hospital.
- 42 (g) Any of the following health care providers may conduct an



initial assessment, examination, or evaluation of a patient, including documenting the information in the patient's medical record, that is within the health care provider's scope of practice and upon the patient's admission to an opioid treatment program:

- (1) A physician licensed under IC 25-22.5.
- (2) An advanced practice registered nurse who
  - ~~(A) is licensed under and meets the requirements of IC 25-23.~~
  - ~~and~~
  - ~~(B) maintains a collaborative agreement under IC 25-23-1-19.4 with a physician who works onsite at the opioid treatment program.~~
- (3) A physician assistant who:
  - (A) is licensed under IC 25-27.5; and
  - (B) maintains a collaborative agreement with a physician who works onsite at the opioid treatment program.

(h) The division may not establish rules or guidelines that are more stringent than the regulations set forth in 42 CFR 8.12 concerning the following:

- (1) Criteria for patient admission to an opioid treatment program.
- (2) Clinical standards concerning the administering or dispensing of an initial dose of opioid treatment medication.

SECTION 3. IC 16-41-6-1, AS AMENDED BY P.L.112-2020, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) As used in this section, "physician's authorized representative" means **an individual acting under the supervision of a licensed physician and within the individual's scope of employment.**

- ~~(1) an advanced practice registered nurse (as defined by IC 25-23-1-1(b)) who is operating in collaboration with a licensed physician; or~~
- ~~(2) an individual acting under the supervision of a licensed physician and within the individual's scope of employment.~~

(b) A physician, **an advanced practice registered nurse**, or the physician's authorized representative shall not order an HIV test on an individual under the care of a physician unless the physician, **the advanced practice registered nurse**, or the physician's authorized representative does the following:

- (1) Informs the patient of the test, orally or in writing.
- (2) Provides the patient with an explanation of the test orally, in writing, by video, or by a combination of these methods.
- (3) Informs the patient of the patient's right to ask questions and to refuse the test.



1 Subject to subsection (e), if the patient refuses the test, the physician,  
 2 **the advanced practice registered nurse**, or the physician's authorized  
 3 representative may not perform the test and shall document the patient's  
 4 refusal in the patient's medical record.

5 (c) Unless it is clearly not feasible, the information delivered to the  
 6 patient who is to be tested under subsection (b) must be provided in the  
 7 native language or other communication used by the patient. If the  
 8 patient is unable to read written materials, the materials must be  
 9 translated or read to the patient in a language the patient understands.

10 (d) After ordering an HIV test for a patient, the physician, **the**  
 11 **advanced practice registered nurse**, or the physician's authorized  
 12 representative shall notify the patient of the test results and the  
 13 availability of HIV and other bloodborne disease prevention  
 14 counseling. If a test conducted under this section indicates that a  
 15 patient is HIV positive, in addition to the requirements set forth in  
 16 IC 16-41-2, the physician, **the advanced practice registered nurse**,  
 17 or the physician's authorized representative shall inform the patient of  
 18 the availability of counseling and of the treatment and referral options  
 19 available to the patient.

20 (e) A physician, **an advanced practice registered nurse**, or a  
 21 physician's authorized representative may order an HIV test to be  
 22 performed without informing the patient or the patient's representative  
 23 (as defined in IC 16-36-1-2) of the test or regardless of the patient's or  
 24 the patient's representative's refusal of the HIV test if any of the  
 25 following conditions apply:

26 (1) If ordered by a physician **or an advanced practice registered**  
 27 **nurse**, consent can be implied due to emergency circumstances  
 28 and the test is medically necessary to diagnose or treat the  
 29 patient's emergent condition.

30 (2) Under a court order based on clear and convincing evidence  
 31 of a serious and present health threat to others posed by an  
 32 individual. A patient shall be notified of the patient's right to:

33 (A) a hearing; and

34 (B) counsel;

35 before a hearing is held under this subdivision. Any hearing  
 36 conducted under this subdivision shall be held in camera at the  
 37 request of the individual.

38 (3) If the test is done on blood collected or tested anonymously as  
 39 part of an epidemiologic survey under IC 16-41-2-3 or  
 40 IC 16-41-17-10(a)(5).

41 (4) The test is ordered under section 4 of this chapter.

42 (5) The test is required or authorized under IC 11-10-3-2.5.



(6) The individual upon whom the test will be performed is described in IC 16-41-8-6 or IC 16-41-10-2.5.

(7) A court has ordered the individual to undergo testing for HIV under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(17).

(f) The state department shall make HIV testing and treatment information from the federal Centers for Disease Control and Prevention available to health care providers.

(g) The state department may adopt rules under IC 4-22-2 necessary to implement this section.

SECTION 4. IC 25-1-9-6.8, AS AMENDED BY P.L.129-2018, SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6.8. (a) This section applies to a practitioner who is:

(1) licensed to practice medicine or osteopathic medicine under IC 25-22.5; or

(2) an advanced practice registered nurse granted prescriptive authority under IC 25-23. ~~and whose practice agreement with a collaborating physician reflects the conditions specified in subsection (b):~~

(b) Before prescribing a stimulant medication for a child for the treatment of attention deficit disorder or attention deficit hyperactivity disorder, a practitioner described in subsection (a) shall follow the most recent guidelines adopted by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry for the diagnosis and evaluation of a child with attention deficit disorder or attention deficit hyperactivity disorder.

SECTION 5. IC 25-23-1-1, AS AMENDED BY P.L.129-2018, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter:

(a) "Board" means the Indiana state board of nursing.

(b) "Advanced practice registered nurse" means:

(1) a nurse practitioner;

(2) a certified nurse midwife;

(3) a clinical nurse specialist; or

(4) a certified registered nurse anesthetist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider. ~~in settings that shall include hospital outpatient clinics and health maintenance organizations.~~ Notwithstanding any



other law, this subsection does not add to the powers and duties or scope of practice of certified registered nurse anesthetists as described in section 30 of this chapter.

(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

SECTION 6. IC 25-23-1-7, AS AMENDED BY P.L.69-2022, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) The board shall do the following:

(1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.

(2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.

(3) Provide for surveys of such programs at such times as it considers necessary.

(4) Accredite such programs as meet the requirements of this chapter and of the board.

(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.

(6) Examine, license, and renew the license of qualified applicants.

(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.

(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.

(9) Adopt rules under IC 4-22-2 that do the following:

(A) Prescribe standards for the competent practice of registered, practical, and advanced practice registered nursing.

(B) Establish ~~with the approval of the medical licensing board created by IC 25-22.5-2-1~~ requirements that advanced practice registered nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.

~~(C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.~~

(10) Keep a record of all its proceedings.

(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.

(12) Adopt rules and administer the interstate nurse licensure





compact under IC 25-42.

(13) Adopt or amend rules to implement the nursing licensure by endorsement available for foreign nursing school graduates under sections 11 and 12 of this chapter.

**(14) Establish an audit procedure, which may include requiring an advanced practice registered nurse to provide the licensing agency with verification of:**

**(A) national certification or its equivalency; or**

**(B) completion of a continuing education course that the advanced practice registered nurse attended during the previous two (2) years.**

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.

(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:

(A) Recommendation of rules necessary to carry out the duties of the board.

(B) Recommendations concerning educational programs and requirements.

(C) Recommendations regarding examinations and licensure of applicants.

(3) Appoint nurses to serve on each of the ad hoc subcommittees.

(c) Nurses appointed under subsection (b) must:

(1) be committed to advancing and safeguarding the nursing profession as a whole; and

(2) represent nurses who practice in the field directly affected by a subcommittee's actions.

SECTION 7. IC 25-23-1-19.4, AS AMENDED BY P.L.127-2020, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 19.4. (a) This section does not apply to certified registered nurse anesthetists.

(b) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:

(+) A veterinarian.

(2) An advanced practice registered nurse.

(3) A physician assistant.

(c) An advanced practice registered nurse shall operate:

(+) in collaboration with a licensed practitioner as evidenced by



1 a practice agreement;

2 (2) by privileges granted by the governing board of a hospital  
3 licensed under IC 16-21 with the advice of the medical staff of the  
4 hospital that sets forth the manner in which an advanced practice  
5 registered nurse and a licensed practitioner will cooperate;  
6 coordinate; and consult with each other in the provision of health  
7 care to their patients; or

8 (3) by privileges granted by the governing body of a hospital  
9 operated under IC 12-24-1 that sets forth the manner in which an  
10 advanced practice registered nurse and a licensed practitioner will  
11 cooperate; coordinate; and consult with each other in the  
12 provision of health care to their patients.

13 ~~(d)~~ (b) This subsection applies for purposes of the Medicaid  
14 program to an advanced practice registered nurse who:

15 (1) is licensed pursuant to ~~IC 25-23-1-19.5~~; **section 19.5 of this**  
16 **chapter**; and

17 (2) has been educated and trained to work with patients with  
18 addiction and mental health needs.

19 An advanced practice registered nurse who meets the requirements of  
20 this subsection has all of the supervisory rights and responsibilities,  
21 including prior authorization, that are available to a licensed physician  
22 or a health service provider in psychology (HSPP) operating in a  
23 community mental health center certified under IC 12-21-2-3(5)(C).

24 ~~(e) Before January 1, 2021, the office of the secretary shall apply to~~  
25 ~~the United States Department of Health and Human Services for any~~  
26 ~~state plan amendment necessary to implement subsection (d).~~

27 SECTION 8. IC 25-23-1-19.6, AS AMENDED BY P.L.28-2019,  
28 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
29 JULY 1, 2026]: Sec. 19.6. (a) When the board grants authority to an  
30 advanced practice registered nurse to prescribe legend drugs under this  
31 chapter, the board shall assign an identification number to the  
32 advanced practice registered nurse.

33 (b) An advanced practice registered nurse who is granted authority  
34 by the board to prescribe legend drugs must do the following:

35 (1) Enter on each prescription form that the advanced practice  
36 registered nurse uses to prescribe a legend drug:

37 (A) the signature of the advanced practice registered nurse;

38 (B) initials indicating the credentials awarded to the advanced  
39 practice registered nurse under this chapter; and

40 (C) the identification number assigned to the advanced  
41 practice registered nurse under subsection (a).

42 (2) Transmit the prescription in an electronic format for an



electronically transmitted prescription.

(3) Comply with all applicable state and federal laws concerning prescriptions for legend drugs, including the requirement to issue electronically transmitted prescriptions under IC 25-1-9.3.

(c) An advanced practice registered nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice registered nurse, and the scope of the licensed collaborating health practitioner.

SECTION 9. IC 25-23-1-19.8 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 19.8: (a) Before December 31 of an even-numbered year, the Indiana professional licensing agency or the agency's designee shall randomly audit at least one percent (1%) but not more than ten percent (10%) of the practice agreements of advanced practice registered nurses with authority to prescribe legend drugs under section 19.5 of this chapter to determine whether the practice agreement meets the requirements of this chapter or rules adopted by the board.

(b) The Indiana professional licensing agency shall establish an audit procedure, which may include the following:

(1) Requiring the advanced practice registered nurse to provide the agency with a copy of verification of attendance at or completion of a continuing education course or program the advanced practice registered nurse attended during the previous two (2) years.

(2) Requiring the advanced practice registered nurse and the licensed practitioner who have entered into a practice agreement to submit information on a form prescribed by the agency that must include a sworn statement signed by the advanced practice registered nurse and the licensed practitioner that the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

(3) Reviewing patient health records and other patient information at the practice location or by requiring the submission of accurate copies to determine if the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

(4) After a reasonable determination that the advanced practice registered nurse and the licensed practitioner who have entered into a practice agreement are not operating within the terms of the practice agreement, requiring the parties to appear before the agency or the agency's designee to provide evidence of compliance with the practice agreement.

(c) Not more than sixty (60) days after the completion of the audit



required in subsection (a); the Indiana professional licensing agency shall provide the board with the following:

(1) A summary of the information obtained in the audit.

(2) A statement regarding whether an advanced practice registered nurse and a licensed practitioner who have entered into a practice agreement that is audited under subsection (a) are operating within the terms of the practice agreement.

The agency shall also provide a copy of the information described in this subsection to the board that regulates the licensed practitioner.

(d) The Indiana professional licensing agency may cause to be served upon the advanced practice registered nurse an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the advanced practice registered nurse for the advanced practice registered nurse's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(e) Except for a violation concerning continuing education requirements under IC 25-1-4, the board shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (d):

(f) The board that regulates the licensed practitioner may cause to be served upon the licensed practitioner an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the licensed practitioner for the licensed practitioner's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(g) The board that regulates the licensed practitioner shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (f):

(h) An order to show cause issued under this section must comply with the notice requirements of IC 4-21.5.

(i) The licensed practitioner may divulge health records and other patient information to the Indiana professional licensing agency or the agency's designee. The licensed practitioner is immune from civil liability for any action based upon release of the patient information under this section.

SECTION 10. IC 34-30-2.1-374 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 374: IC 25-23-1-19.8(i) (Concerning licensed practitioners who release health records and patient information to the Indiana professional licensing agency):

SECTION 11. IC 35-48-3-11, AS AMENDED BY P.L.129-2018,



SECTION 45, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 11. (a) Only a physician licensed under IC 25-22.5, a physician assistant licensed under IC 25-27.5, or an advanced practice registered nurse licensed under IC 25-23 with prescriptive authority may treat a patient with a Schedule III or Schedule IV controlled substance for the purpose of weight reduction or to control obesity.

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

(1) Determines:

(A) through review of:

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

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

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

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

(2) Obtains a thorough history and performs a thorough physical examination of the ~~physician's~~ patient before initiating a treatment plan using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity.

(c) A physician licensed under IC 25-22.5, a physician assistant licensed under IC 25-27.5, or an advanced practice registered nurse licensed under IC 25-23 with prescriptive authority may not begin and shall discontinue using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity after the physician, physician assistant, or advanced practice registered nurse determines in the physician's, physician assistant's, or advanced practice registered nurse's professional judgment that:



- 1 (1) the ~~physician's~~ patient has failed to lose weight using a
- 2 treatment plan involving the controlled substance;
- 3 (2) the controlled substance has provided a decreasing
- 4 contribution toward further weight loss for the patient unless
- 5 continuing to take the controlled substance is medically necessary
- 6 or appropriate for maintenance therapy;
- 7 (3) the ~~physician's~~ patient:
- 8 (A) has a history of; or
- 9 (B) shows a propensity for;
- 10 alcohol or drug abuse; or
- 11 (4) the ~~physician's~~ patient has consumed or disposed of a
- 12 controlled substance in a manner that does not strictly comply
- 13 with a treating physician's, physician assistant's, or advanced
- 14 practice registered nurse's direction.
- 15 (d) A physician assistant licensed under IC 25-27.5 ~~or an advanced~~
- 16 ~~practice registered nurse licensed under IC 25-23 with prescriptive~~
- 17 ~~authority~~ may not prescribe a schedule II controlled substance for the
- 18 purpose of weight reduction or to control obesity.

