

PROPOSED AMENDMENT

SB 221 # 1

DIGEST

Associate physicians. Provides for the licensure of associate physicians.

- 1 Page 3, between lines 14 and 15, begin a new paragraph and insert:
2 "SECTION 2. IC 25-0.5-1-2.4 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2026]: **Sec. 2.4. IC 25-1-1.1-4 applies to an**
5 **individual licensed or certified under IC 25-4.5 (associate**
6 **physicians).**
7 SECTION 3. IC 25-4.5 IS ADDED TO THE INDIANA CODE AS
8 A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
9 2026]:
10 **ARTICLE 4.5. ASSOCIATE PHYSICIANS**
11 **Chapter 1. Definitions**
12 **Sec. 1. The definitions in this chapter apply throughout this**
13 **article.**
14 **Sec. 2. "Associate physician" means an individual who:**
15 (1) meets the qualifications under this article; and
16 (2) is licensed under this article.
17 **Sec. 3. "Board" refers to the medical licensing board of Indiana.**
18 **Sec. 4. "Collaborating physician" means a physician licensed by**
19 **the board who collaborates with and is responsible for an associate**
20 **physician.**
21 **Sec. 5. (a) "Collaboration" means overseeing the activities of,**
22 **and accepting responsibility for, the medical services rendered by**
23 **an associate physician and that one (1) of the following conditions**
24 **is met at all times that services are rendered or tasks are**
25 **performed by the associate physician:**
26 (1) The collaborating physician or the physician designee is
27 physically present at the location at which services are
28 rendered or tasks are performed by the associate physician.

(2) When the collaborating physician or the physician designee is not physically present at the location at which services are rendered or tasks are performed by the associate physician, the collaborating physician or the physician designee is able to personally ensure proper care of the patient and is:

(A) immediately available through the use of 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 associate physician.

(b) The term includes the use of protocols, guidelines, and standing orders developed or approved by the collaborating physician.

Sec. 6. "Physician" means an individual who:

(1) holds the degree of doctor of medicine or doctor of osteopathy, or an equivalent degree; and

(2) holds an unlimited license under IC 25-22.5 to practice medicine or osteopathic medicine.

Chapter 2. Licensure

Sec. 1. (a) An individual must be licensed by the board before the individual may practice as an associate physician. The board may grant an associate physician license to an applicant who meets the following requirements:

(1) Submits an application on forms approved by the board.

(2) Pays the fee established by the board.

(3) Has:

(A) successfully completed the academic requirements for the degree of doctor of medicine or doctor of osteopathy from a medical school approved by the board but has not completed an approved postgraduate residency; and

(B) passed step two (2) of the United States Medical Licensing Examination, the Comprehensive Osteopathic Medical Licensing Exam, or an equivalent test approved by the board not more than three (3) years before graduating from a medical school and applying for licensure under this chapter.

(4) Agrees to practice only primary care services:

(A) in a medically underserved rural or urban area; or

1 (B) at a rural health clinic (as defined in 42 U.S.C.
2 1396d(l)(1));

3 and under a collaborative agreement with a physician as
4 required under this article.

5 (5) Submits to the board any other information the board
6 considers necessary to evaluate the applicant's qualifications.

7 (6) Presents satisfactory evidence to the board that the
8 individual has not been:

9 (A) engaged in an act that would constitute grounds for a
10 disciplinary sanction under IC 25-1-9; or

11 (B) the subject of a disciplinary action by a licensing or
12 certification agency of another state or jurisdiction on the
13 grounds that the individual was not able to practice as an
14 associate physician without endangering the public.

15 (7) Is a resident and citizen of the United States or is a
16 lawfully admitted alien.

17 (8) Is proficient in English.

18 (9) Is of good moral character.

19 (b) The board may not require an applicant or an individual
20 licensed under this article to complete more continuing education
21 than that required of a physician licensed under IC 25-22.5.

22 Sec. 2. The board may refuse to issue a license or may issue a
23 probationary license to an individual if:

24 (1) the individual has been disciplined by an administrative
25 agency in another jurisdiction or been convicted for a crime
26 that has a direct bearing on the individual's ability to practice
27 competently; and

28 (2) the board determines that the act for which the individual
29 was disciplined or convicted has a direct bearing on the
30 individual's ability to practice as an associate physician.

31 Sec. 3. (a) If the board issues a probationary license under
32 section 2 of this chapter, the committee may require the individual
33 who holds the probationary license to meet at least one (1) of the
34 following conditions:

35 (1) Report regularly to the board upon a matter that is the
36 basis for the probation.

37 (2) Limit practice to services prescribed by the board.

38 (3) Continue or renew professional education.

39 (4) Engage in community restitution or service without
40 compensation for a number of hours specified by the board.

(5) Submit to care, counseling, or treatment by a physician designated by the board for a matter that is the basis for the probation.

(b) The board shall remove a limitation placed on a probationary license if after a hearing the committee finds that the deficiency that caused the limitation has been remedied.

Sec. 4. (a) Subject to IC 25-1-2-6(e), a license issued by the board expires on a date established by the Indiana professional licensing agency under IC 25-1-5-4 and that does not exceed one (1) year from the date the license was issued.

(b) An individual may renew a license:

(1) not more than two (2) times; and

(2) by paying a renewal fee on or before the expiration date of the license.

(c) If an individual fails to pay a renewal fee on or before the expiration date of a license, the license becomes invalid and must be returned to the board.

(d) Before the board may issue a renewal license, the board shall ensure that the licensee is operating under a collaborative agreement as required by this article.

Sec. 5. (a) If an individual surrenders a license to the board, the board may reinstate the license upon written request by the individual.

(b) If the board reinstates a license, the board may impose conditions on the license appropriate to the reinstatement.

(c) An individual may not surrender a license without written approval by the board if a disciplinary proceeding under this article is pending against the individual.

Sec. 6. The board may do any of the following:

(1) Suspend or revoke a license of a licensee who commits a serious violation of this article.

(2) Discipline a licensee for a less severe violation of this chapter.

Chapter 3. Collaborative Agreements

Sec. 1. (a) In order to be licensed under this article, an associate physician shall enter into a collaborative agreement with a physician licensed under IC 25-22.5. The associate physician may not practice independently from the collaborating physician.

(b) The collaborating physician is responsible at all times for the oversight of the activities of, and accepts responsibility for,

1 primary care services provided by the associate physician.

2 (c) Except in an emergency situation, an associate physician
3 shall clearly identify to a patient that the patient is being treated by
4 an associate physician.

5 (d) If an associate physician determines that a patient needs to
6 be examined by a physician, the associate physician shall
7 immediately notify the collaborating physician or physician
8 designee.

9 (e) If an associate physician notifies the collaborating physician
10 that the collaborating physician should examine a patient, the
11 collaborating physician shall:

12 (1) schedule an examination of the patient unless the patient
13 declines; or

14 (2) arrange for another physician to examine the patient.

15 (f) A collaborating physician or an associate physician who does
16 not comply with this section is subject to discipline under
17 IC 25-1-9.

18 (g) An associate physician's collaborative agreement with a
19 collaborating physician must:

20 (1) be in writing;

21 (2) include the services delegated to the associate physician by
22 the collaborating physician and limited to those allowed under
23 this article;

24 (3) set forth the collaborative agreement for the associate
25 physician, including the emergency procedures that the
26 associate physician must follow; and

27 (4) specify the protocol the associate physician shall follow in
28 prescribing a drug.

29 (h) The collaborating physician shall submit the collaborative
30 agreement to the board. Any amendment to the collaborative
31 agreement must be resubmitted to the board.

32 (i) A collaborating physician or an associate physician who
33 violates the collaborative agreement described in this section may
34 be disciplined under IC 25-1-9.

35 Sec. 2. (a) Collaboration by the collaborating physician or the
36 physician's designee must be continuous but does not require the
37 physical presence of the collaborating physician at the time and the
38 place that the services are rendered.

39 (b) A collaborating physician or physician's designee shall
40 review patient encounters, including at least twenty percent (20%)

1 of the charts in which the associate physician prescribes a
2 controlled substance, not later than ten (10) business days, and
3 within a reasonable time, as established in the collaborative
4 agreement, after the associate physician has seen the patient, that
5 is appropriate for the maintenance of quality medical care.

6 Sec. 3. (a) A physician collaborating with an associate physician
7 must meet the following requirements:

8 (1) Be licensed under IC 25-22.5.

9 (2) Register with the board the physician's intent to enter into
10 a collaborative agreement with an associate physician.

11 (3) Not have a disciplinary action restriction that limits the
12 physician's ability to collaborate with an associate physician.

13 (4) Maintain a written agreement with the associate physician
14 that states the physician will:

15 (A) work in collaboration with the associate physician in
16 accordance with any rules adopted by the board; and

17 (B) retain responsibility for the care rendered by the
18 associate physician.

19 The collaborative agreement must be signed by the physician
20 and the associate physician, updated annually, and made
21 available to the board upon request.

22 (b) Before initiating practice the collaborating physician and the
23 associate physician must submit, on forms approved by the board,
24 the following information:

25 (1) The name, the business address, and the telephone number
26 of the collaborating physician.

27 (2) The name, the business address, and the telephone number
28 of the associate physician.

29 (3) A list of all the locations in which the collaborating
30 physician authorizes the associate physician to prescribe.

31 (4) A brief description of the setting in which the associate
32 physician will practice.

33 (5) A description of the associate physician's controlled
34 substance prescriptive authority in collaboration with the
35 collaborating physician, including a list of the controlled
36 substances the collaborating physician authorizes the
37 associate physician to prescribe and documentation that the
38 authority is consistent with the education, knowledge, skill,
39 and competence of both parties.

40 (6) Any other information required by the board.

1 (c) An associate physician shall notify the board of any changes
2 or additions in practice sites or collaborating physicians not more
3 than thirty (30) days after the change or addition.

4 Sec. 4. (a) An associate physician who is granted controlled
5 substances prescriptive authority by a collaborating physician
6 under this chapter may prescribe, if agreed to by the collaborating
7 physician:

8 (1) any controlled substance listed in Schedule III, Schedule
9 IV, or Schedule V; and

10 (2) a limited authority of Schedule II controlled substances
11 and only if the Schedule II controlled substance contains
12 hydrocodone.

13 (b) The collaborating physician shall specify in the collaborative
14 agreement whether the associate physician has authorization to
15 prescribe a controlled substance and any limitations on the
16 prescribing placed by the collaborating physician.

17 (c) An associate physician with prescriptive authority for
18 prescribing controlled substances shall register with the United
19 States Drug Enforcement Administration and include the issued
20 registration number on prescriptions for controlled substances.

21 (d) The board may adopt rules under IC 4-22-2 governing the
22 prescribing of controlled substances by an associate physician.

23 Sec. 5. If an associate physician is employed by a physician, a
24 group of physicians, or another legal entity, the associate physician
25 must be in collaboration with and be the legal responsibility of the
26 collaborating physician. The legal responsibility for the associate
27 physician's patient care activities are that of the collaborating
28 physician, including when the associate physician provides care
29 and treatment for patients in health care facilities.

30 Sec. 6. A collaborating physician may not enter into a
31 collaborative practice agreement with a total of more than six (6)
32 associate physicians and physician assistants under IC 25-27.5.

33 Sec. 7. The board may adopt rules under IC 4-22-2 specifying
34 requirements and regulation of the use of collaborative agreements
35 under this article.

36 Chapter 4. Unauthorized Practice; Penalties; Sanctions

37 Sec. 1. An individual may not:

38 (1) profess to be an associate physician; or

39 (2) use the title "associate physician";

40 unless the individual is licensed under this article.

1 **Sec. 2. An individual who violates this chapter commits a Class**
 2 **B misdemeanor.**

3 **Sec. 3. In addition to the penalty under section 2 of this chapter,**
 4 **an associate physician who violates this article is subject to the**
 5 **sanctions under IC 25-1-9.**

6 SECTION 4. IC 25-21.8-4-5, AS ADDED BY P.L.267-2017,
 7 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2026]: Sec. 5. This article does not prohibit the following:

9 (1) An individual who has a license, registration, certificate, or
 10 permit from the state from acting within the scope of the
 11 individual's license, registration, certificate, or permit.

12 (2) An individual who participates in an approved training
 13 program for the purpose of acquiring a license, registration,
 14 certificate, or permit from the state from performing activities
 15 within the scope of the approved training program.

16 (3) A student of an approved massage therapy school from
 17 performing massage therapy under the supervision of the
 18 approved massage therapy school, if the student does not profess
 19 to be a licensed massage therapist.

20 (4) An individual's practice in one (1) or more of the following
 21 areas that does not involve intentional soft tissue manipulation:

22 (A) Alexander Technique.

23 (B) Feldenkrais.

24 (C) Reiki.

25 (D) Therapeutic Touch.

26 (5) An individual's practice in which the individual provides
 27 service marked bodywork approaches that involve intentional soft
 28 tissue manipulation, including:

29 (A) Rolfing;

30 (B) Trager Approach;

31 (C) Polarity Therapy;

32 (D) Ortho-bionomy; and

33 (E) Reflexology;

34 if the individual is approved by a governing body based on a
 35 minimum level of training, demonstration of competency, and
 36 adherence to ethical standards.

37 (6) The practice of massage therapy by a person either actively
 38 licensed as a massage therapist in another state or currently
 39 certified by the National Certification Board of Therapeutic
 40 Massage and Bodywork or other national certifying body if the

person's state does not license massage therapists, if the individual is performing duties for a non-Indiana based team or organization, or for a national athletic event held in Indiana, so long as the individual restricts the individual's practice to the individual's team or organization during the course of the individual's or the individual's team's or the individual's organization's stay in Indiana or for the duration of the event.

(7) Massage therapists from other states or countries providing educational programs in Indiana for a period not to exceed thirty (30) days within a calendar year.

(8) An employee of a physician or a group of physicians from performing an act, a duty, or a function to which the exception described in ~~IC 25-22.5-1-2(a)(20)~~ **IC 25-22.5-1-2(a)(21)** applies.

(9) An employee of a chiropractor from performing an act, duty, or function authorized under IC 25-10-1-13.

(10) An employee of a podiatrist or a group of podiatrists from performing an act, duty, or function to which the exception described in IC 25-29-1-0.5(a)(13) applies.

(11) A dramatic portrayal or some other artistic performance or expression involving the practice of massage therapy.

(12) The practice of massage therapy by a member of an emergency response team during a period of active emergency response.

SECTION 5. IC 25-22.5-1-2, AS AMENDED BY P.L.128-2022, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

(1) A student in training in a medical school approved by the board, or while performing duties as an intern or a resident in a hospital under the supervision of the hospital's staff or in a program approved by the medical school.

(2) A person who renders service in case of emergency where no fee or other consideration is contemplated, charged, or received.

(3) A paramedic (as defined in IC 16-18-2-266), an advanced emergency medical technician (as defined in IC 16-18-2-6.5), an emergency medical technician (as defined in IC 16-18-2-112), or a person with equivalent certification from another state who renders advanced life support (as defined in IC 16-18-2-7), or basic life support (as defined in IC 16-18-2-33.5):

- 1 (A) during a disaster emergency declared by the governor
 2 under IC 10-14-3-12 in response to an act that the governor in
 3 good faith believes to be an act of terrorism (as defined in
 4 IC 35-31.5-2-329); and
 5 (B) in accordance with the rules adopted by the Indiana
 6 emergency medical services commission or the disaster
 7 emergency declaration of the governor.
- 8 (4) Commissioned medical officers or medical service officers of
 9 the armed forces of the United States, the United States Public
 10 Health Service, and medical officers of the United States
 11 Department of Veterans Affairs in the discharge of their official
 12 duties in Indiana.
- 13 (5) An individual who is not a licensee who resides in another
 14 state or country and is authorized to practice medicine or
 15 osteopathic medicine there, who is called in for consultation by an
 16 individual licensed to practice medicine or osteopathic medicine
 17 in Indiana.
- 18 (6) A person administering a domestic or family remedy to a
 19 member of the person's family.
- 20 (7) A member of a church practicing the religious tenets of the
 21 church if the member does not make a medical diagnosis,
 22 prescribe or administer drugs or medicines, perform surgical or
 23 physical operations, or assume the title of or profess to be a
 24 physician.
- 25 (8) A school corporation and a school employee who acts under
 26 IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).
- 27 **(9) An associate physician practicing in compliance with**
 28 **IC 25-4.5 and under a collaborative agreement.**
- 29 ~~(9)~~ **(10)** A chiropractor practicing the chiropractor's profession
 30 under IC 25-10 or to an employee of a chiropractor acting under
 31 the direction and supervision of the chiropractor under
 32 IC 25-10-1-13.
- 33 ~~(10)~~ **(11)** A dental hygienist practicing the dental hygienist's
 34 profession under IC 25-13.
- 35 ~~(11)~~ **(12)** A dentist practicing the dentist's profession under
 36 IC 25-14.
- 37 ~~(12)~~ **(13)** A hearing aid dealer practicing the hearing aid dealer's
 38 profession under IC 25-20.
- 39 ~~(13)~~ **(14)** A nurse practicing the nurse's profession under
 40 IC 25-23. However, a certified registered nurse anesthetist (as

defined in IC 25-23-1-1.4) may administer anesthesia if the certified registered nurse anesthetist acts under the direction of and in the immediate presence of a physician.

~~(14)~~ **(15)** An optometrist practicing the optometrist's profession under IC 25-24.

~~(15)~~ **(16)** A pharmacist practicing the pharmacist's profession under IC 25-26.

~~(16)~~ **(17)** A physical therapist practicing the physical therapist's profession under IC 25-27.

~~(17)~~ **(18)** A podiatrist practicing the podiatrist's profession under IC 25-29.

~~(18)~~ **(19)** A psychologist practicing the psychologist's profession under IC 25-33.

~~(19)~~ **(20)** A speech-language pathologist or audiologist practicing the pathologist's or audiologist's profession under IC 25-35.6.

~~(20)~~ **(21)** An employee of a physician or group of physicians who performs an act, a duty, or a function that is customarily within the specific area of practice of the employing physician or group of physicians, if the act, duty, or function is performed under the direction and supervision of the employing physician or a physician of the employing group within whose area of practice the act, duty, or function falls. An employee may not make a diagnosis or prescribe a treatment and must report the results of an examination of a patient conducted by the employee to the employing physician or the physician of the employing group under whose supervision the employee is working. An employee may not administer medication without the specific order of the employing physician or a physician of the employing group. Unless an employee is licensed or registered to independently practice in a profession described in subdivisions ~~(9)~~ **(10)** through ~~(18)~~ **(19)**, nothing in this subsection grants the employee independent practitioner status or the authority to perform patient services in an independent practice in a profession.

~~(21)~~ **(22)** A hospital licensed under IC 16-21 or IC 12-25.

~~(22)~~ **(23)** A health care organization whose members, shareholders, or partners are individuals, partnerships, corporations, facilities, or institutions licensed or legally authorized by this state to provide health care or professional services as:

- 1 (A) a physician;
 - 2 (B) a psychiatric hospital;
 - 3 (C) a hospital;
 - 4 (D) a health maintenance organization or limited service
 - 5 health maintenance organization;
 - 6 (E) a health facility;
 - 7 (F) a dentist;
 - 8 (G) a registered or licensed practical nurse;
 - 9 (H) a certified nurse midwife or a certified direct entry
 - 10 midwife;
 - 11 (I) an optometrist;
 - 12 (J) a podiatrist;
 - 13 (K) a chiropractor;
 - 14 (L) a physical therapist; or
 - 15 (M) a psychologist.
- 16 ~~(23)~~ **(24)** A physician assistant practicing the physician assistant
- 17 profession under IC 25-27.5.
- 18 ~~(24)~~ **(25)** A physician providing medical treatment under section
- 19 2.1 of this chapter.
- 20 ~~(25)~~ **(26)** An attendant who provides attendant care services (as
- 21 defined in IC 16-18-2-28.5).
- 22 ~~(26)~~ **(27)** A personal services attendant providing authorized
- 23 attendant care services under IC 12-10-17.1.
- 24 ~~(27)~~ **(28)** A respiratory care practitioner practicing the
- 25 practitioner's profession under IC 25-34.5.
- 26 (b) A person described in subsection (a)(9) through ~~(a)(18)~~ **(a)(19)**
- 27 is not excluded from the application of this article if:
- 28 (1) the person performs an act that an Indiana statute does not
 - 29 authorize the person to perform; and
 - 30 (2) the act qualifies in whole or in part as the practice of medicine
 - 31 or osteopathic medicine.
- 32 (c) An employment or other contractual relationship between an
- 33 entity described in subsection ~~(a)(21)~~ **(a)(22)** through ~~(a)(22)~~ **(a)(23)**
- 34 and a licensed physician does not constitute the unlawful practice of
- 35 medicine or osteopathic medicine under this article if the entity does
- 36 not direct or control independent medical acts, decisions, or judgment
- 37 of the licensed physician. However, if the direction or control is done
- 38 by the entity under IC 34-30-15 (or IC 34-4-12.6 before its repeal), the
- 39 entity is excluded from the application of this article as it relates to the
- 40 unlawful practice of medicine or osteopathic medicine.

(d) This subsection does not apply to a prescription or drug order for a legend drug that is filled or refilled in a pharmacy owned or operated by a hospital licensed under IC 16-21. A physician licensed in Indiana who permits or authorizes a person to fill or refill a prescription or drug order for a legend drug except as authorized in IC 16-42-19-11 through IC 16-42-19-19 is subject to disciplinary action under IC 25-1-9. A person who violates this subsection commits the unlawful practice of medicine or osteopathic medicine under this chapter.

(e) A person described in subsection (a)(8) shall not be authorized to dispense contraceptives or birth control devices.

(f) Nothing in this section allows a person to use words or abbreviations that indicate or induce an individual to believe that the person is engaged in the practice of medicine or osteopathic medicine."

Page 5, between lines 15 and 16, begin a new paragraph and insert:

"SECTION 7. IC 25-27.5-5-1, AS AMENDED BY P.L.247-2019, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: 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)~~. **IC 25-22.5-1-2(a)(20).**

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

SECTION 8. IC 25-27.5-5-2, AS AMENDED BY P.L.247-2019, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) A physician assistant:

(1) must engage in a dependent practice with a collaborating physician; and

(2) may not be independent from the collaborating physician, including any of the activities of other health care providers set forth under IC 25-22.5-1-2(a)(1) through ~~IC 25-22.5-1-2(a)(19)~~.

IC 25-22.5-1-2(a)(20).

A physician assistant may perform, under a collaborative agreement, the duties and responsibilities that are delegated by the collaborating physician and that are within the collaborating 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 collaborating physician.

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

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

(1) schedule an examination of the patient unless the patient declines; or

(2) arrange for another physician to examine the patient.

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

(e) A physician assistant's collaborative agreement with a collaborating physician must:

(1) be in writing;

(2) include all the tasks delegated to the physician assistant by the collaborating physician;

(3) set forth the collaborative agreement 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.

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

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

SECTION 9. IC 25-34.5-3-7, AS AMENDED BY P.L.11-2023, SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. This article does not affect the applicability of ~~IC 25-22.5-1-2(a)(20)~~. **IC 25-22.5-1-2(a)(21)**."

Page 5, between lines 20 and 21, begin a new paragraph and insert:

"SECTION 11. IC 35-52-25-2.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 2.8. IC 25-4.5-4-2 defines a crime concerning associate physicians.**"

Re-number all SECTIONS consecutively.

(Reference is to SB 221 as introduced.)