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## SENATE BILL No. 221

AM022101 has been incorporated into introduced printing.

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**Synopsis:** Pharmacist treatment by standing order.

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2026

IN 221—LS 6704/DI 104



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Introduced

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. 221

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 16-19-4-11, AS AMENDED BY P.L.1-2022,  
2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2026]: Sec. 11. (a) The state health commissioner or the  
4 commissioner's designated public health authority who is a licensed  
5 prescriber ~~may~~, **shall**, as part of the individual's official capacity, issue  
6 a standing order, prescription, or protocol that allows a pharmacist to  
7 administer, ~~or~~ dispense, **test, treat, or prescribe** any of the following:  
8 (1) An immunization that is ~~recommended by the federal Centers~~  
9 ~~for Disease Control and Prevention Advisory Committee on~~  
10 ~~Immunization Practices~~ **approved or authorized by the federal**  
11 **Food and Drug Administration** for individuals who are not less  
12 than eleven (11) years of age.  
13 (2) A smoking cessation product. However, the pharmacist must  
14 inform the patient that the patient must have a follow-up  
15 consultation with the patient's licensed prescriber.

2026

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(3) Point of care testing that has been approved or authorized by the federal Food and Drug Administration and categorized as Clinical Laboratory Improvement Amendments (CLIA)-waived under 42 U.S.C. 263a for the following conditions:

(A) COVID-19.

(B) Group B streptococcus.

(C) Respiratory syncytial virus (RSV).

(D) Influenza.

(4) A prescription for, including the dispensing of, a medication that meets the following:

(A) Is indicated for the treatment of a diagnosed condition.

(B) Is authorized by the federal Food and Drug Administration for treatment of the diagnosed condition.

(C) Is included on a protocol list that is established by the Indiana board of pharmacy, in consultation with the state department.

(b) This subsection does not apply to a pharmacist. The state health commissioner or the commissioner's designated public health authority who is a licensed prescriber may, as part of the individual's official capacity, issue a standing order, prescription, or protocol that allows an individual who is licensed, certified, or registered by a board (as defined in IC 25-1-9-1), and if within the individual's scope of practice, to administer or dispense an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices approved or authorized by the federal Food and Drug Administration for individuals who are not less than eleven (11) years of age.

(c) A standing order described in subsection (a) or (b) or (e) must include the following:

(1) The purpose of the order.

(2) The eligible recipients.

(3) The geographic area covered by the standing order.

(4) The procedure for administering or dispensing the immunization or product.

(5) A timeline for renewing or updating the standing order.

(d) The state health commissioner or designated public health authority who issues a standing order, prescription, or protocol under subsection (a) or (b) or (e) is immune from civil liability related to the issuing of the standing order, prescription, or protocol.



(e) Notwithstanding subsection (a) and subsection (b), the state health commissioner or the commissioner's designated public health authority may issue a standing order, prescription, or protocol to administer or dispense an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are at least five (5) years of age. Nothing in this subsection authorizes the state health commissioner or the commissioner's designated public health authority to:

(1) require an individual to receive an immunization for COVID-19; or

(2) waive or otherwise allow a minor to receive an immunization without the consent of the parent or guardian as required under IC 16-36-1.

This subsection expires at the conclusion of the federal public health emergency concerning COVID-19 that was renewed on October 15, 2021, or any subsequent renewal of the declared federal public health emergency concerning COVID-19.

SECTION 2. IC 25-0.5-1-2.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 2.4. IC 25-1-1.1-4 applies to an individual licensed or certified under IC 25-4.5 (associate physicians).**

SECTION 3. IC 25-4.5 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

#### **ARTICLE 4.5. ASSOCIATE PHYSICIANS**

##### **Chapter 1. Definitions**

**Sec. 1. The definitions in this chapter apply throughout this article.**

**Sec. 2. "Associate physician" means an individual who:**

(1) meets the qualifications under this article; and

(2) is licensed under this article.

**Sec. 3. "Board" refers to the medical licensing board of Indiana.**

**Sec. 4. "Collaborating physician" means a physician licensed by the board who collaborates with and is responsible for an associate physician.**

**Sec. 5. (a) "Collaboration" means overseeing the activities of, and accepting responsibility for, the medical services rendered by an associate physician and that one (1) of the following conditions is met at all times that services are rendered or tasks are**



performed by the associate physician:

(1) The collaborating physician or the physician designee is physically present at the location at which services are 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

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

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

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

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

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

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

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

(8) Is proficient in English.

(9) Is of good moral character.

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

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

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

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

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

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

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

(3) Continue or renew professional education.



(4) Engage in community restitution or service without 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,

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primary care services provided by the associate physician.

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

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

(e) If an associate physician notifies the collaborating physician that the collaborating 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.

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

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

(1) be in writing;

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

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

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

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

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

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

(b) A collaborating physician or physician's designee shall review patient encounters, including at least twenty percent (20%) of the charts in which the associate physician prescribes a controlled substance, not later than ten (10) business days, and





1 within a reasonable time, as established in the collaborative  
 2 agreement, after the associate physician has seen the patient, that  
 3 is appropriate for the maintenance of quality medical care.

4 **Sec. 3. (a) A physician collaborating with an associate**  
 5 **physician must meet the following requirements:**

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

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

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

11 (4) Maintain a written agreement with the associate  
 12 physician that states the physician will:

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

15 (B) retain responsibility for the care rendered by the  
 16 associate physician.

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

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

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

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

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

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

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

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

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

42 **Sec. 4. (a) An associate physician who is granted controlled**



substances prescriptive authority by a collaborating physician under this chapter may prescribe, if agreed to by the collaborating physician:

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

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

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

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

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

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

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

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

#### **Chapter 4. Unauthorized Practice; Penalties; Sanctions**

Sec. 1. An individual may not:

(1) profess to be an associate physician; or

(2) use the title "associate physician";

unless the individual is licensed under this article.

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

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



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

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

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

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

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

(A) Alexander Technique.

(B) Feldenkrais.

(C) Reiki.

(D) Therapeutic Touch.

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

(A) Rolfing;

(B) Trager Approach;

(C) Polarity Therapy;

(D) Ortho-bionomy; and

(E) Reflexology;

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

(6) The practice of massage therapy by a person either actively licensed as a massage therapist in another state or currently certified by the National Certification Board of Therapeutic 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

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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):

(A) during a disaster emergency declared by the governor under IC 10-14-3-12 in response to an act that the governor in good faith believes to be an act of terrorism (as defined in IC 35-31.5-2-329); and

(B) in accordance with the rules adopted by the Indiana emergency medical services commission or the disaster



emergency declaration of the governor.

(4) Commissioned medical officers or medical service officers of the armed forces of the United States, the United States Public Health Service, and medical officers of the United States Department of Veterans Affairs in the discharge of their official duties in Indiana.

(5) An individual who is not a licensee who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by an individual licensed to practice medicine or osteopathic medicine in Indiana.

(6) A person administering a domestic or family remedy to a member of the person's family.

(7) A member of a church practicing the religious tenets of the church if the member does not make a medical diagnosis, prescribe or administer drugs or medicines, perform surgical or physical operations, or assume the title of or profess to be a physician.

(8) A school corporation and a school employee who acts under IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).

**(9) An associate physician practicing in compliance with IC 25-4.5 and under a collaborative agreement.**

~~(9)~~ **(10)** A chiropractor practicing the chiropractor's profession under IC 25-10 or to an employee of a chiropractor acting under the direction and supervision of the chiropractor under IC 25-10-1-13.

~~(10)~~ **(11)** A dental hygienist practicing the dental hygienist's profession under IC 25-13.

~~(11)~~ **(12)** A dentist practicing the dentist's profession under IC 25-14.

~~(12)~~ **(13)** A hearing aid dealer practicing the hearing aid dealer's profession under IC 25-20.

~~(13)~~ **(14)** A nurse practicing the nurse's profession under 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.

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- 1 ~~(16)~~ **(17)** A physical therapist practicing the physical therapist's  
 2 profession under IC 25-27.  
 3 ~~(17)~~ **(18)** A podiatrist practicing the podiatrist's profession under  
 4 IC 25-29.  
 5 ~~(18)~~ **(19)** A psychologist practicing the psychologist's profession  
 6 under IC 25-33.  
 7 ~~(19)~~ **(20)** A speech-language pathologist or audiologist  
 8 practicing the pathologist's or audiologist's profession under  
 9 IC 25-35.6.  
 10 ~~(20)~~ **(21)** An employee of a physician or group of physicians who  
 11 performs an act, a duty, or a function that is customarily within  
 12 the specific area of practice of the employing physician or group  
 13 of physicians, if the act, duty, or function is performed under the  
 14 direction and supervision of the employing physician or a  
 15 physician of the employing group within whose area of practice  
 16 the act, duty, or function falls. An employee may not make a  
 17 diagnosis or prescribe a treatment and must report the results of  
 18 an examination of a patient conducted by the employee to the  
 19 employing physician or the physician of the employing group  
 20 under whose supervision the employee is working. An employee  
 21 may not administer medication without the specific order of the  
 22 employing physician or a physician of the employing group.  
 23 Unless an employee is licensed or registered to independently  
 24 practice in a profession described in subdivisions ~~(9)~~ **(10)**  
 25 through ~~(18)~~ **(19)**, nothing in this subsection grants the employee  
 26 independent practitioner status or the authority to perform  
 27 patient services in an independent practice in a profession.  
 28 ~~(21)~~ **(22)** A hospital licensed under IC 16-21 or IC 12-25.  
 29 ~~(22)~~ **(23)** A health care organization whose members,  
 30 shareholders, or partners are individuals, partnerships,  
 31 corporations, facilities, or institutions licensed or legally  
 32 authorized by this state to provide health care or professional  
 33 services as:  
 34 (A) a physician;  
 35 (B) a psychiatric hospital;  
 36 (C) a hospital;  
 37 (D) a health maintenance organization or limited service  
 38 health maintenance organization;  
 39 (E) a health facility;  
 40 (F) a dentist;  
 41 (G) a registered or licensed practical nurse;

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- 1 (H) a certified nurse midwife or a certified direct entry  
 2 midwife;  
 3 (I) an optometrist;  
 4 (J) a podiatrist;  
 5 (K) a chiropractor;  
 6 (L) a physical therapist; or  
 7 (M) a psychologist.
- 8 ~~(23)~~ **(24)** A physician assistant practicing the physician assistant  
 9 profession under IC 25-27.5.
- 10 ~~(24)~~ **(25)** A physician providing medical treatment under section  
 11 2.1 of this chapter.
- 12 ~~(25)~~ **(26)** An attendant who provides attendant care services (as  
 13 defined in IC 16-18-2-28.5).
- 14 ~~(26)~~ **(27)** A personal services attendant providing authorized  
 15 attendant care services under IC 12-10-17.1.
- 16 ~~(27)~~ **(28)** A respiratory care practitioner practicing the  
 17 practitioner's profession under IC 25-34.5.
- 18 (b) A person described in subsection (a)(9) through ~~(a)(18)~~ **(a)(19)**  
 19 is not excluded from the application of this article if:  
 20 (1) the person performs an act that an Indiana statute does not  
 21 authorize the person to perform; and  
 22 (2) the act qualifies in whole or in part as the practice of  
 23 medicine or osteopathic medicine.
- 24 (c) An employment or other contractual relationship between an  
 25 entity described in subsection ~~(a)(21)~~ **(a)(22)** through ~~(a)(22)~~ **(a)(23)**  
 26 and a licensed physician does not constitute the unlawful practice of  
 27 medicine or osteopathic medicine under this article if the entity does  
 28 not direct or control independent medical acts, decisions, or judgment  
 29 of the licensed physician. However, if the direction or control is done  
 30 by the entity under IC 34-30-15 (or IC 34-4-12.6 before its repeal), the  
 31 entity is excluded from the application of this article as it relates to the  
 32 unlawful practice of medicine or osteopathic medicine.
- 33 (d) This subsection does not apply to a prescription or drug order  
 34 for a legend drug that is filled or refilled in a pharmacy owned or  
 35 operated by a hospital licensed under IC 16-21. A physician licensed  
 36 in Indiana who permits or authorizes a person to fill or refill a  
 37 prescription or drug order for a legend drug except as authorized in  
 38 IC 16-42-19-11 through IC 16-42-19-19 is subject to disciplinary  
 39 action under IC 25-1-9. A person who violates this subsection commits  
 40 the unlawful practice of medicine or osteopathic medicine under this  
 41 chapter.

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(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.

SECTION 6. IC 25-26-24.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

**Chapter 24.5. Prescribing, Testing, and Treating by Pharmacists by Standing Order**

**Sec. 1. A pharmacist may administer, dispense, test, treat, or prescribe any of the following through a standing order issued by the commissioner of the Indiana department of health under IC 16-19-4-11:**

(1) An immunization that is approved or authorized by the federal Food and Drug Administration for individuals who are not less than eleven (11) years of age.

(2) A smoking cessation product. However, the pharmacist must inform the patient that the patient must have a follow-up consultation with the patient's licensed prescriber.

(3) Point of care testing that has been approved or authorized by the federal Food and Drug Administration and categorized as Clinical Laboratory Improvement Amendments (CLIA)-waived under 42 U.S.C. 263a for the following conditions:

(A) COVID-19.

(B) Group B streptococcus.

(C) Respiratory syncytial virus (RSV).

(D) Influenza.

(4) A prescription for, including the dispensing of, a medication that meets the following:

(A) Is indicated for the treatment of a diagnosed condition.

(B) Is authorized by the federal Food and Drug Administration for treatment of the diagnosed condition.

(C) Is included on a protocol list that is established by the Indiana board of pharmacy, in consultation with the Indiana department of health.

**Sec. 2. A pharmacist acting under a standing order described in IC 16-19-4-11(a)(3) and IC 16-19-4-11(a)(4) shall do the following:**



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(1) Complete a continuing education course from provider approved by the Accreditation Council for Pharmacy Education (ACPE).

(2) Maintain records of testing and treatment for at least seven (7) years.

(3) Report positive test results, as required by the Indiana department of health.

(4) Provide the patient with written information advising the patient to follow up with the patient's primary care provider or another licensed practitioner.

(5) If the patient identifies a primary care provider and the patient consents, transmit a summary of the visit, including any test results and prescribed medication, to the identified primary care provider within a reasonable period of time and in a manner that is consistent with federal and state privacy laws.

**Sec. 3.** A pharmacy technician or pharmacy intern registered under this article may perform specimen collection and administer a test described in section 1(3) of this chapter if the following are met:

(1) The collection or administration is conducted under the direct supervision of a pharmacist.

(2) The pharmacist is immediately available on the premises.

(3) The pharmacist remains responsible for:

(A) the interpretation of the test;

(B) the prescribing or dispensing of any medication in compliance with section 1 of this chapter; and

(C) compliance with the reporting and record keeping requirements set forth in section 2 of this chapter.

**Sec. 4. (a)** The Indiana board of pharmacy shall adopt rules under IC 4-22-2 to implement this chapter, including rules concerning the following:

(1) Standardized protocols.

(2) Reporting requirements.

(3) Age and dosage limitations.

(4) Continuing education requirements.

**(b)** The Indiana board of pharmacy shall consult with the commissioner of the Indiana department of health in the development of the rules described in subsection (a).

**Sec. 5. (a)** This section does not apply to an act or omission that constitutes gross negligence, willful or wanton misconduct, or intentional wrongdoing.



(b) A pharmacist who acts in good faith in compliance with a statewide standing order described in this chapter and the rules adopted under section 4 of this chapter is immune from civil liability for the following:

(1) An act or omission related to the ordering, administering, or interpretation of a test described in section 1(3) of this chapter.

(2) The prescribing and dispensing of medication described in section 1(4) of this chapter.

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



1 IC 25-1-9.

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

4 (1) be in writing;

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

7 (3) set forth the collaborative agreement for the physician  
8 assistant, including the emergency procedures that the physician  
9 assistant must follow; and

10 (4) specify the protocol the physician assistant shall follow in  
11 prescribing a drug.

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

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

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

26 SECTION 10. IC 34-30-2.1-383.2 IS ADDED TO THE INDIANA  
27 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
28 [EFFECTIVE JULY 1, 2026]: **Sec. 383.2. IC 25-26-24.5-5**  
29 **(Concerning a pharmacist ordering, administering, or interpreting**  
30 **tests and the prescribing and dispensing of medication).**

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

35 SECTION 12. [EFFECTIVE UPON PASSAGE] **(a) As used in**  
36 **this SECTION, "board" refers to the Indiana board of pharmacy.**

37 **(b) Before July 1, 2026, the board shall begin the**  
38 **administrative rulemaking process to adopt rules to implement**  
39 **IC 25-26-24.5, as added by this act.**

40 **(c) This SECTION expires December 31, 2026.**

41 **SECTION 13. An emergency is declared for this act.**

