HOUSE BILL No. 1468

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2; IC 12-21-8; IC 25-1; IC 25-26.

Synopsis: Various health matters. Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. Establishes the statewide 9-8-8 trust fund. Delays the requirement that a prescription for a controlled substance be in an electronic format until January 1, 2022. Adds pharmacists as a prescriber for purposes of the telemedicine laws. Removes the requirement that a prescription for a patient who is receiving services through telemedicine be based on a previous in person examination or as part of an established treatment plan. Changes references of the pharmacist in charge to the pharmacist on duty. Allows a pharmacist to supervise eight pharmacy interns. Allows a pharmacy technician to work remotely to perform specified responsibilities. Provides that the Indiana board of pharmacy shall hold the pharmacy permit holder accountable, rather than the qualifying pharmacy, for staffing violations if the qualifying pharmacist does not have the authority to make staffing determinations. Specifies that a transfer of a prescription includes a schedule II controlled substance. Allows the refill of a one time 90 day supply for maintenance medications. Removes the requirement that a pharmacist provide a patient with a written advance beneficiary notice that states that the patient may not be eligible for reimbursement for the device or supply. Changes remote dispensing facility requirements concerning location of the facility. Changes how long a remote dispensing facility must retain a surveillance recording from 45 days to 30 days. Removes

(Continued next page)

Effective: December 31, 2020 (retroactive); July 1, 2021.

Davisson

January 14, 2021, read first time and referred to Committee on Public Health.

specified physical requirements that a video monitor being used by the remote facility must meet. Adds therapeutic substitution to the definition of protocol for purposes of drug regimen adjustments and defines "therapeutic alternative" and specifies use of therapeutic alternative requirements for protocols. Removes a requirement for drug protocols concerning availability of medical records. Allows for physician assistants and advance practice registered nurses to make referrals to pharmacists.

Introduced

First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

HOUSE BILL No. 1468

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 12-7-2-0.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 0.3. "9-8-8 crisis hotline center", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-1.**

SECTION 2. IC 12-7-2-51.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 51.6. "Crisis receiving and stabilization services", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-2.**

SECTION 3. IC 12-7-2-131.4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 131.4. "Mobile crisis team", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-3.**

SECTION 4. IC 12-7-2-131.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 131.9. "National suicide**

prevention lifeline", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-4.

SECTION 5. IC 12-7-2-136.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 136.8. "Peer", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-5.**

SECTION 6. IC 12-21-8 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]:

Chapter 8. 9-8-8 Crisis Hotline Centers and Mobile Crisis Teams

Sec. 1. As used in this chapter, "9-8-8 crisis hotline center" or "center" means a state identified center participating in the national suicide prevention lifeline network to respond to statewide or regional 9-8-8 calls.

Sec. 2. As used in this chapter, "crisis receiving and stabilization services" means behavioral health services that provide short term, less than twenty-four (24) hour care with the capacity for diagnosis, initial management, observation, crisis stabilization, and follow-up referral services to a person in a homelike environment.

Sec. 3. As used in this chapter, "mobile crisis team" means behavioral health professionals and peers that provide professional onsite community based intervention, including de-escalation, stabilization, and treatment for individuals who are experiencing a behavioral health crisis.

Sec. 4. As used in this chapter, "national suicide prevention lifeline" means a nationally certified network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress on a twenty-four (24) hours a day, seven (7) days a week basis.

Sec. 5. As used in this chapter, "peer" means an individual employed on the basis of the individual's personally lived experience with mental illness or addiction and recovery and meets the requirements of peer certification established by the division.

Sec. 6. (a) The division has primary oversight over suicide prevention and crisis services activities and essential coordination with designated 9-8-8 crisis hotline centers. The division shall work with the national suicide prevention lifeline and the Veterans Crisis Hotline networks for the purpose of ensuring consistency of public messaging concerning 9-8-8 services.

(b) Not later than July 1, 2022, the division shall designate at least one (1) 9-8-8 crisis hotline center in Indiana to coordinate

crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline (9-8-8 crisis hotline) from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.

(c) In order to be designated by the division under subsection (b), a 9-8-8 crisis hotline must meet the following:

(1) Have an active agreement with the administrator of the national suicide prevention lifeline for participation within the network.

(2) Comply with the national suicide prevention lifeline requirements and best practice guidelines for operational and clinical standards.

(3) Use technology, including chat and texting that is interoperable between and across crisis and emergency response systems used throughout Indiana to ensure cohesive and coordinated crisis care.

Sec. 7. The division shall adopt rules under IC 4-22-2 to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real time crisis care coordination, including deployment of crisis and outgoing services and linked, flexible services specific to crisis response.

Sec. 8. (a) A designated 9-8-8 crisis hotline center may deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services or other appropriate local sources in accordance with guidelines by the national suicide prevention lifeline.

(b) A designated 9-8-8 crisis hotline shall coordinate access to crisis receiving and stabilization services for individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline through appropriate information sharing concerning availability of services.

(c) A designated 9-8-8 crisis hotline center shall meet the requirements set forth by the national suicide prevention lifeline for serving high risk and specialized populations, including individuals with co-occurring mental health and substance use disorders and other relevant and culturally sensitive special populations, as identified by the federal Substance Abuse and Mental Health Services Administration, including training requirements and policies for transferring callers to an appropriate specialized center or subnetwork.

(d) A designated 9-8-8 crisis hotline center must provide

follow-up services to individuals accessing the 9-8-8 crisis hotline consistent with guidelines and policies established by the national suicide prevention lifeline.

Sec. 9. Before March 1 of each year, a designated 9-8-8 crisis hotline center shall submit a written report to the division concerning the 9-8-8 crisis hotline's usage and the services provided by the center.

Sec. 10. (a) The division shall coordinate:

(1) available onsite response services of crisis calls using state and locally funded mobile crisis teams; and

(2) crisis receiving and stabilization services resulting from a 9-8-8 call.

(b) The mobile crisis teams must include the following:

(1) Jurisdiction based behavioral health teams, including:

(A) a behavioral health professional licensed under IC 25-23.6; and

(B) peers certified by the division.

(2) Emergency medical services personnel licensed under IC 16-31.

(3) Law enforcement based coresponder behavioral health teams.

Sec. 11. (a) The statewide 9-8-8 trust fund is established for purposes of creating and maintaining a statewide 9-8-8 suicide prevention and mental health crisis system described in this chapter. The fund shall be administered by the division.

(b) The expenses of administering the fund shall be paid from money in the fund.

(c) The treasurer of the state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from the investments shall be deposited in the fund.

(d) The fund shall consist of the following:

(1) Appropriations made to the fund by the general assembly.

(2) Funds received from the federal government for the support of 9-8-8 services in Indiana.

(3) Investment earnings, including interest, on money in the fund.

(4) Money from any other source, including gifts and grants.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund and is not subject to transfer to any other fund for any other use or purpose outside of those specified in this section.

Sec. 12. The division may adopt rules under IC 4-22-2 to implement and administer this chapter.

SECTION 7. IC 25-1-9.3-7, AS ADDED BY P.L.28-2019, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2020 (RETROACTIVE)]: Sec. 7. After ~~December 31, 2020,~~ **December 31, 2021,** except as provided in section 8 of this chapter, a prescriber shall issue a prescription for a controlled substance:

(1) in an electronic format; and

(2) by electronic transmission from the prescriber to a pharmacy;

in accordance with rules adopted by the board under IC 25-26-13-4(d).

SECTION 8. IC 25-1-9.3-8, AS AMENDED BY P.L.114-2020, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2020 (RETROACTIVE)]: Sec. 8. **Beginning January 1, 2022,** a prescriber may issue a prescription for a controlled substance in a written format, a faxed format, or an oral order if any of the following apply:

(1) The prescriber cannot transmit an electronically transmitted prescription due to:

(A) temporary technological or electrical failure; or

(B) the technological inability to issue a prescription electronically, including but not limited to failure to possess the requisite technology.

(2) The prescriber issues a prescription to be dispensed by a pharmacy located outside Indiana.

(3) The prescriber and the pharmacist are the same entity.

(4) The prescriber issues a prescription that meets any of the following:

(A) The prescription contains elements that are not supported by the technical standards developed by the National Council for Prescription Drug Programs for electronically transmitted prescriptions (NCPDP SCRIPT).

(B) The federal Food and Drug Administration requires the prescription to contain certain elements that cannot be supported in an electronically transmitted prescription.

(C) The prescription is a non-patient specific prescription in response to a public health emergency or another instance allowable under state law and that requires a non-patient specific prescription under:

(i) a standing order;

(ii) approved protocol for drug therapy;

(iii) collaborative drug management; or

(iv) comprehensive medication management.

(D) The prescription is issued under a research protocol.

(5) The prescriber has received a waiver or a renewal of a previously received waiver from the board in accordance with rules adopted under section 9 of this chapter.

(6) The board, in accordance with rules adopted under section 9 of this chapter, has determined that issuing an electronically transmitted prescription would be impractical and cause delay, adversely impacting the patient's medical condition.

(7) The prescriber reasonably determines that it would be impractical for the patient to obtain an electronic prescription in a timely manner and the delay would adversely affect the patient's medical condition.

SECTION 9. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. As used in this chapter, "prescriber" means any of the following:

(1) A physician licensed under IC 25-22.5.

(2) A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's collaborating physician in accordance with IC 25-27.5-5-4.

(3) An advanced practice registered nurse licensed and granted the authority to prescribe drugs under IC 25-23.

(4) An optometrist licensed under IC 25-24.

(5) A pharmacist licensed under IC 25-26.

~~(5)~~ **(6)** A podiatrist licensed under IC 25-29.

SECTION 10. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. (a) A prescriber may issue a prescription to a patient who is receiving services through the use of telemedicine if the patient has not been examined previously by the prescriber in person if the following conditions are met:

(1) The prescriber has satisfied the applicable standard of care in the treatment of the patient.

(2) The issuance of the prescription by the prescriber is within the prescriber's scope of practice and certification.

(3) The prescription:

(A) meets the requirements of subsection (b); and

(B) is not for an opioid. However, an opioid may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.

(4) The prescription is not for an abortion inducing drug (as

defined in IC 16-18-2-1.6).

(5) If the prescription is for a medical device, including an ophthalmic device, the prescriber must use telemedicine technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed. However, a prescription for an ophthalmic device is also subject to the conditions in section 13 of this chapter.

(b) Except as provided in subsection (a), a prescriber may issue a prescription for a controlled substance (as defined in IC 35-48-1-9) to a patient who is receiving services through the use of telemedicine, even if the patient has not been examined previously by the prescriber in person, if the following conditions are met:

(1) The prescriber maintains a valid controlled substance registration under IC 35-48-3.

(2) The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.

~~(3) The patient has been examined in person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.~~

~~(4) The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.~~

~~(5)~~ **(3)** The prescriber complies with the requirements of the INSPECT program (IC 25-26-24).

(c) A prescription for a controlled substance under this section must be prescribed and dispensed in accordance with IC 25-1-9.3 and IC 25-26-24.

SECTION 11. IC 25-26-13-10.5, AS ADDED BY P.L.98-2006, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 10.5. (a) A pharmacy intern may engage in the practice of pharmacy if the activities are under the direct supervision of a pharmacist. The pharmacist ~~in charge~~ **on duty** is responsible for the activities relating to the practice of pharmacy performed by the pharmacy intern.

(b) A pharmacist shall review in person the prescription drug order and the dispensed product prepared by a pharmacy intern before the product is dispensed to the patient or the patient's agent.

SECTION 12. IC 25-26-13-18.5, AS AMENDED BY P.L.202-2017, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18.5. (a) As used in this section, "immediate and

personal supervision" means within reasonable visual and vocal distance of the pharmacist.

(b) Except as provided in ~~subsection~~ **subsections** (d) **and (e),** licensed pharmacy technicians or pharmacy technicians in training who are:

(1) licensed or certified under IC 25-26-19; and

(2) practicing at a pharmacy;

must practice under a licensed pharmacist's immediate and personal supervision at all times.

(c) A pharmacist may not supervise more than ~~six (6)~~ **eight (8)** pharmacy interns, pharmacy technicians, or pharmacy technicians in training at any time. Not more than three (3) of the ~~six (6)~~ **eight (8)** individuals being supervised by a pharmacist may be pharmacy technicians in training.

(d) A licensed pharmacy technician employed at a remote dispensing facility (as defined in IC 25-26-13.5-3) may be under the supervision of a pharmacist through the use of a computer link, a video link, and an audio link.

(e) A pharmacy technician may work remotely for nondispensing job responsibilities, including:

(1) data entry;

(2) insurance processing; or

(3) other responsibilities that do not require the pharmacy technician to be physically present at the pharmacy.

SECTION 13. IC 25-26-13-20, AS AMENDED BY P.L.152-2012, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 20. (a) A person desiring to open, establish, operate, or maintain a pharmacy shall apply to the board for a pharmacy permit on a form provided by the board. The applicant shall set forth:

(1) the name and occupation of the persons desiring the permit;

(2) the location, including street address and city, of the pharmacy;

(3) the name of the pharmacist who will qualify the pharmacy by being responsible to the board for the legal operation of the pharmacy under the permit; and

(4) such other information as the board may require.

(b) If the applicant desires to open, establish, operate, or maintain more than one (1) pharmacy, the applicant must file a separate application for each. Each pharmacy must be qualified by a different pharmacist.

(c) The board shall permit a pharmacist to serve as a qualifying

pharmacist for more than one (1) pharmacy holding a Category II pharmacy permit upon the holder of the Category II permit showing circumstances establishing that:

(1) the permit holder has made a reasonable effort, without success, to obtain a qualifying pharmacist who is not serving as a qualifying pharmacist at another Category II pharmacy; and

(2) the single pharmacist could effectively fulfill all duties and responsibilities of the qualifying pharmacist at both locations.

However, the board shall hold the permit holder responsible and may not discipline or otherwise hold the qualifying pharmacist responsible for staffing deficiencies of the pharmacy if the qualifying pharmacist does not have authority for staffing determinations of the pharmacy.

(d) The board shall grant or deny an application for a permit not later than one hundred twenty (120) days after the application and any additional information required by the board are submitted.

(e) The board may not issue a pharmacy permit to a person who desires to operate the pharmacy out of a residence.

SECTION 14. IC 25-26-13-24.8, AS AMENDED BY P.L.114-2020, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 24.8. (a) Upon request of a patient, a pharmacy shall transfer to another pharmacy a prescription for the patient, **including a prescription for a schedule II controlled substance,** that the pharmacy has received but not filled unless:

(1) prohibited in writing on the prescription by the prescriber; or

(2) otherwise prohibited by federal law.

(b) Unless prohibited by federal law, a prescription for a patient may be transferred electronically or by facsimile by a pharmacy to another pharmacy if the pharmacies do not share a common data base.

(c) A licensed pharmacy technician may transfer a prescription under subsection (b).

SECTION 15. IC 25-26-13-25, AS AMENDED BY P.L.247-2019, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 25. (a) All original prescriptions, whether in written or electronic format, shall be numbered and maintained in numerical and chronological order, or in a manner approved by the board and accessible for at least two (2) years in the pharmacy. A prescription transmitted from a practitioner by means of communication other than writing must immediately be reduced to writing or recorded in an electronic format by the pharmacist. The files shall be open for inspection to any member of the board or the board's duly authorized agent or representative.

(b) A prescription may be electronically transmitted from the practitioner by computer or another electronic device to a pharmacy that is licensed under this article or any other state or territory. An electronic data intermediary that is approved by the board:

(1) may transmit the prescription information between the prescribing practitioner and the pharmacy;

(2) may archive copies of the electronic information related to the transmissions as necessary for auditing and security purposes; and

(3) must maintain patient privacy and confidentiality of all archived information as required by applicable state and federal laws.

(c) Except as provided in subsection (d), a prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may not be refilled without written, electronically transmitted, or oral authorization of a licensed practitioner.

(d) A prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may be refilled by a pharmacist without the written, electronically transmitted, or oral authorization of a licensed practitioner if all of the following conditions are met:

(1) The pharmacist has made every reasonable effort to contact the original prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(2) The pharmacist believes that, under the circumstances, failure to provide a refill would be seriously detrimental to the patient's health.

(3) The original prescription authorized a refill but a refill would otherwise be invalid for either of the following reasons:

(A) All of the authorized refills have been dispensed.

(B) The prescription has expired under subsection (h).

(4) The prescription for which the patient requests the refill was:

(A) originally filled at the pharmacy where the request for a refill is received and the prescription has not been transferred for refills to another pharmacy at any time; or

(B) filled at or transferred to another location of the same pharmacy or its affiliate owned by the same parent corporation if the pharmacy filling the prescription has full access to prescription and patient profile information that is simultaneously and continuously updated on the parent corporation's information system.

(5) The drug is prescribed for continuous and uninterrupted use

and the pharmacist determines that the drug is being taken properly in accordance with IC 25-26-16.

(6) The pharmacist shall document the following information regarding the refill:

(A) The information required for any refill dispensed under subsection (e).

(B) The dates and times that the pharmacist attempted to contact the prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(C) The fact that the pharmacist dispensed the refill without the authorization of a licensed practitioner.

(7) The pharmacist notifies the original prescribing practitioner of the refill and the reason for the refill by the practitioner's next business day after the refill has been made by the pharmacist.

(8) Any pharmacist initiated refill under this subsection may not be for more than:

(A) the quantity on the most recent fill or a thirty (30) day supply, whichever is less; **or**

(B) a one (1) time ninety (90) day supply if the prescription is for a maintenance medication that is not a controlled substance.

(9) Not more than one (1) pharmacist initiated refill is dispensed under this subsection for a single prescription in a six (6) month period.

(10) The drug prescribed is not a controlled substance.

A pharmacist may not refill a prescription under this subsection if the practitioner has designated on the prescription form the words "No Emergency Refill".

(e) When refilling a prescription, the refill record shall include:

(1) the date of the refill;

(2) the quantity dispensed if other than the original quantity; and

(3) the dispenser's identity on:

(A) the original prescription form; or

(B) another board approved, uniformly maintained, readily retrievable record.

(f) The original prescription form or the other board approved record described in subsection (e) must indicate by the number of the original prescription the following information:

(1) The name and dosage form of the drug.

(2) The date of each refill.

(3) The quantity dispensed.

(4) The identity of the pharmacist who dispensed the refill.

(5) The total number of refills for that prescription.

(g) This subsection does not apply:

(1) unless a patient requests a prescription drug supply of more than thirty (30) days;

(2) to the dispensing of a controlled substance (as defined in IC 35-48-1-9); or

(3) if a prescriber indicates on the prescription that the quantity of the prescription may not be changed.

A pharmacist may dispense, upon request of the patient, personal or legal representative of the patient, or guardian of the patient, not more than a ninety (90) day supply of medication if the patient has completed an initial thirty (30) day supply of the drug therapy and the prescription, including any refills, allows a pharmacist to dispense at least a ninety (90) day supply of the medication. However, a pharmacist shall comply with state and federal laws and regulations concerning the dispensing limitations concerning a prescription drug. The pharmacist shall inform the customer concerning whether the additional supply of the prescription will be covered under the patient's insurance, if applicable.

(h) A prescription is valid for not more than one (1) year after the original date of issue.

(i) A pharmacist may not knowingly dispense a prescription after the demise of the practitioner, unless in the pharmacist's professional judgment it is in the best interest of the patient's health.

(j) A pharmacist may not knowingly dispense a prescription after the demise of the patient.

(k) A pharmacist or a pharmacy shall not resell, reuse, or redistribute a medication that is returned to the pharmacy after being dispensed unless the medication:

(1) was dispensed to an individual:

(A) residing in an institutional facility (as defined in 856 IAC 1-28.1-1(6));

(B) in a hospice program under IC 16-25; or

(C) in a county jail or department of correction facility;

(2) was properly stored and securely maintained according to sound pharmacy practices;

(3) is returned unopened and:

(A) was dispensed in the manufacturer's original:

(i) bulk, multiple dose container with an unbroken tamper resistant seal; or

(ii) unit dose package; or

(B) was packaged by the dispensing pharmacy in a:
(i) multiple dose blister container; or
(ii) unit dose package;
(4) was dispensed by the same pharmacy as the pharmacy accepting the return;
(5) is not expired; and
(6) is not a controlled substance (as defined in IC 35-48-1-9), unless the pharmacy holds a Category II permit (as described in section 17 of this chapter).

(l) A pharmacist or a pharmacy shall not resell, reuse, or redistribute medical devices or medical supplies used for prescription drug therapy that have been returned to the pharmacy after being dispensed unless the medical devices or medical supplies:
(1) were dispensed to an individual in a county jail or department of correction facility;
(2) are not expired; and
(3) are returned unopened and in the original sealed packaging.

(m) A pharmacist may use the pharmacist's professional judgment as to whether to accept medication for return under this section.

(n) This subsection does not apply to a controlled substance, compounded drug, or biological product, or if the prescriber has indicated adaptation of a prescription is not permitted. A pharmacist, acting in good faith, exercising reasonable care, and obtaining patient consent, may do the following:
(1) Change the quantity of a medication prescribed if:
(A) the prescribed quantity or package size is not commercially available;
(B) the change in quantity is related to a change in dosage form; or
(C) the change in quantity reflects the intended day supply.
(2) Change the dosage form of the prescription if it is in the best interest of patient care, if the prescriber's directions are also modified to equate to an equivalent amount of drug dispensed as prescribed.
(3) Complete missing information on a prescription if there is sufficient evidence to support the change.
(4) Extend a maintenance drug for the limited quantity necessary to coordinate a patient's refills in a medication synchronization program.

A pharmacist who adapts a prescription in accordance with this subsection must document the adaptation in the patient's record.

(o) A pharmacist who violates subsection (d) commits a Class A

infraction.

SECTION 16. IC 25-26-13-31, AS AMENDED BY P.L.114-2020, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 31. (a) A pharmacist may do the following:

(1) Obtain and maintain patient drug histories and other pharmacy records that are related to drug or device therapies.

(2) Perform drug evaluation, drug utilization review, and drug regimen review.

(3) Participate in the selection, storage, and distribution of drugs, dietary supplements, and devices. However, drug selection must comply with IC 16-42-19 and IC 16-42-22.

(4) Participate in drug or drug related research.

(5) Prescribe any of the following devices or supplies approved by the federal Food and Drug Administration:

(A) Inhalation spacer.

(B) Nebulizer.

(C) Supplies for medical devices, including but not limited to, continuous positive airway pressure (CPAP) machine supplies and insulin pump supplies.

(D) Normal saline and sterile water for irrigation for wound care or for injection with a prescription drug or device.

(E) Diabetes blood sugar testing supplies.

(F) Pen needles.

(G) Syringes for medication use.

~~However, the pharmacist must provide the patient with a written advance beneficiary notice that is signed by the patient and that states that the patient may not be eligible for reimbursement for the device or supply. The pharmacy must keep a copy of the patient's advance beneficiary notice on file for seven (7) years.~~

(b) A pharmacist who participates in an activity allowed under subsection (a) is required to follow the standards for the competent practice of pharmacy adopted by the board.

(c) A pharmacist may issue a prescription for purposes of subsection (a)(5).

SECTION 17. IC 25-26-13.5-6, AS ADDED BY P.L.202-2017, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) Before a remote dispensing facility may do business in Indiana, the remote dispensing facility must be registered with the board under this chapter and in the manner prescribed by the board.

(b) Before a pharmacy licensed under this article may operate a remote dispensing facility, the pharmacy must register with the board

under this chapter.

(c) A facility must meet the following requirements in order to be registered as a remote dispensing facility under this chapter:

(1) If the remote dispensing facility is not jointly owned by the pharmacy, operate under a contract with a supervising pharmacy.

(2) Be supervised by a qualifying pharmacist who is licensed under this article and who is designated by the supervising pharmacy to be responsible for oversight of the remote dispensing facility.

(3) Be located at least ten (10) miles from an existing retail pharmacy unless:

(A) the applicant with the proposed remote dispensing facility demonstrates to the board how the proposed remote dispensing facility will promote public health; or

(B) the ~~pharmacy located less than ten (10) miles from the~~ remote dispensing facility is ~~part of a hospital or a physician clinic setting.~~ **located within the same building as, and exclusively serves, the patients of:**

(i) a community mental health center established under IC 12-29;

(ii) a health care facility (as defined in IC 16-28-13-0.5); or

(iii) a physician clinic.

(4) Maintain a patient counseling area.

(5) Display a sign visible to the public indicating that the location is a remote dispensing facility. The sign must include the following information:

(A) That the facility provides remote services supervised by a pharmacist located in another pharmacy.

(B) The identification and address of the supervising pharmacy.

(C) Disclosure that a pharmacist is required to speak to the consumer using audio and video communication systems any time a new drug or device is dispensed at the remote dispensing facility.

(D) Whether patient counseling is provided on a prescription drug refill at the remote dispensing facility.

(E) That the facility is under continuous video surveillance and that the video is recorded.

(d) If the remote dispensing facility is operating under a contract with a supervising pharmacy, the contract must:

(1) specify the responsibilities of each party to the contract; and

(2) be available for review by the board at the board's request.

SECTION 18. IC 25-26-13.5-11, AS AMENDED BY P.L.246-2019, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. (a) A supervising pharmacy of a remote dispensing facility must maintain a video and audio communication system that provides for effective communication between the supervising pharmacy, the remote dispensing facility, and any consumers. The system must do the following:

(1) Provide an adequate number of views of the entire remote dispensing facility.

(2) Facilitate adequate pharmacist supervision.

(3) Allow an appropriate exchange of visual, verbal, and written communications for patient counseling and other matters concerning the lawful transaction of business.

(b) The remote dispensing facility must retain a recording of facility surveillance, excluding patient communications, for at least ~~forty-five (45)~~ **thirty (30)** days.

(c) A qualifying pharmacist is adequately supervising through the use of video surveillance by maintaining constant visual supervision and auditory communication with the remote dispensing facility and by maintaining full supervisory control of the automated system, if applicable. The auditory communication must be available, as needed, with the remote dispensing facility and the qualifying pharmacist.

(d) A video monitor that is being used to properly identify and communicate with consumers must meet the following requirements:

~~(1) Be at least twelve (12) inches wide.~~

~~(2) Be high definition.~~

~~(3)~~ **(1)** Provide both the supervising pharmacy and the remote dispensing facility with direct visual contact between the pharmacist and the consumer.

~~(4)~~ **(2)** Be secure and compliant with the federal Health Insurance Portability and Accountability Act (HIPAA).

(e) If any component of the communication system is not in operating order, the remote dispensing facility shall remain closed until the communication system is fully operational, unless a pharmacist is located at the remote dispensing facility.

SECTION 19. IC 25-26-16-1, AS AMENDED BY P.L.202-2017, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of a:

(1) hospital listed in IC 16-18-2-161(a)(1);

(2) physician licensed under IC 25-22.5; or

(3) physician group practice;

concerning the adjustment of a patient's drug regimen by, **or other patient care services delegated to,** a pharmacist **licensed under this article.**

SECTION 20. IC 25-26-16-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 1.5. As used in this chapter, "therapeutic alternative" means a drug product that:**

(1) has a different chemical structure from;

(2) is in the same pharmacological or therapeutic class as; and

(3) usually can be expected to have similar therapeutic effects and adverse reaction profiles when administered to patients in therapeutically equivalent doses as;

another drug.

SECTION 21. IC 25-26-16-2, AS AMENDED BY P.L.202-2017, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:

(1) changes the duration of treatment for a current drug therapy;

(2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;

(3) discontinues the use of a drug;

(4) adds a drug to the treatment regimen; ~~or~~

(5) issues a new prescription for the purposes of subdivision (1), (2), or (4); **or**

(6) makes a therapeutic substitution.

SECTION 22. IC 25-26-16-4.5, AS AMENDED BY P.L.129-2018, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4.5. (a) This section does not apply to a pharmacist who is practicing in a hospital.

(b) As used in this section, "direct supervision" means that a supervising:

(1) physician;

(2) advanced practice registered nurse who meets the requirements of IC 25-23-1-19.5; or

(3) physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6;

is readily available to consult with the pharmacist while the protocol services are being provided.

(c) This section applies to a pharmacist who:

(1) is employed by, or has entered into a contract with, a physician, a group of physicians, or an outpatient clinic; and

(2) is under the direct supervision of a person described in subsection (b)(1) through (b)(3).

(d) The protocols developed under this chapter:

(1) must be agreed upon by:

(A) the physician or the physician administrator described in section 3.5(d) of this chapter; and

(B) the pharmacist; **and**

~~(2) must, at a minimum, require that:~~

~~(A) the medical records of the patient are available to both the patient's physician and the pharmacist; and~~

~~(B) the procedures performed by the pharmacist relate to a condition for which the patient has first seen the physician or another licensed practitioner; and~~

~~(3)~~ **(2)** may apply to a single patient or group of patients, as specified by the physician.

SECTION 23. IC 25-26-16-10 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 10. If a protocol developed under this chapter allows a pharmacist to substitute a therapeutic alternative for the drug prescribed by the individual's attending physician, the attending physician's authorization of the substitution is valid only for the duration of the prescription or drug order.**

SECTION 24. IC 25-26-16-11 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 11. A pharmacist may not substitute a therapeutic alternative for a drug prescribed by an individual's attending physician unless the substitution is authorized by the attending physician under a valid protocol issued under this chapter.**

SECTION 25. IC 25-26-16-12 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 12. A physician assistant licensed under IC 25-27.5 or an advanced practice registered nurse licensed under IC 25-23 may refer a patient to a pharmacist.**

SECTION 26. IC 25-26-16.5-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. As used in this chapter, "protocol" means a policy, procedure, or protocol of a health facility concerning:

(1) the adjustment of a patient's drug regimen as allowed under this chapter by; **or**

(2) other patient care services delegated to;

a pharmacist licensed under this article.

SECTION 27. IC 25-26-16.5-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:

(1) changes the duration of treatment for a current drug therapy;

(2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;

(3) discontinues the use of a drug; ~~or~~

(4) adds a drug to the treatment regimen;

(5) issues a new prescription for the purposes of subdivisions (1), (2), or (4); or

(6) makes a therapeutic substitution.

SECTION 28. **An emergency is declared for this act.**