An Act

ENROLLED SENATE BILL NO. 753

By: David of the Senate

and

Cox of the House

An Act relating to public health and safety; amending 59 O.S. 2011, Sections 519.2, 519.3, 519.6, 519.10 and 519.11, which relate to the Physician Assistant Act; modifying and adding certain terms; modifying composition of membership on Physician Assistant Committee; permitting supervising physician to be available to physician assistant by telemedicine; requiring supervising physician to review sample of certain records; requiring supervising physician to make certain determination based on certain conditions; deleting requirement that physician assistant obtain certain approval prior to practicing in remote patient care settings; modifying violations and penalties concerning unlicensed practice of medicine; providing for certain interpretation; and providing an effective date.

SUBJECT: Physician Assistant Act

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 59 O.S. 2011, Section 519.2, is amended to read as follows:

Section 519.2. As used in the Physician Assistant Act:

1. "Board" means the State Board of Medical Licensure and Supervision;

- 2. "Committee" means the Physician Assistant Committee;
- 3. "Health care services Practice of medicine" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to:
 - a. initially approaching a patient of any age group in a patient care setting to elicit a detailed history, performing a physical examination, delineating problems and recording the data,
 - assisting the physician in conducting rounds in acute and long-term inpatient care settings, developing and implementing patient management plans, recording progress notes and assisting in the provision of continuity of care in other patient care settings,
 - c. ordering, performing or interpreting, at least to the point of recognizing deviations from the norm, common laboratory, radiological, cardiographic and other routine diagnostic procedures used to identify pathophysiologic processes,
 - d. ordering or performing routine procedures such as injections, immunizations, suturing and wound care, and managing simple conditions produced by infection, trauma or other disease processes,
 - e. assisting in the management of more complex illness and injuries, which may include assisting surgeons in the conduct of operations and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations,
 - f. instructing and counseling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, emotional problems of daily living and health maintenance,

- g. facilitating the referral of patients to the community's health and social service agencies when appropriate, and
- h. providing health care services which are delegated by the supervising physician when the service:
 - (1) is so long as such services are within the physician assistant's assistants' skill,
 - (2) forms form a component of the physician's scope of practice, and
 - (3) is are provided with supervision, including authenticating with the signature any form that may be authenticated by the supervising physician's signature with prior delegation by the physician.

Nothing in the Physician Assistant Act shall be construed to permit physician assistants to provide health care services independent of physician supervision;

- 4. "Patient care setting" means a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center or any other setting authorized by the supervising physician;
- 5. "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the State Board of Medical Licensure and Supervision, to provide health care services in any patient care setting at the direction and under the supervision of a physician or group of physicians practice medicine with physician supervision;
- 6. "Physician Assistant Drug Formulary" means a list of drugs and other medical supplies, approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy, that physician assistants are permitted to prescribe and order under the direction of their supervising physicians;

- 7. "Remote patient care setting" means an outpatient clinic or physician's office that qualifies as a Rural Health Clinic, a Federally Qualified Health Center, a nonprofit community-based health center, or any other patient care setting approved by the State Board of Medical Licensure and Supervision, and that provides service to a medically underserved population, as defined by the appropriate government agency;
- 8. "Supervising physician" means an individual holding a license as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants;
- 9. 7. "Supervision" means overseeing the activities of, and accepting the responsibility for, the health care medical services performed rendered by a physician assistant. The constant physical presence of the supervising physician is not required as long as the supervising physician and physician assistant are or can be easily in contact with each other by telecommunication; and
- 10. 8. "Telecommunication" means the use of electronic technologies to transmit words, sounds or images for interpersonal communication, clinical care (telemedicine) and review of electronic health records; and
- 9. "Application to practice" means a written description that defines the scope of practice and the terms of supervision of a physician assistant in a medical practice.
- SECTION 2. AMENDATORY 59 O.S. 2011, Section 519.3, is amended to read as follows:

Section 519.3. A. There is hereby created the Physician Assistant Committee, which shall be composed of seven (7) members. Two Three members of the Committee shall be physician assistants appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma Academy of Physician Assistants. One member shall be a physician appointed by the Board from its membership. One member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board. One member shall be a physician

appointed by the State Board of Osteopathic Examiners from its membership. One member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of said board. One member shall be a licensed pharmacist appointed by the Board of Pharmacy.

- B. The term of office for each member of the Committee shall be five (5) years. Provided, of those members initially appointed to the Committee by the Board, two shall serve three-year terms and two shall serve five-year terms, as designated by the Board; of those members initially appointed to the Committee by the State Board of Osteopathic Examiners, one shall serve a two-year term and one shall serve a four-year term, as designated by said board; and the member initially appointed by the Board of Pharmacy shall serve a five-year term.
- C. The Committee shall meet at least quarterly. At the initial meeting of each calendar year, the Committee, members shall elect a chair. The chair or his or her designee shall represent the Committee at all meetings of the Board. Four members shall constitute a quorum for the purpose of conducting official business of the Committee.
- D. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to promulgate rules, which are in accordance with the provisions of Section 519.1 et seq. of this title, governing the requirements for licensure as a physician assistant, as well as to establish standards for training, approve institutions for training, and regulate the standards of practice of a physician assistant after licensure, including the power of revocation of a license.
- E. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to investigate all complaints, hold hearings, subpoena witnesses and initiate prosecution concerning violations of Section 519.1 et seq. of this title. When such complaints involve physicians licensed by the State Board of Osteopathic Examiners, the State Board of Osteopathic Examiners shall be officially notified of such complaints.

- F. 1. The Committee shall advise the Board on <u>all</u> matters pertaining to <u>the practice of</u> physician assistants, including, but not limited to:
 - a. educational standards required to practice as a
 physician assistant,
 - b. licensure requirements required to practice as a physician assistant,
 - c. methods and requirements to assure the continued competence of physician assistants after licensure,
 - the drugs and other medical supplies for which physician assistants are permitted to prescribe and order under the direction of their supervising physicians,
 - e. the grounds for revocation or suspension of a license for a physician assistant,
 - education and experience requirements to receive approval to practice in remote patient care settings, and
 - g. all other matters which may pertain to the practice of physician assistants.
- 2. The Committee shall review and make recommendations to the Board on all applications for licensure as a physician assistant and all applications to practice which shall be approved by the Board. When considering applicants for licensure, to establish standards of training or approve institutions for training, the Committee shall include the Director, or designee, of all Physician Assistant educational programs conducted by institutions of higher education in the state as members.
- 3. The Committee shall assist and advise the Board in all hearings involving physician assistants who are deemed to be in violation of Section 519.1 et seq. of this title or the rules of the Board.

SECTION 3. AMENDATORY 59 O.S. 2011, Section 519.6, is amended to read as follows:

Section 519.6. A. No health care services may be performed by a physician assistant unless a current application to practice, jointly filed by the supervising physician and physician assistant, is on file with and approved by the State Board of Medical Licensure and Supervision. The application shall include a description of the physician's practice, methods of supervising and utilizing the physician assistant, and names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.

- B. The supervising physician need not be physically present nor be specifically consulted before each delegated patient care service is performed by a physician assistant, so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone or other means of telecommunication. In all patient care settings, the supervising physician shall provide appropriate methods of supervising the health care services provided by the physician assistant including:
 - a. being responsible for the formulation or approval of all orders and protocols, whether standing orders, direct orders or any other orders or protocols, which direct the delivery of health care services provided by a physician assistant, and periodically reviewing such orders and protocols,
 - b. regularly reviewing the health care services provided by the physician assistant and any problems or complications encountered,
 - c. being available physically or through <u>telemedicine or</u> direct telecommunications for consultation, assistance with medical emergencies or patient referral, and
 - d. being on-site to provide medical care to patients a minimum of one-half (1/2) day per week. Additional on-site supervision may be required at the recommendation of the Physician Assistant Committee and approved by the Board; reviewing a sample of

outpatient medical records. Such reviews shall take place at the practice site as determined by the supervising physician and with approval of the State Board of Medical Licensure and Supervision, and

- e. that it remains clear that the physician assistant is an agent of the supervising physician; but, in no event shall the supervising physician be an employee of the physician assistant.
- C. In patients with newly diagnosed chronic or complex illnesses, the physician assistant shall contact the supervising physician within forty-eight (48) hours of the physician assistant's initial examination or treatment and schedule the patient for appropriate evaluation by the supervising physician as directed by the physician. The supervising physician shall determine which conditions qualify as complex illnesses based on the clinical setting and the skill and experience of the physician assistant.
- D. 1. A physician assistant under the direction of a supervising physician may prescribe written and oral prescriptions and orders. The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the supervising physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.
- 2. A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.
- E. A physician assistant may perform health care services in patient care settings as authorized by the supervising physician.

- F. A physician assistant shall obtain approval from the State Board of Medical Licensure and Supervision prior to practicing in remote patient care settings. Such approval requires documented experience in providing a comprehensive range of primary care services, under the direction of a supervising physician, for at least one (1) year prior to practicing in such settings and such other requirement as the Board may require. The Board is granted the authority to waive this requirement for those applicants possessing equivalent experience and training as recommended by the Committee.
- G. Each physician assistant licensed under the Physician Assistant Act shall keep his or her license available for inspection at the primary place of business and shall, when engaged in professional activities, identify himself or herself as a physician assistant.
- SECTION 4. AMENDATORY 59 O.S. 2011, Section 519.10, is amended to read as follows:

Section 519.10. Any person who holds herself or himself out as a physician assistant or uses the title "Physician Assistant" without being licensed, or who otherwise violates the provisions of Section 519.1 et seq. of this title shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not less than Fifty Dollars (\$50.00), nor more than Five Hundred Dollars (\$500.00), by imprisonment in the county jail for not less than five (5) days, nor more than thirty (30) days, or by both such fine and imprisonment. Each day of a violation of the provisions of Section 519.1 et seq. of this title shall constitute a separate and distinct offense. Conviction shall also be grounds for the suspension or revocation of the license of a duly licensed physician assistant not licensed under the Physician Assistant Act is guilty of a misdemeanor and is subject to penalties applicable to the unlicensed practice of medicine if he or she:

- 1. Holds himself or herself out as a physician assistant;
- 2. Uses any combination or abbreviation of the term "physician assistant" to indicate or imply that he or she is a physician assistant; or

3. Acts as a physician assistant without being licensed by the State Board of Medical Licensure and Supervision.

An unlicensed physician shall not be permitted to use the title of "physician assistant" or to practice as a physician assistant unless he or she fulfills the requirements of Section 519.1 et seq. of this title.

SECTION 5. AMENDATORY 59 O.S. 2011, Section 519.11, is amended to read as follows:

Section 519.11. A. Nothing in this act the Physician Assistant Act shall be construed to prevent or restrict the practice, services or activities of any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as a physician assistant.

- B. Nothing stated in this act the Physician Assistant Act shall prevent any hospital from requiring the physician assistant and/or the supervising physician to meet and maintain certain staff appointment and credentialling qualifications for the privilege of practicing as, or utilizing, a physician assistant in the hospital.
- C. Nothing in this act the Physician Assistant Act shall be construed to permit a physician assistant to practice medicine or prescribe drugs and medical supplies in this state except when such actions are performed under the supervision and at the direction of a physician approved by the State Board of Medical Licensure and Supervision.
- D. Nothing herein shall be construed to require licensure under this act of a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant.
- E. Notwithstanding any other provision of law, no one who is not a physician licensed to practice medicine in the state of Oklahoma may perform acts restricted to such physicians pursuant to the provisions of Section 1-731 of Title 63 of the Oklahoma Statutes. This paragraph is inseverable.

SECTION 6. This act shall become effective November 1, 2015. Passed the Senate the 10th day of March, 2015.

Presiding Officer of the Senate

Passed the House of Representatives the 15th day of April, 2015.

Presiding Officer of the House of Representatives

	OFFICE OF THE GOVERNOR
	Received by the Office of the Governor this
day	of, 20, at o'clock M.
ву:	
	Approved by the Governor of the State of Oklahoma this
day	of, 20, at o'clock M.
	Governor of the State of Oklahoma
	OFFICE OF THE SECRETARY OF STATE
	Received by the Office of the Secretary of State this
day	of, 20, at o'clock M.
By:	