1	STATE OF OKLAHOMA							
2	1st Session of the 55th Legislature (2015)							
3	HOUSE BILL 1715 By: Cox							
4								
5								
6	AS INTRODUCED							
7	An Act relating to public health and safety; amending							
8	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							
9	composition of membership on Physician Assistant Committee; permitting supervising physician to be							
10	available to physician assistant by telemedicine; requiring supervising physician to review sample of							
11	certain records; requiring supervising physician to make certain determination based on certain							
12	conditions; deleting requirement that physician assistant obtain certain approval prior to practicing							
13	in remote patient care settings; modifying violations and penalties concerning unlicensed practice of							
14	medicine; providing for certain interpretation; and providing an effective date.							
15	providing an effective date.							
16								
17								
18	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:							
19	SECTION 1. AMENDATORY 59 O.S. 2011, Section 519.2, is							
20	amended to read as follows:							
21	Section 519.2 As used in the Physician Assistant Act:							
22	1. "Board" means the State Board of Medical Licensure and							
23	Supervision;							
24	2. "Committee" means the Physician Assistant Committee;							

3. "Health care services <u>Practice of medicine</u>" 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 <u>under the supervision and at</u>
 the direction of physicians. Such services include, but are not
 limited to:

7	<del>a.</del>	initially approaching a patient of any age group in a
8		patient care setting to elicit a detailed history,
9		performing a physical examination, delineating
10		problems and recording the data,

11	b.	assisting the physician in conducting rounds in acute
12		and long-term inpatient care settings, developing and
13		implementing patient management plans, recording
14		progress notes and assisting in the provision of
15		continuity of care in other patient care settings,
16	<del>c.</del>	ordering, performing or interpreting, at least to the
17		point of recognizing deviations from the norm, common
18		laboratory, radiological, cardiographic and other
19		routine diagnostic procedures used to identify
20		pathophysiologic processes,
21	<del>d.</del>	ordering or performing routine procedures such as

22 injections, immunizations, suturing and wound care,
 23 and managing simple conditions produced by infection,
 24 trauma or other disease processes,

1	e	•	assisting in the management of more complex illness							
2			and injuries, which may include assisting surgeons in							
3			the conduct of operations and taking initiative in							
4			performing evaluation and therapeutic procedures in							
5			response to life-threatening situations,							
6	£	•	instructing and counseling patients regarding							
7			compliance with prescribed therapeutic regimens,							
8			normal growth and development, family planning,							
9			emotional problems of daily living and health							
10			maintenance,							
11	g.	·	facilitating the referral of patients to the							
12			community's health and social service agencies when							
13			appropriate, and							
14	h-	•	providing health care services which are delegated by							
15			the supervising physician when the service:							
16			(1) is so long as such services are within the							
17			physician <del>assistant's</del> <u>assistants'</u> skill,							
18			(2) forms form a component of the physician's scope							
19			of practice, and							
20			(3) is are provided with supervision, including							
21			authenticating with the signature any form that							
22			may be authenticated by the supervising							
23			physician's signature with prior delegation by							
24			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 4. "Patient care setting" means a physician's office, clinic,
5 hospital, nursing home, extended care facility, patient's home,
6 ambulatory surgical center or any other setting authorized by the
7 supervising physician;

8 5. "Physician assistant" means a health care professional,
9 qualified by academic and clinical education and licensed by the
10 State Board of Medical Licensure and Supervision, to provide health
11 care services in any patient care setting at the direction and under
12 the supervision of a physician or group of physicians practice
13 medicine with physician supervision;

14 6. "Physician Assistant Drug Formulary" means a list of drugs
15 and other medical supplies, approved by the State Board of Medical
16 Licensure and Supervision after consultation with the State Board of
17 Pharmacy, that physician assistants are permitted to prescribe and
18 order under the direction of their supervising physicians;

19 7. "Remote patient care setting" means an outpatient clinic or 20 physician's office that qualifies as a Rural Health Clinic, a 21 Federally Qualified Health Center, a nonprofit community-based 22 health center, or any other patient care setting approved by the 23 State Board of Medical Licensure and Supervision, and that provides

24

1 service to a medically underserved population, as defined by the 2 appropriate government agency;

8. "Supervising physician" means an individual holding a
4 license as a physician from the State Board of Medical Licensure and
5 Supervision or the State Board of Osteopathic Examiners, who
6 supervises physician assistants;

7 9. 7. "Supervision" means overseeing <u>the activities of</u>, and 8 accepting <u>the</u> responsibility for, the <u>health care medical</u> services 9 <u>performed rendered</u> by a physician assistant. <u>The constant physical</u> 10 <u>presence of the supervising physician is not required as long as the</u> 11 <u>supervising physician and physician assistant are or can be easily</u> 12 <u>in contact with each other by telecommunication</u>; and

13 <u>8. "Telecommunication" means the use of electronic technologies</u> 14 <u>to transmit words, sounds or images for interpersonal communication,</u> 15 <u>clinical care (telemedicine) and review of electronic health</u>

16 records; and

17 <u>10. 9.</u> "Application to practice" means a written description 18 that defines the scope of practice and the terms of supervision of a 19 physician assistant in a medical practice.

20SECTION 2.AMENDATORY59 O.S. 2011, Section 519.3, is21amended 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

Req. No. 5038

1 appointed by the State Board of Medical Licensure and Supervision 2 from a list of qualified individuals submitted by the Oklahoma Academy of Physician Assistants. One member shall be a physician 3 appointed by the Board from its membership. One member shall be a 4 5 physician appointed by the Board from a list of qualified 6 individuals submitted by the Oklahoma State Medical Association and 7 who is not a member of the Board. One member shall be a physician 8 appointed by the State Board of Osteopathic Examiners from its 9 membership. One member shall be a physician appointed by the State 10 Board of Osteopathic Examiners from a list of qualified individuals 11 submitted by the Oklahoma Osteopathic Association and who is not a 12 member of said board. One member shall be a licensed pharmacist 13 appointed by the Board of Pharmacy.

14 The term of office for each member of the Committee shall be в. 15 five (5) years. Provided, of those members initially appointed to 16 the Committee by the Board, two shall serve three-year terms and two 17 shall serve five-year terms, as designated by the Board; of those 18 members initially appointed to the Committee by the State Board of 19 Osteopathic Examiners, one shall serve a two-year term and one shall 20 serve a four-year term, as designated by said board; and the member 21 initially appointed by the Board of Pharmacy shall serve a five-year 22 term.

23 C. The Committee shall meet at least quarterly. At the initial 24 meeting of each calendar year, the Committee, members shall elect a

Req. No. 5038

chair. The chair <u>or his or her designee</u> 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.

5 D. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to promulgate rules, which 6 7 are in accordance with the provisions of Section 519.1 et seq. of this title, governing the requirements for licensure as a physician 8 9 assistant, as well as to establish standards for training, approve 10 institutions for training, and regulate the standards of practice of 11 a physician assistant after licensure, including the power of 12 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<del>, including, but</del> <u>not limited to:</u>

- 23 <del>a.</del>
- 24

physician assistant,

educational standards required to practice

2	physician assistant,			
3	c. methods and requirements to assure the continued			
4	competence of physician assistants after licensure,			
5	d. the drugs and other medical supplies for which			
6	physician assistants are permitted to prescribe and			
7	order under the direction of their supervising			
8	physicians,			
9	e. the grounds for revocation or suspension of a license			
10	for a physician assistant,			
11	f. education and experience requirements to receive			
12	approval to practice in remote patient care settings,			
13	and			
14	g. all other matters which may pertain to the practice of			
15	<del>physician assistants</del> .			
16	2. The Committee shall review and make recommendations to the			
17 E	Board on all applications for licensure as a physician assistant and			
18 a	all applications to practice which shall be approved by the Board.			
19 🗗	When considering applicants for licensure, to establish standards of			
20 t	training or approve institutions for training, the Committee shall			
21 j	include the Director, or designee, of all Physician Assistant			
22 e	educational programs conducted by institutions of higher education			
23 j	in the state as members.			
24				

Req. No. 5038

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.

5 SECTION 3. AMENDATORY 59 O.S. 2011, Section 519.6, is 6 amended to read as follows:

7 Section 519.6 A. No health care services may be performed by a physician assistant unless a current application to practice, 8 9 jointly filed by the supervising physician and physician assistant, 10 is on file with and approved by the State Board of Medical Licensure 11 and Supervision. The application shall include a description of the 12 physician's practice, methods of supervising and utilizing the 13 physician assistant, and names of alternate supervising physicians 14 who will supervise the physician assistant in the absence of the 15 primary supervising physician.

16 The supervising physician need not be physically present nor в. 17 be specifically consulted before each delegated patient care service 18 is performed by a physician assistant, so long as the supervising 19 physician and physician assistant are or can be easily in contact 20 with one another by radio, telephone or other means of 21 telecommunication. In all patient care settings, the supervising 22 physician shall provide appropriate methods of supervising the 23 health care services provided by the physician assistant including:

24

- 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
- 13 d. being on-site to provide medical care to patients a 14 minimum of one-half (1/2) day per week. Additional 15 on-site supervision may be required at the 16 recommendation of the Physician Assistant Committee 17 and approved by the Board; reviewing a sample of 18 outpatient medical records. Such reviews may take 19 place at the practice site, or via telecommunication, 20 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.

1 C. In patients with newly diagnosed <del>chronic or</del> complex 2 illnesses, the physician assistant shall contact the supervising physician within forty-eight (48) hours of the physician assistant's 3 4 initial examination or treatment and schedule the patient for 5 appropriate evaluation by the supervising physician as directed by the physician. The supervising physician shall determine which 6 7 conditions qualify as complex illnesses based on the clinical setting and the skill and experience of the physician assistant. 8

9 D. 1. A physician assistant under the direction of a 10 supervising physician may prescribe written and oral prescriptions 11 and orders. The physician assistant may prescribe drugs, including 12 controlled medications in Schedules II through V pursuant to Section 13 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and 14 services as delegated by the supervising physician and as approved 15 by the State Board of Medical Licensure and Supervision after 16 consultation with the State Board of Pharmacy on the Physician 17 Assistant Drug Formulary.

18 2. A physician assistant may write an order for a Schedule II 19 drug for immediate or ongoing administration on site. Prescriptions 20 and orders for Schedule II drugs written by a physician assistant 21 must be included on a written protocol determined by the supervising 22 physician and approved by the medical staff committee of the 23 facility or by direct verbal order of the supervising physician. 24 Physician assistants may not dispense drugs, but may request,

Req. No. 5038

receive, and sign for professional samples and may distribute
 professional samples to patients.

A physician assistant may perform health care services in 3 Е. patient care settings as authorized by the supervising physician. 4 5 F. A physician assistant shall obtain approval from the State Board of Medical Licensure and Supervision prior to practicing in 6 7 remote patient care settings. Such approval requires documented experience in providing a comprehensive range of primary care 8 9 services, under the direction of a supervising physician, for at 10 least one (1) year prior to practicing in such settings and such 11 other requirement as the Board may require. The Board is granted 12 the authority to waive this requirement for those applicants 13 possessing equivalent experience and training as recommended by the 14 Committee.

15 G. Each physician assistant licensed under the Physician 16 Assistant Act shall keep his or her license available for inspection 17 at the primary place of business and shall, when engaged in 18 professional activities, identify himself or herself as a physician 19 assistant.

20SECTION 4.AMENDATORY59 O.S. 2011, Section 519.10, is21amended 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

Req. No. 5038

1	519.1 et seq. of this title shall be guilty of a misdemeanor and,						
2	upon conviction, shall be punished by a fine of not less than Fifty						
З	Dollars (\$50.00), nor more than Five Hundred Dollars (\$500.00), by						
4	imprisonment in the county jail for not less than five (5) days, nor						
5	more than thirty (30) days, or by both such fine and imprisonment.						
6	Each day of a violation of the provisions of Section 519.1 et seq.						
7	of this title shall constitute a separate and distinct offense.						
8	Conviction shall also be grounds for the suspension or revocation of						
9	the license of a duly licensed physician assistant not licensed						
10	under the Physician Assistant Act is guilty of a misdemeanor and is						
11	subject to penalties applicable to the unlicensed practice of						
12	medicine if he or she:						
13	1. Holds himself or herself out as a physician assistant;						
14	2. Uses any combination or abbreviation of the term "physician						
15	assistant" to indicate or imply that he or she is a physician						
16	assistant; or						
17	3. Acts as a physician assistant without being licensed by the						
18	State Board of Medical Licensure and Supervision.						
19	An unlicensed physician shall not be permitted to use the title						
20	of "physician assistant" or to practice as a physician assistant						
21	unless he or she fulfills the requirements of Section 519.1 et seq.						
22	of this title.						
23	SECTION 5. AMENDATORY 59 O.S. 2011, Section 519.11, is						
24	amended to read as follows:						

Req. No. 5038

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.

19D. Nothing herein shall be construed to require licensure under20this act of a physician assistant student enrolled in a physician21assistant educational program accredited by the Accreditation Review22Commission on Education for the Physician Assistant.

- 23
- 24

1	SECTION 6.	This act	shall	become	effective	November	1,	2015.
2								
3	55-1-5038	AM	01/1	3/15				
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								