

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

CONFERENCE COMMITTEE SUBSTITUTE  
FOR ENGROSSED  
SENATE BILL 32

By: Robinson of the Senate

and

Erwin of the House

CONFERENCE COMMITTEE SUBSTITUTE

An Act relating to motor vehicles, professions and occupations and public health and safety; amending 47 O.S. 1991, Section 15-112, as last amended by Section 7, Chapter 189, O.S.L. 2000 (47 O.S. Supp. 2000, Section 15-112), which relates to special parking privileges for physically disabled persons; adding definition; amending Section 2, Chapter 289, O.S.L. 1993, as last amended by Section 2, Chapter 128, O.S.L. 1998, Section 6, Chapter 289, O.S.L. 1993, as amended by Section 4, Chapter 128, O.S.L. 1998 and Section 7, Chapter 289, O.S.L. 1993 (59 O.S. Supp. 2000, Sections 519.2, 519.6, 519.7), which relate to the Physician Assistant Act; modifying certain definition to add services which physician assistants may perform; construing act; adding definition; specifying when physician assistants may write orders or prescriptions for Schedule II drugs; specifying when physician assistants may perform health care services; requiring availability of physician assistant license and identification of person as a physician assistant; authorizing temporary approval of a license to specified persons; amending 59 O.S. 1991, Section 887.2, which relates to the Physical Therapy Practice Act; amending definition to include "physician assistant"; amending 63 O.S. 1991, Section 2-312, as last amended by Section 6, Chapter 128, O.S.L. 1998 (63 O.S. Supp. 2000, Section 2-312), which relates to the Uniform Controlled Dangerous Substances Act; expanding types of drugs that a physician assistant can prescribe and administer; and providing an effective date.

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

SECTION 1. AMENDATORY 47 O.S. 1991, Section 15-112, as last amended by Section 7, Chapter 189, O.S.L. 2000 (47 O.S. Supp. 2000, Section 15-112), is amended to read as follows:

Section 15-112. A. As used in this section:

1. "Physician" means any person holding a valid license to practice medicine and surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry, pursuant to the state licensing provisions of Title 59 of the Oklahoma Statutes; ~~and~~

2. "Physician assistant" means any person holding a valid license as a physician assistant, pursuant to the state licensing provisions of the Physician Assistant Act; and

3. "Physical disability" means an illness, disease, injury or condition by reason of which a person:

- a. cannot walk two hundred (200) feet without stopping to rest,
- b. cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistance device,
- c. is restricted to such an extent that the person's forced (respiratory) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest,
- d. must use portable oxygen,
- e. has functional limitations which are classified in severity as Class III or Class IV according to standards set by the American Heart Association,
- f. is severely limited in the person's ability to walk due to an arthritic, neurological or orthopedic condition,
- g. is certified legally blind, or
- h. is missing one or more limbs.

B. 1. The Department of Public Safety shall issue a detachable placard indicating physical disability to any person who submits an application on a form furnished by the Department and certified by a physician or physician assistant, attesting that the applicant has a

physical disability. The attestation of the physician or physician assistant shall denote "temporary" as the type of placard requested and shall indicate an expiration date which the physician or physician assistant estimates to be the date of termination of such physical disability; however, if the physician or physician assistant certifies that the physical disability is permanent, the physician or physician assistant shall denote "five-year" as the type of placard requested.

2. The person to whom such placard is issued shall be entitled to the special parking privileges provided for in Section 15-111 of this title; provided, however, the placard is properly displayed on the parked vehicle.

C. Any placard issued by the Department of Public Safety shall remain valid until:

1. The placard expires;

2. The person to whom the placard was issued requests a replacement placard; or

3. The placard is no longer needed by the person to whom ~~such~~ the placard was issued for the disability for which the placard was originally issued, whereupon such placard shall be returned to the Department.

D. 1. A five-year placard shall expire five (5) years from the last day of the month in which the placard was issued. Upon the expiration of a five-year placard, the person to whom such placard was issued may obtain a subsequent placard by reapplying to the Department, in the same manner as provided in subsection B of this section.

2. A temporary placard shall indicate the expiration date which the physician or physician assistant certifying the physical disability estimates to be the date of termination of such physical disability, which shall not be later than six (6) months from the date of issuance and upon which date such placard shall expire and

shall be returned to the Department; provided, however, nothing in this paragraph shall be construed to prevent the holder from applying for another placard, as provided for in this section.

3. In the event that a placard is lost or destroyed, the person to whom such placard was issued may apply in writing to the Department for a replacement placard, which the Department shall issue with the same expiration date as the original placard.

4. On and after January 1, 1998, all placards issued prior to October 31, 1990, shall expire on the last day of the month in which the placard was issued, and the person to whom such placard was issued may follow the procedure provided for in subsection B of this section to obtain a second or subsequent placard.

5. On and after January 1, 2000, all placards issued between November 1, 1990, and June 30, 1995, shall expire on the last day of the birth month of the person to whom the placard was issued, and the person to whom such placard was issued may follow the procedure provided for in subsection B of this section to obtain a second or subsequent placard.

E. A physician or physician assistant may sign an application certifying that a person has a physical disability, as provided in subsection B of this section, only if care and treatment of the illness, disease, injury or condition causing the physical disability of such person falls within the authorized scope of practice of the physician or physician assistant.

F. The Department shall recognize handicap and disability stickers issued by the Department of Veterans Affairs and federal military bases in the same manner as the placard issued by the Department as provided for in this section. For purposes of this section and other sections of law relating to the physical disability placard, the term "physical disability placard" shall include those handicap and disability stickers issued by the Department of Veterans Affairs and federal military bases.

G. The Department shall have the power to formulate, adopt and promulgate rules as may be necessary to implement and administer the provisions of this section, including, but not limited to, prescribing the manner in which the placard is to be displayed on a motor vehicle.

H. The Commissioner of Public Safety is hereby authorized to enter into reciprocity agreements with other states for the purpose of recognizing parking placards or license plates indicating physical disability issued by those states.

I. The Department shall charge and the applicant shall pay to the Department a fee of One Dollar (\$1.00) for each placard issued. The fee shall be deposited in the Department of Public Safety Revolving Fund, created pursuant to Section 6-117 of this title.

SECTION 2. AMENDATORY Section 2, Chapter 289, O.S.L. 1993, as last amended by Section 2, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, 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" 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,
  - b. 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, ~~and~~
  - 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 within the physician assistant's skill,
    - (2) forms a component of the physician's scope of practice, and
    - (3) is 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;

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, ~~for which~~ 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, ~~either~~ a nonprofit community-based health center, or any other patient care setting approved by the State Board of Medical Licensure and Supervision, and ~~which~~ 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; ~~and~~

9. "Supervision" means overseeing and accepting the responsibility for the health care services performed by a physician assistant; and

10. "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 3. AMENDATORY Section 6, Chapter 289, O.S.L. 1993, as amended by Section 4, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, 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 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.

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.

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 ~~III~~ 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 any patient care ~~setting in which the supervising physician routinely and regularly provides health care services.~~ A physician assistant may provide health care services in remote patient care settings when such settings are under the medical direction of the supervising physician and when such facilities are located in a medically underserved area as designated by the appropriate governmental agency 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. ~~In patient care settings, the facility shall post public notice that the physician assistant is delivering care under the direction of a supervising physician. Such public notice shall bear the names of the physician assistant and the supervising physician or physicians.~~ 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 Section 7, Chapter 289, O.S.L. 1993 (59 O.S. Supp. 2000, Section 519.7), is amended to read as follows:

Section 519.7 The Secretary of the State Board of Medical Licensure and Supervision is authorized to grant temporary approval of ~~an~~ a license and application to practice to any physician and physician assistant who have jointly filed ~~an~~ a license and application to practice which meets the requirements set forth by the Board. Such temporary approval to practice shall be reviewed at the next regularly scheduled meeting of the Board. The temporary approval may be approved, extended or rejected by the Board. If rejected, the temporary approval shall expire immediately.

SECTION 5. AMENDATORY 59 O.S. 1991, Section 887.2, is amended to read as follows:

Section 887.2 As used in the Physical Therapy Practice Act:

1. "Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry, ~~or podiatry,~~ or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects such as, but not limited to, nerve and muscle function including transcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed upon referral by a licensed doctor of medicine, osteopathy, dentistry, chiropractic or podiatry, or a physician assistant including, but not limited to,

exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter;

2. "Physical therapist assistant" means a person who assists in the practice of physical therapy subject to the direction and supervision of a licensed physical therapist, who meets all the educational requirements, and who is licensed pursuant to the provisions of the Physical Therapy Practice Act;

3. "Licensed physical therapist" means a person who is licensed as required in the Physical Therapy Practice Act and who regularly practices physical therapy;

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

5. "Committee" means the Physical Therapy Committee.

SECTION 6. AMENDATORY 63 O.S. 1991, Section 2-312, as last amended by Section 6, Chapter 128, O.S.L. 1998 (63 O.S. Supp. 2000, Section 2-312), is amended to read as follows:

Section 2-312. A. A physician, podiatrist, optometrist or a dentist who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, ~~Section 2-101 et seq. of this title,~~ in good faith and in the course of such person's professional practice only, may prescribe and administer controlled dangerous substances, or may cause the same to be administered by medical or paramedical personnel acting under the direction and supervision of the physician, podiatrist, optometrist or dentist, and only may dispense controlled dangerous substances pursuant to

the provisions of Sections 355, 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

B. A veterinarian who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, ~~Section 2-101 et seq. of this title,~~ in good faith and in the course of the professional practice of the veterinarian only, and not for use by a human being, may prescribe, administer, and dispense controlled dangerous substances and may cause them to be administered by an assistant or orderly under the direction and supervision of the veterinarian.

C. An advanced practice nurse who is recognized to prescribe by the Oklahoma Board of Nursing as an advanced registered nurse practitioner, clinical nurse specialist or certified nurse-midwife, who is subject to medical direction by a supervising physician, pursuant to Section 567.3a of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule III, IV and V controlled dangerous substances.

D. An advanced practice nurse who is recognized to order, select, obtain and administer drugs by the Oklahoma Board of Nursing as a certified registered nurse anesthetist pursuant to Section ~~4~~ 353.1b of ~~this act~~ Title 59 of the Oklahoma Statutes and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of such practitioner's professional practice only, may order, select, obtain and administer Schedules II through V controlled dangerous substances in a preanesthetic preparation or evaluation; anesthesia induction, maintenance or emergence; or postanesthesia care setting only. A certified registered nurse anesthetist may order, select, obtain and administer such drugs only during the perioperative or periobstetrical period.

E. A physician assistant who is recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, pursuant to subsection D of Section 519.6 of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule ~~III, IV, and~~ II through V controlled dangerous substances.

SECTION 7. This act shall become effective November 1, 2001.

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CJ

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