

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

COMMITTEE SUBSTITUTE
FOR
SENATE BILL 33

By: Robinson

COMMITTEE SUBSTITUTE

An Act relating to professions and occupations and to public health and safety; amending Section 2, Chapter 289, O.S.L. 1993, as last amended by Section 2, Chapter 128, O.S.L. 1998, Section 3, Chapter 289, O.S.L. 1993, as last amended by Section 3, 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, Section 7, Chapter 289, O.S.L. 1993, and Section 10, Chapter 289, O.S.L. 1993, as amended by Section 7, Chapter 47, O.S.L. 1997 (59 O.S. Supp. 2000, Sections 519.2, 519.3, 519.6, 519.7 and 519.10), which relate to the Physician Assistant Act; 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 prescriptions; deleting, modifying, and adding definitions; allowing physician assistants to provide delegated health care services; providing for construction of act; increasing size of Physician Assistant Committee; specifying additional qualifications for members of Committee; deleting obsolete language; modifying eligibility to serve as chair; increasing number required for quorum; updating references; stating conditions for writing of prescriptions and orders for Schedule II drugs by physician assistants; modifying circumstances under which physician assistants may perform services; requiring retention of license and identification as physician assistant; increasing misdemeanor penalties; modifying controlled dangerous substance schedules physician assistants may prescribe and administer; and providing an effective date.

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

SECTION 1. 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:~~

~~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~~

Physician assistants may provide any health care service which is delegated by the supervising physician when the service is within the physician assistant's skill, forms a component of the physician's scope of practice, and 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 this 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 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, Federally Qualified Health Center, other nonprofit community-based health center, or other patient care setting approved by the State Board of Medical Licensure and Supervision, and which 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 terms of supervision of a physician assistant in a medical practice.

SECTION 2. AMENDATORY Section 3, Chapter 289, O.S.L. 1993, as last amended by Section 3, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, 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)~~ nine (9) 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. The Committee shall include one Director, or designee, representing all physician assistant higher education programs in the state. One member shall be a physician appointed by the Board from its membership. One member shall be a physician who has supervised a physician assistant and who is 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 who has supervised a physician assistant and who is 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~~ first meeting of each year, the Committee, ~~members~~ shall elect a chair from its membership. The chair or the chair's designee shall represent the Committee at all meetings of the Board. ~~Four~~ Five 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~~ and issue a license to physician assistants in accordance with the provisions of Section 519.1 et seq. of this title, ~~governing~~ govern 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 matters pertaining to physician assistants, including, but not limited to:

~~a. educational~~

1. Educational standards required to practice as a physician assistant~~;~~

~~b. licensure~~

2. Licensure requirements required to practice as a physician assistant~~;~~

~~c. methods~~

3. Methods and requirements to assure the continued competence of physician assistants after licensure~~;~~

~~d. the~~

4. 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~~

5. The grounds for revocation or suspension of a license for a physician assistant~~;~~

~~f. education~~

6. Education and experience requirements to receive approval to practice in remote patient care settings~~;~~ and

~~g. all~~

7. All other matters which may pertain to the practice of physician assistants.

~~2. G. 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. H. 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 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. 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. Prescriptions and orders for Schedule II

drugs written by a physician assistant must be included on a written protocol determined by the supervising physician or by direct verbal order. 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~~ 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 Section 10, Chapter 289, O.S.L. 1993, as amended by Section 7, Chapter 47, O.S.L. 1997 (59 O.S. Supp. 2000, 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)~~ One Hundred Dollars (\$100.00), nor more than ~~Five Hundred Dollars (\$500.00)~~ One Thousand Dollars (\$1,000.00), by imprisonment in the county jail for not less than ~~five (5)~~ thirty (30) days, nor more than ~~thirty (30)~~ ninety (90) 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.

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 1 of this act 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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