

STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

COMMITTEE SUBSTITUTE
FOR

HOUSE BILL NO. 1735

By: McCall

COMMITTEE SUBSTITUTE

An Act relating to physician assistants; amending 59 O.S. 2011, Sections 519.2, as amended by Section 1, Chapter 163, O.S.L. 2015, 519.6, as amended by Section 3, Chapter 163, O.S.L. 2015, 519.7, 519.8, as amended by Section 7, Chapter 428, O.S.L. 2019 and 519.11, as amended by Section 5, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019, Sections 519.2, 519.6, 519.8 and 519.11), which relate to physician assistants, temporary license and construction of act; providing for collaborative practice; modifying, adding and deleting definitions; removing and modifying certain requirements of physician assistant; eliminating certain fee; providing that physician assistant is considered primary care provider under certain condition; authorizing physician assistant to bill insurance and receive payment; requiring certain identification; prohibiting certain requirements; authorizing provision of certain emergency care; providing certain liability protection; clarifying language; providing for codification; and providing an effective date.

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

SECTION 1. AMENDATORY 59 O.S. 2011, Section 519.2, as amended by Section 1, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019, 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. "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 so long as such services are within the physician assistants' skill, form a component of the physician's scope of practice, and are provided with ~~supervision~~ physician collaboration, including authenticating ~~with the~~ by signature any form that may be authenticated by the ~~supervising~~ collaborating physician's signature with prior delegation by the physician.

Nothing in the Physician Assistant Act shall be construed to permit a physician assistants assistant to provide health care services ~~independent of physician supervision~~ unless collaborating with the physician assistant's identified physician or physicians;

4. "Patient care setting" means and includes, but is not limited to, a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center, hospice facility or any other setting authorized by the ~~supervising~~ collaborating physician;

5. "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the

1 State Board of Medical Licensure and Supervision, to practice
2 medicine with physician ~~supervision~~ collaboration;

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

7 7. ~~"Supervision"~~ "Collaboration" means ~~overseeing the~~
8 ~~activities of, and accepting responsibility for, the medical~~
9 ~~services rendered by a physician assistant. The constant physical~~
10 ~~presence of the supervising physician is not required as long as the~~
11 ~~supervising physician and physician assistant are or can be easily~~
12 ~~in contact with each other by telecommunication~~ an agreement between
13 a medical doctor or osteopathic physician performing the procedure
14 or directly involved with the treatment of a patient and the
15 physician assistant working jointly toward a common goal providing
16 services for the same patient. The collaboration shall be defined by
17 the practice agreement;

18 8. "Telecommunication" means the use of electronic technologies
19 to transmit words, sounds or images for interpersonal communication,
20 clinical care (telemedicine) and review of electronic health
21 records; and

22 9. ~~"Application to practice" means a written description that~~
23 ~~defines the scope of practice and the terms of supervision of a~~
24 ~~physician assistant in a medical practice~~ "Practice agreement" means

1 an agreement between a physician assistant and the collaborating
2 physician or physicians concerning the scope of practice of the
3 physician assistant to be determined at the practice level based on
4 the education, training, skills and experience of the physician
5 assistant. The agreement shall involve the joint formulation,
6 discussion and agreement of the method of collaboration for
7 diagnosis, consultation and treatment of medical conditions.

8 SECTION 2. AMENDATORY 59 O.S. 2011, Section 519.6, as
9 amended by Section 3, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019,
10 Section 519.6), is amended to read as follows:

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

20 B. A physician assistant may have practice agreements with
21 multiple allopathic or osteopathic physicians. Each physician shall
22 be in good standing with the State Board of Medical Licensure and
23 Supervision or the State Board of Osteopathic Examiners.
24

1 C. The ~~supervising~~ collaborating physician need not be
2 physically present nor be specifically consulted before each
3 delegated patient care service is performed by a physician
4 assistant, so long as the ~~supervising~~ collaborating physician and
5 physician assistant are or can be easily in contact with one another
6 by means of telecommunication. In all patient care settings, the
7 ~~supervising~~ collaborating physician shall provide appropriate
8 methods of ~~supervising the~~ participating in health care services
9 provided by the physician assistant including:

- 10 a. being responsible for the formulation or approval of
11 all orders and protocols, whether standing orders,
12 direct orders or any other orders or protocols, which
13 direct the delivery of health care services provided
14 by a physician assistant, and periodically reviewing
15 such orders and protocols,
- 16 b. regularly reviewing the health care services provided
17 by the physician assistant and any problems or
18 complications encountered,
- 19 c. being available physically or through telemedicine or
20 direct telecommunications for consultation, assistance
21 with medical emergencies or patient referral,
- 22 d. reviewing a sample of outpatient medical records.

23 Such reviews shall take place at the practice site ~~as~~
24 ~~determined by the supervising physician~~ and with

1 approval of the State Board of Medical Licensure and
2 Supervision, and

3 e. that it remains clear that the physician assistant is
4 an agent of the ~~supervising~~ collaborating physician;
5 but, in no event shall the ~~supervising~~ collaborating
6 physician be an employee of the physician assistant.

7 ~~C. In patients with newly diagnosed complex illnesses, the~~
8 ~~physician assistant shall contact the supervising physician within~~
9 ~~forty-eight (48) hours of the physician assistant's initial~~
10 ~~examination or treatment and schedule the patient for appropriate~~
11 ~~evaluation by the supervising physician as directed by the~~
12 ~~physician. The supervising physician shall determine which~~
13 ~~conditions qualify as complex illnesses based on the clinical~~
14 ~~setting and the skill and experience of the physician assistant.~~

15 D. A physician assistant shall collaborate with, consult with
16 or refer to the appropriate member of the healthcare team as
17 indicated by the patient's condition, education, experience and
18 competencies of the physician assistant and the standard of care.
19 The degree of collaboration shall be determined by the practice
20 which may include decisions made by the physician, employer, group,
21 hospital service or the credentialing and privileging systems of
22 licensed facilities. A physician assistant shall be responsible for
23 the care provided by that physician assistant and a written
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1 agreement relating to the items in the Physician Assistant Act is
2 not required.

3 E. 1. A physician assistant ~~under the direction of a~~
4 ~~supervising~~ in collaboration with the physician assistant's
5 identified physician or physicians may prescribe written and oral
6 prescriptions and orders. The physician assistant may prescribe
7 drugs, including controlled medications in Schedules II through V
8 pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and
9 medical supplies and services as delegated by the ~~supervising~~
10 collaborating physician and as approved by the State Board of
11 Medical Licensure and Supervision after consultation with the State
12 Board of Pharmacy on the Physician Assistant Drug Formulary.

13 2. A physician assistant may write an order for a Schedule II
14 drug for immediate or ongoing administration on site. Prescriptions
15 and orders for Schedule II drugs written by a physician assistant
16 must be included on a written protocol determined by the ~~supervising~~
17 collaborating physician and approved by the medical staff committee
18 of the facility or by direct verbal order of the ~~supervising~~
19 collaborating physician. Physician assistants may not dispense
20 drugs, but may request, receive, and sign for professional samples
21 and may distribute professional samples to patients.

22 F. A physician assistant may perform health care services in
23 patient care settings as authorized by the ~~supervising~~ collaborating
24 physician.

1 ~~F.~~ G. Each physician assistant licensed under the Physician
2 Assistant Act shall keep his or her license available for inspection
3 at the primary place of business and shall, when engaged in
4 professional activities, identify himself or herself as a physician
5 assistant.

6 SECTION 3. AMENDATORY 59 O.S. 2011, Section 519.7, is
7 amended to read as follows:

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

18 SECTION 4. AMENDATORY 59 O.S. 2011, Section 519.8, as
19 amended by Section 7, Chapter 428, O.S.L. 2019 (59 O.S. Supp. 2019,
20 Section 519.8), is amended to read as follows:

21 Section 519.8 A. Licenses issued to physician assistants shall
22 be renewed annually on a date determined by the State Board of
23 Medical Licensure and Supervision. Each application for renewal
24 shall document that the physician assistant has earned at least

1 twenty (20) hours of continuing medical education during the
2 preceding calendar year. Such continuing medical education shall
3 include not less than one (1) hour of education in pain management
4 or one (1) hour of education in opioid use or addiction.

5 B. The Board shall promulgate, in the manner established by its
6 rules, fees for the following:

- 7 1. Initial licensure;
- 8 2. License renewal;
- 9 3. Late license renewal; and
- 10 4. ~~Application to practice; and~~
- 11 ~~5.~~ Disciplinary hearing.

12 SECTION 5. AMENDATORY 59 O.S. 2011, Section 519.11, as
13 amended by Section 5, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019,
14 Section 519.11), is amended to read as follows:

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

21 B. Nothing stated in the Physician Assistant Act shall prevent
22 any hospital from requiring the physician assistant ~~and/or the~~
23 ~~supervising~~ or the collaborating physician to meet and maintain
24 certain staff appointment and ~~credentialing~~ credentialing

1 qualifications for the privilege of practicing as, or utilizing, a
2 physician assistant in the hospital.

3 C. Nothing in the Physician Assistant Act shall be construed to
4 permit a physician assistant to practice medicine or prescribe drugs
5 and medical supplies in this state except when such actions are
6 performed ~~under the supervision~~ in collaboration with and at the
7 direction of a physician or physicians approved by the State Board
8 of Medical Licensure and Supervision.

9 D. Nothing herein shall be construed to require licensure under
10 ~~this act~~ the Physician Assistant Act of a physician assistant
11 student enrolled in a physician assistant educational program
12 accredited by the Accreditation Review Commission on Education for
13 the Physician Assistant.

14 E. Notwithstanding any other provision of law, no one who is
15 not a physician licensed to practice medicine in the state of
16 Oklahoma may perform acts restricted to such physicians pursuant to
17 the provisions of Section 1-731 of Title 63 of the Oklahoma
18 Statutes. This paragraph is inseverable.

19 SECTION 6. NEW LAW A new section of law to be codified
20 in the Oklahoma Statutes as Section 521.1 of Title 59, unless there
21 is created a duplication in numbering, reads as follows:

22 Notwithstanding any other provision of law or regulation, a
23 physician assistant shall be considered to be a primary care
24

1 provider when the physician assistant is practicing in the medical
2 specialties required for a physician to be a primary care provider.

3 SECTION 7. NEW LAW A new section of law to be codified
4 in the Oklahoma Statutes as Section 521.2 of Title 59, unless there
5 is created a duplication in numbering, reads as follows:

6 A. Payment for services within the physician assistant's scope
7 of practice by a health insurance plan shall be made when ordered or
8 performed by the physician assistant, if the same service would have
9 been covered if ordered or performed by a physician. A physician
10 assistant shall be authorized to bill for and receive direct payment
11 for the medically necessary services the physician assistant
12 delivers.

13 B. To ensure accountability and transparency for patients,
14 payers and the healthcare system, a physician assistant shall be
15 identified as the rendering professional in the billing and claims
16 process when the physician assistant delivers medical or surgical
17 services to patients.

18 C. No insurance company or third-party payer shall impose a
19 practice, education or collaboration requirement that is
20 inconsistent with or more restrictive than existing physician
21 assistant state laws or regulations.

22 SECTION 8. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 521.3 of Title 59, unless there
24 is created a duplication in numbering, reads as follows:

1 A. A physician assistant licensed in this state or licensed or
2 authorized to practice in any other U.S. jurisdiction or who is
3 credentialed as a physician assistant by a federal employer who is
4 responding to a need for medical care created by an emergency or a
5 state or local disaster may render such care that the physician
6 assistant is able to provide.

7 B. A physician assistant so responding who voluntarily and
8 gratuitously, and other than in the ordinary course of employment or
9 practice, renders emergency medical assistance shall not be liable
10 for civil damages for any personal injuries that result from acts or
11 omissions which may constitute ordinary negligence. The immunity
12 granted by this section shall not apply to acts or omissions
13 constituting gross, willful or wanton negligence.

14 SECTION 9. This act shall become effective January 1, 2021.
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16 57-2-11380 SD 02/25/20
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