1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	2nd Session of the 57th Legislature (2020)
4	COMMITTEE SUBSTITUTE FOR
5	HOUSE BILL NO. 1735 By: Pfeiffer
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8	COMMITTEE SUBSTITUTE
9	An Act relating to physician assistants; amending 59
10	O.S. 2011, Sections 519.2, as amended by Section 1, Chapter 163, O.S.L. 2015, 519.6, as amended by
11	Section 3, Chapter 163, O.S.L. 2015, 519.7, 519.8, as amended by Section 7, Chapter 428, O.S.L. 2019 and
12	519.11, as amended by Section 5, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019, Sections 519.2, 519.6,
13	519.8 and 519.11), which relate to physician assistants, temporary license and construction of
14	act; providing for collaborative practice; modifying, adding and deleting definitions; removing and
15	modifying certain requirements of physician assistant; eliminating certain fee; providing that
16	physician assistant is considered primary care provider under certain condition; authorizing
17	physician assistant to bill insurance and receive payment; requiring certain identification;
18	prohibiting certain requirements; authorizing provision of certain emergency care; providing
19	certain liability protection; clarifying language; providing for codification; and providing an
20	effective date.
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22	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
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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:
 I. "Board" means the State Board of Medical Licensure and
 Supervision;

7 2. "Committee" means the Physician Assistant Committee; 3. "Practice of medicine" means services which require training 8 9 in the diagnosis, treatment and prevention of disease, including the 10 use and administration of drugs, and which are performed by 11 physician assistants so long as such services are within the 12 physician assistants' skill, form a component of the physician's 13 scope of practice, and are provided with supervision physician 14 collaboration, including authenticating with the by signature any 15 form that may be authenticated by the supervising collaborating 16 physician's signature with prior delegation by the physician. 17 Nothing in the Physician Assistant Act shall be construed to permit 18 a physician assistants assistant to provide health care services 19 independent of physician supervision unless collaborating with the 20 physician assistant's identified physician or physicians;

4. "Patient care setting" means <u>and includes, but is not</u>
<u>limited to</u>, a physician's office, clinic, hospital, nursing home,
extended care facility, patient's home, ambulatory surgical center,

1 <u>hospice facility</u> or any other setting authorized by the supervising 2 collaborating 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 practice
medicine with physician supervision collaboration;

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

11 7. "Supervision" "Collaboration" means overseeing the 12 activities of, and accepting responsibility for, the medical 13 services rendered by a physician assistant. The constant physical 14 presence of the supervising physician is not required as long as the 15 supervising physician and physician assistant are or can be easily 16 in contact with each other by telecommunication an agreement between 17 a medical doctor or osteopathic physician performing the procedure 18 or directly involved with the treatment of a patient and the 19 physician assistant working jointly toward a common goal providing 20 services for the same patient. The collaboration shall be defined by 21 the practice agreement;

8. "Telecommunication" means the use of electronic technologies
to transmit words, sounds or images for interpersonal communication,

1 clinical care (telemedicine) and review of electronic health
2 records; and

3 9. "Application to practice" means a written description that 4 defines the scope of practice and the terms of supervision of a 5 physician assistant in a medical practice "Practice agreement" means 6 an agreement between a physician assistant and the collaborating 7 physician or physicians concerning the scope of practice of the 8 physician assistant to be determined at the practice level based on the education, training, skills and experience of the physician 9 10 assistant. The agreement shall involve the joint formulation, 11 discussion and agreement of the method of collaboration for 12 diagnosis, consultation and treatment of medical conditions. 13 SECTION 2. AMENDATORY 59 O.S. 2011, Section 519.6, as 14 amended by Section 3, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019, 15 Section 519.6), is amended to read as follows: 16 Section 519.6 A. No health care services may be performed by a 17 physician assistant unless a current application to practice, 18 jointly filed by the supervising physician and physician assistant, 19 license is on file with and approved by the State Board of Medical 20 Licensure and Supervision. The application shall include a 21 description of the physician's practice, methods of supervising and 22 utilizing the physician assistant, and names of alternate 23 supervising physicians who will supervise the physician assistant 24 the absence of the primary supervising physician.

B. <u>A physician assistant may have practice agreements with</u>
 <u>multiple allopathic or osteopathic physicians</u>. Each physician shall
 <u>be in good standing with the State Board of Medical Licensure and</u>
 <u>Supervision or the State Board of Osteopathic Examiners</u>.

5 C. The supervising collaborating physician need not be physically present nor be specifically consulted before each 6 7 delegated patient care service is performed by a physician 8 assistant, so long as the supervising collaborating physician and 9 physician assistant are or can be easily in contact with one another 10 by means of telecommunication. In all patient care settings, the 11 supervising collaborating physician shall provide appropriate 12 methods of supervising the participating in health care services 13 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,

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- c. being available physically or through telemedicine or
 direct telecommunications for consultation, assistance
 with medical emergencies or patient referral,
- d. 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
- 9 e. that it remains clear that the physician assistant is
 10 an agent of the supervising collaborating physician;
 11 but, in no event shall the supervising collaborating
 12 physician be an employee of the physician assistant.
- 13 C. In patients with newly diagnosed complex illnesses, the 14 physician assistant shall contact the supervising physician within 15 forty-eight (48) hours of the physician assistant's initial 16 examination or treatment and schedule the patient for appropriate 17 evaluation by the supervising physician as directed by the 18 physician. The supervising physician shall determine which 19 conditions qualify as complex illnesses based on the clinical 20 setting and the skill and experience of the physician assistant. 21 A physician assistant shall collaborate with, consult with D. 22 or refer to the appropriate member of the healthcare team as 23 indicated by the patient's condition, education, experience and 24 competencies of the physician assistant and the standard of care.

The degree of collaboration shall be determined by the practice
which may include decisions made by the physician, employer, group,
hospital service or the credentialing and privileging systems of
licensed facilities. A physician assistant shall be responsible for
the care provided by that physician assistant and a written
agreement relating to the items in the Physician Assistant Act is
not required.

E. 1. A physician assistant under the direction of a 8 9 supervising in collaboration with the physician assistant's 10 identified physician or physicians may prescribe written and oral 11 prescriptions and orders. The physician assistant may prescribe 12 drugs, including controlled medications in Schedules II through V 13 pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and 14 medical supplies and services as delegated by the supervising 15 collaborating physician and as approved by the State Board of 16 Medical Licensure and Supervision after consultation with the State 17 Board of Pharmacy on the Physician 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 <u>collaborating</u> physician and approved by the medical staff committee 23 of the facility or by direct verbal order of the supervising 24 collaborating physician. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples
 and may distribute professional samples to patients.

3 <u>F.</u> A physician assistant may perform health care services in 4 patient care settings as authorized by the supervising <u>collaborating</u> 5 physician.

6 F. G. Each physician assistant licensed under the Physician
7 Assistant Act shall keep his or her license available for inspection
8 at the primary place of business and shall, when engaged in
9 professional activities, identify himself or herself as a physician
10 assistant.

11 SECTION 3. AMENDATORY 59 O.S. 2011, Section 519.7, is 12 amended to read as follows:

13 Section 519.7 The Secretary of the State Board of Medical 14 Licensure and Supervision is authorized to grant temporary approval 15 of a license and application to practice to any physician and 16 physician assistant who have jointly has filed a license and 17 application to practice which meets the requirements set forth by 18 Such temporary licensure approval to practice shall be the Board. 19 reviewed at the next regularly scheduled meeting of the Board. The 20 temporary approval may be approved, extended or rejected by the 21 Board. If rejected, the temporary approval shall expire 22 immediately.

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1 SECTION 4. AMENDATORY 59 O.S. 2011, Section 519.8, as 2 amended by Section 7, Chapter 428, O.S.L. 2019 (59 O.S. Supp. 2019, 3 Section 519.8), is amended to read as follows: 4 Section 519.8 A. Licenses issued to physician assistants shall 5 be renewed annually on a date determined by the State Board of Medical Licensure and Supervision. Each application for renewal 6 7 shall document that the physician assistant has earned at least twenty (20) hours of continuing medical education during the 8 9 preceding calendar year. Such continuing medical education shall 10 include not less than one (1) hour of education in pain management 11 or one (1) hour of education in opioid use or addiction. 12 Β. The Board shall promulgate, in the manner established by its 13 rules, fees for the following: 14 Initial licensure; 1. 15 2. License renewal; 16 3. Late license renewal; and 17 Application to practice; and 4. 18 5. Disciplinary hearing. 19 SECTION 5. AMENDATORY 59 O.S. 2011, Section 519.11, as 20 amended by Section 5, Chapter 163, O.S.L. 2015 (59 O.S. Supp. 2019, 21 Section 519.11), is amended to read as follows: 22 Section 519.11 A. Nothing in the Physician Assistant Act shall

23 be construed to prevent or restrict the practice, services or

24 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 the Physician Assistant Act shall prevent
any hospital from requiring the physician assistant and/or the
supervising or the collaborating physician to meet and maintain
certain staff appointment and credentialling credentialing
qualifications for the privilege of practicing as, or utilizing, a
physician assistant in the hospital.

C. Nothing in 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 <u>in collaboration with</u> and at the direction of a physician <u>or physicians</u> approved by the State Board of Medical Licensure and Supervision.

D. Nothing herein shall be construed to require licensure under
this act the Physician Assistant 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.

3 SECTION 6. NEW LAW A new section of law to be codified 4 in the Oklahoma Statutes as Section 521.1 of Title 59, unless there 5 is created a duplication in numbering, reads as follows:

6 Notwithstanding any other provision of law or regulation, a 7 physician assistant shall be considered to be a primary care provider when the physician assistant is practicing in the medical 8 9 specialties required for a physician to be a primary care provider. 10 A new section of law to be codified SECTION 7. NEW LAW 11 in the Oklahoma Statutes as Section 521.2 of Title 59, unless there 12 is created a duplication in numbering, reads as follows:

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

B. To ensure accountability and transparency for patients, payers and the healthcare system, a physician assistant shall be identified as the rendering professional in the billing and claims process when the physician assistant delivers medical or surgical services to patients. C. No insurance company or third-party payer shall impose a
 practice, education or collaboration requirement that is
 inconsistent with or more restrictive than existing physician
 assistant state laws or regulations.

5 SECTION 8. NEW LAW A new section of law to be codified 6 in the Oklahoma Statutes as Section 521.3 of Title 59, unless there 7 is created a duplication in numbering, reads as follows:

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

14 A physician assistant so responding who voluntarily and Β. 15 gratuitously, and other than in the ordinary course of employment or 16 practice, renders emergency medical assistance shall not be liable 17 for civil damages for any personal injuries that result from acts or 18 omissions which may constitute ordinary negligence. The immunity 19 granted by this section shall not apply to acts or omissions 20 constituting gross, willful or wanton negligence.

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23 COMMITTEE REPORT BY: COMMITTEE ON RULES, dated 02/25/2020 - DO PASS, As Amended and Coauthored.

SECTION 9. This act shall become effective January 1, 2021.