

STATE OF OKLAHOMA

2nd Session of the 59th Legislature (2024)

COMMITTEE SUBSTITUTE
FOR

SENATE BILL NO. 1613

By: Garvin of the Senate

and

Stinson of the House

COMMITTEE SUBSTITUTE

An Act relating to the practice of medicine; creating the Graduate Physicians Act; providing short title; defining terms; limiting scope and location of graduate physician practice; specifying applicability of supervision requirements; directing the State Board of Medical Licensure and Supervision to promulgate certain rules; specifying duration of licensure; authorizing certain penalties for noncompliance with specified standards; specifying allowed professional titles; making collaborating physician responsible for graduate physicians; requiring collaborative practice arrangement within specified time period; stipulating requirements for collaborating physician and collaborative practice arrangement; requiring arrangement to include certain provisions; directing promulgation of additional rules; imposing certain limits on collaborative practice arrangements; prohibiting certain disciplinary actions under certain circumstances; providing for identification and reporting of collaborating physicians; providing for publication and tracking of certain information; granting certain protections to collaborating physicians and graduate physicians; requiring certain identification badges; requiring completion of certification course; specifying applicability of collaborative practice agreements; providing for codification; and providing an effective date.

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

4 SECTION 1. NEW LAW A new section of law to be codified
5 in the Oklahoma Statutes as Section 479.1 of Title 59, unless there
6 is created a duplication in numbering, reads as follows:

7 This act shall be known and may be cited as the "Graduate
8 Physicians Act".

9 SECTION 2. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 479.2 of Title 59, unless there
11 is created a duplication in numbering, reads as follows:

12 As used in this act:

13 1. "Graduate physician" means a medical school graduate who:

14 a. is a resident and citizen of the United States or a
15 legal resident alien in the United States, and

16 b. has successfully completed Step 1 and Step 2 of the
17 United States Medical Licensing Examination (USMLE),
18 or the equivalent of Step 1 and Step 2 of any other
19 medical licensing examination or combination of
20 examinations that is approved by the State Board of
21 Medical Licensure and Supervision or the State Board
22 of Osteopathic Examiners, within the two-year period
23 immediately preceding the date of the person's
24 application for licensure as a graduate physician, but

1 not more than three (3) years after graduation from a
2 medical school or school of osteopathic medicine;

3 2. "Graduate physician collaborative practice arrangement"
4 means an agreement between a licensed physician and a graduate
5 physician that meets the requirements of this act;

6 3. "Medical school graduate" means any person who has graduated
7 from a medical school as described in Section 493.1 of Title 59 of
8 the Oklahoma Statutes or a school of osteopathic medicine as
9 described in Section 630 of Title 59 of the Oklahoma Statutes; and

10 4. "Primary care services" means medical services in
11 pediatrics, internal medicine, and family medicine.

12 SECTION 3. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 479.3 of Title 59, unless there
14 is created a duplication in numbering, reads as follows:

15 A graduate physician collaborative practice arrangement shall
16 limit the graduate physician to providing primary care services in:

17 1. A medically underserved area of this state as designated by
18 the Health Resources and Services Administration;

19 2. A rural community of this state as determined by the Health
20 Care Workforce Training Commission; or

21 3. A rural health clinic as defined under Sections 1861 and
22 1905 of the federal Social Security Act (42 U.S.C., Sections 1395x
23 and 1396d).
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1 SECTION 4. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 479.4 of Title 59, unless there
3 is created a duplication in numbering, reads as follows:

4 Graduate physicians shall be subject to the supervision
5 requirements established in any controlling federal law, any
6 supervision requirements provided in this act, and any supervision
7 requirements established by the State Board of Medical Licensure and
8 Supervision. Graduate physicians are not subject to any additional
9 supervision requirements, other than the supervision requirements
10 provided in this section.

11 SECTION 5. NEW LAW A new section of law to be codified
12 in the Oklahoma Statutes as Section 479.5 of Title 59, unless there
13 is created a duplication in numbering, reads as follows:

14 A. The State Board of Medical Licensure and Supervision, in
15 consultation with the State Board of Osteopathic Examiners, may
16 promulgate rules:

17 1. To establish the process for licensure of graduate
18 physicians, supervision requirements, and additional requirements
19 for graduate physician collaborative practice arrangements;

20 2. To set fees in an amount greater than or equal to the total
21 costs necessary to facilitate the graduate physician collaborative
22 practice arrangement each year; and

23 3. To address any other matters necessary to protect the public
24 and discipline the profession.

1 B. A graduate physician's license issued pursuant to this act
2 and the rules promulgated by the State Board of Medical Licensure
3 and Supervision shall only be valid for two (2) years from the date
4 of issuance and is not subject to renewal. The State Board of
5 Medical Licensure and Supervision or the State Board of Osteopathic
6 Examiners may deny an application for licensure or suspend or revoke
7 the license of a graduate physician for violation of the standards
8 provided in the Oklahoma Allopathic Medical and Surgical Licensure
9 and Supervision Act or the Oklahoma Osteopathic Medicine Act, or
10 such other standards of conduct established by the State Board of
11 Medical Licensure and Supervision or the State Board of Osteopathic
12 Examiners by rule.

13 SECTION 6. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 479.6 of Title 59, unless there
15 is created a duplication in numbering, reads as follows:

16 A graduate physician shall clearly identify himself or herself
17 as a graduate physician and shall be permitted to use the
18 identifiers "doctor" or "Dr." A graduate physician shall not
19 practice, or attempt to practice, without a graduate physician
20 collaborative practice arrangement, except as otherwise provided in
21 this act.

22 SECTION 7. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 479.7 of Title 59, unless there
24 is created a duplication in numbering, reads as follows:

1 The licensed physician collaborating with a graduate physician
2 shall be responsible for supervising the activities of the graduate
3 physician and shall accept full responsibility for the primary care
4 services provided by the graduate physician.

5 SECTION 8. NEW LAW A new section of law to be codified
6 in the Oklahoma Statutes as Section 479.8 of Title 59, unless there
7 is created a duplication in numbering, reads as follows:

8 A. This act applies to all graduate physician collaborative
9 practice arrangements. To be eligible to practice as a graduate
10 physician, a licensed graduate physician must enter into a graduate
11 physician collaborative practice arrangement with a licensed
12 physician no later than six (6) months after the date on which the
13 graduate physician obtains initial licensure.

14 B. Only a physician licensed by the State Board of Medical
15 Licensure and Supervision or the State Board of Osteopathic
16 Examiners may enter into a graduate physician collaborative practice
17 arrangement with a graduate physician. Graduate physician
18 collaborative practice arrangements shall take the form of a written
19 agreement that includes mutually agreed-upon protocols and any
20 standing orders for the delivery of primary care services. Graduate
21 physician collaborative practice arrangements may delegate to a
22 graduate physician the authority to prescribe, administer, or
23 dispense drugs and provide treatment, as long as the delivery of the
24 primary care services is within the scope of the graduate

1 physician's practice and is consistent with the graduate physician's
2 skill, training, and competence and the skill, training, and
3 competence of the collaborating physician; except that a graduate
4 physician shall not prescribe controlled dangerous substances. The
5 collaborating physician shall be board-certified in the specialty
6 that the graduate physician is practicing, which may only include
7 pediatrics, internal medicine, or family medicine.

8 C. The graduate physician collaborative practice arrangement
9 shall contain the following provisions:

10 1. Complete names, home and business addresses, and telephone
11 numbers of the collaborating physician and the graduate physician;

12 2. A requirement that the graduate physician practice at the
13 same location as the collaborating physician;

14 3. A requirement that a prominently displayed disclosure
15 statement informing patients that they may be seen by a graduate
16 physician, and advising patients that the patient has the right to
17 see the collaborating physician, be posted in every office where the
18 graduate physician is authorized to prescribe;

19 4. All specialty or board certifications of the collaborating
20 physician and all certifications of the graduate physician;

21 5. The manner of collaboration between the collaborating
22 physician and the graduate physician, including how the
23 collaborating physician and the graduate physician will:

- 1 a. engage in collaborative practice consistent with each
2 professional's skill, training, education, and
3 competence, and
- 4 b. maintain geographic proximity. However, the graduate
5 physician collaborative practice arrangement may only
6 allow for geographic proximity to be waived for no
7 more than twenty-eight (28) days per calendar year for
8 rural health clinics, as long as the graduate
9 physician collaborative practice arrangement includes
10 alternative plans as required by the State Board of
11 Medical Licensure and Supervision. The exception to
12 the geographic proximity requirement applies only to
13 independent rural health clinics, provider-based rural
14 health clinics if the provider is a critical access
15 hospital as provided in 42 U.S.C., Section 1395i-4,
16 and provider-based rural health clinics if the primary
17 location of the hospital sponsor is more than twenty-
18 five (25) miles from the clinic. The collaborating
19 physician shall maintain documentation related to the
20 geographic proximity requirement and present the
21 documentation to the State Board of Medical Licensure
22 and Supervision upon request;
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1 6. A requirement that the graduate physician shall not provide
2 patient care during an absence of the collaborating physician for
3 any reason;

4 7. A list of all other graduate physician collaborative
5 practice arrangements of the collaborating physician and the
6 graduate physician;

7 8. The duration of the graduate physician collaborative
8 practice arrangement between the collaborating physician and the
9 graduate physician;

10 9. A provision describing the time and manner of the
11 collaborating physician's review of the graduate physician's
12 delivery of primary care services. The provision shall require the
13 graduate physician to submit to the collaborating physician a
14 minimum of twenty-five percent (25%) of the charts documenting the
15 graduate physician's delivery of primary care services for review by
16 the collaborating physician or by any other physician designated in
17 the graduate physician collaborative practice arrangement every
18 fourteen (14) days after the initial observation year. For the
19 first three (3) months of the initial observation year, the
20 collaborating physician shall review one hundred percent (100%) of
21 the charts documenting the graduate physician's delivery of primary
22 care services. For months four (4) through twelve (12), the
23 collaborating physician shall review seventy-five percent (75%) of
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1 the charts documenting the graduate physician's delivery of primary
2 care services; and

3 10. A requirement that a collaborating physician be on premises
4 if the graduate physician performs services in a hospital or
5 emergency department.

6 SECTION 9. NEW LAW A new section of law to be codified
7 in the Oklahoma Statutes as Section 479.9 of Title 59, unless there
8 is created a duplication in numbering, reads as follows:

9 A. The State Board of Medical Licensure and Supervision, in
10 consultation with the State Board of Osteopathic Examiners, shall
11 promulgate rules regulating the use of graduate physician
12 collaborative practice arrangements for graduate physicians. The
13 rules shall specify:

14 1. The geographic areas to be covered;

15 2. The methods of treatment that may be covered by the graduate
16 physician collaborative practice arrangement;

17 3. The educational methods and programs to be performed during
18 the collaborative practice service, developed in consultation with
19 deans of medical schools and primary care residency program
20 directors in this state, which shall facilitate the advancement of
21 the graduate physician's medical knowledge and capabilities, the
22 successful completion of which may lead to credit toward a future
23 residency program that deems the documented educational achievements
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1 of the graduate physician through the methods and programs
2 acceptable; and

3 4. Require review of the services provided under a graduate
4 physician collaborative practice arrangement.

5 B. A collaborating physician shall not enter into a graduate
6 physician collaborative practice arrangement with more than three
7 graduate physicians at the same time.

8 SECTION 10. NEW LAW A new section of law to be codified
9 in the Oklahoma Statutes as Section 479.10 of Title 59, unless there
10 is created a duplication in numbering, reads as follows:

11 A. The State Board of Medical Licensure and Supervision, in
12 consultation with the State Board of Osteopathic Examiners, shall
13 promulgate rules applicable to graduate physicians that are
14 consistent with the guidelines established for federally funded
15 clinics. The rulemaking authority granted to the State Board of
16 Medical Licensure and Supervision in this subsection does not extend
17 to graduate physician collaborative practice arrangements of
18 hospital employees providing inpatient care within hospitals.

19 B. The State Board of Medical Licensure and Supervision or the
20 State Board of Osteopathic Examiners shall not deny, revoke,
21 suspend, or otherwise take disciplinary action against a
22 collaborating physician for primary care services delegated to a
23 graduate physician as long as the provisions of this section and any
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1 applicable rules promulgated by the State Board of Medical Licensure
2 and Supervision are satisfied.

3 C. Within thirty (30) days of any licensure change, the State
4 Board of Medical Licensure and Supervision or the State Board of
5 Osteopathic Examiners shall require every physician to identify
6 whether the physician is engaged in a graduate physician
7 collaborative practice arrangement, and to report to the physician's
8 licensing board the name of each graduate physician with whom the
9 physician has entered into an arrangement. Each board may make the
10 information available to the public. The State Board of Medical
11 Licensure and Supervision shall track the reported information and
12 may routinely conduct reviews or inspections to ensure that the
13 arrangements are being carried out in compliance with this act.

14 D. A contract or other agreement shall not require a physician
15 to act as a collaborating physician for a graduate physician against
16 the physician's will. A physician has the right to refuse to act as
17 a collaborating physician, without penalty, for a particular
18 graduate physician. A contract or other agreement shall not limit
19 the collaborating physician's authority over any protocols or
20 standing orders, or delegate the physician's authority to a graduate
21 physician. However, this subsection does not authorize a physician
22 in implementing protocols, standing orders, or delegation to violate
23 applicable standards for safe medical practice established by a
24 hospital's medical staff.

1 E. A contract or other agreement shall not require a graduate
2 physician to serve as a graduate physician for any collaborating
3 physician against the graduate physician's will. A graduate
4 physician has the right to refuse to collaborate, without penalty,
5 with a particular physician.

6 F. All collaborating physicians and graduate physicians under a
7 graduate physician collaborative practice arrangement shall wear
8 identification badges while acting within the scope of the
9 arrangement. The identification badges shall prominently display
10 the licensure status of the collaborating physician and the graduate
11 physician.

12 SECTION 11. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 479.11 of Title 59, unless there
14 is created a duplication in numbering, reads as follows:

15 A. The collaborating physician shall complete a certification
16 course, which may include material on the laws pertaining to the
17 professional relationship. The certification course must be
18 approved by the State Board of Medical Licensure and Supervision or
19 the State Board of Osteopathic Examiners.

20 B. A graduate physician collaborative practice arrangement
21 shall supersede current hospital licensing regulations governing
22 hospital medication orders under protocols or standing orders for
23 the purpose of delivering inpatient or emergency care within a
24 hospital as defined in Section 1-701 of Title 63 of the Oklahoma

1 Statutes, if the protocols or standing orders have been approved by
2 the hospital's medical staff and pharmaceutical therapeutics
3 committee.

4 SECTION 12. This act shall become effective November 1, 2024.

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