

1 **SENATE FLOOR VERSION**

2 February 29, 2024

3 COMMITTEE SUBSTITUTE
4 FOR

5 SENATE BILL NO. 1613

By: Garvin of the Senate

and

Stinson of the House

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9 [medicine - graduate physician practice -
10 supervision requirements - rules - licensure -
11 standards - titles - collaborative practice
12 arrangement - disciplinary actions - information -
13 identification badges - course - codification -
14 effective date]

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

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

19 This act shall be known and may be cited as the "Graduate
20 Physicians Act".

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

24 As used in this act:

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

- 1 a. is a resident and citizen of the United States or a
2 legal resident alien in the United States, and
3 b. has successfully completed Step 1 and Step 2 of the
4 United States Medical Licensing Examination (USMLE),
5 or the equivalent of Step 1 and Step 2 of any other
6 medical licensing examination or combination of
7 examinations that is approved by the State Board of
8 Medical Licensure and Supervision or the State Board
9 of Osteopathic Examiners, within the two-year period
10 immediately preceding the date of the person's
11 application for licensure as a graduate physician, but
12 not more than three (3) years after graduation from a
13 medical school or school of osteopathic medicine;

14 2. "Graduate physician collaborative practice arrangement"

15 means an agreement between a licensed physician and a graduate
16 physician that meets the requirements of this act;

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

21 4. "Primary care services" means medical services in
22 pediatrics, internal medicine, and family medicine.
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1 SECTION 3. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 479.3 of Title 59, unless there
3 is created a duplication in numbering, reads as follows:

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

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

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

10 3. A rural health clinic as defined under Sections 1861 and
11 1905 of the federal Social Security Act (42 U.S.C., Sections 1395x
12 and 1396d).

13 SECTION 4. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 479.4 of Title 59, unless there
15 is created a duplication in numbering, reads as follows:

16 Graduate physicians shall be subject to the supervision
17 requirements established in any controlling federal law, any
18 supervision requirements provided in this act, and any supervision
19 requirements established by the State Board of Medical Licensure and
20 Supervision. Graduate physicians are not subject to any additional
21 supervision requirements, other than the supervision requirements
22 provided in this section.

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

4 A. The State Board of Medical Licensure and Supervision, in
5 consultation with the State Board of Osteopathic Examiners, may
6 promulgate rules:

7 1. To establish the process for licensure of graduate
8 physicians, supervision requirements, and additional requirements
9 for graduate physician collaborative practice arrangements;

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

13 3. To address any other matters necessary to protect the public
14 and discipline the profession.

15 B. A graduate physician's license issued pursuant to this act
16 and the rules promulgated by the State Board of Medical Licensure
17 and Supervision shall only be valid for two (2) years from the date
18 of issuance and is not subject to renewal. The State Board of
19 Medical Licensure and Supervision or the State Board of Osteopathic
20 Examiners may deny an application for licensure or suspend or revoke
21 the license of a graduate physician for violation of the standards
22 provided in the Oklahoma Allopathic Medical and Surgical Licensure
23 and Supervision Act or the Oklahoma Osteopathic Medicine Act, or
24 such other standards of conduct established by the State Board of

1 Medical Licensure and Supervision or the State Board of Osteopathic
2 Examiners by rule.

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

6 A graduate physician shall clearly identify himself or herself
7 as a graduate physician and shall be permitted to use the
8 identifiers "doctor" or "Dr." A graduate physician shall not
9 practice, or attempt to practice, without a graduate physician
10 collaborative practice arrangement, except as otherwise provided in
11 this act.

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

15 The licensed physician collaborating with a graduate physician
16 shall be responsible for supervising the activities of the graduate
17 physician and shall accept full responsibility for the primary care
18 services provided by the graduate physician.

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

22 A. This act applies to all graduate physician collaborative
23 practice arrangements. To be eligible to practice as a graduate
24 physician, a licensed graduate physician must enter into a graduate

1 physician collaborative practice arrangement with a licensed
2 physician no later than six (6) months after the date on which the
3 graduate physician obtains initial licensure.

4 B. Only a physician licensed by the State Board of Medical
5 Licensure and Supervision or the State Board of Osteopathic
6 Examiners may enter into a graduate physician collaborative practice
7 arrangement with a graduate physician. Graduate physician
8 collaborative practice arrangements shall take the form of a written
9 agreement that includes mutually agreed-upon protocols and any
10 standing orders for the delivery of primary care services. Graduate
11 physician collaborative practice arrangements may delegate to a
12 graduate physician the authority to prescribe, administer, or
13 dispense drugs and provide treatment, as long as the delivery of the
14 primary care services is within the scope of the graduate
15 physician's practice and is consistent with the graduate physician's
16 skill, training, and competence and the skill, training, and
17 competence of the collaborating physician; except that a graduate
18 physician shall not prescribe controlled dangerous substances. The
19 collaborating physician shall be board-certified in the specialty
20 that the graduate physician is practicing, which may only include
21 pediatrics, internal medicine, or family medicine.

22 C. The graduate physician collaborative practice arrangement
23 shall contain the following provisions:
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1 1. Complete names, home and business addresses, and telephone
2 numbers of the collaborating physician and the graduate physician;

3 2. A requirement that the graduate physician practice at the
4 same location as the collaborating physician;

5 3. A requirement that a prominently displayed disclosure
6 statement informing patients that they may be seen by a graduate
7 physician, and advising patients that the patient has the right to
8 see the collaborating physician, be posted in every office where the
9 graduate physician is authorized to prescribe;

10 4. All specialty or board certifications of the collaborating
11 physician and all certifications of the graduate physician;

12 5. The manner of collaboration between the collaborating
13 physician and the graduate physician, including how the
14 collaborating physician and the graduate physician will:

15 a. engage in collaborative practice consistent with each
16 professional's skill, training, education, and
17 competence, and

18 b. maintain geographic proximity. However, the graduate
19 physician collaborative practice arrangement may only
20 allow for geographic proximity to be waived for no
21 more than twenty-eight (28) days per calendar year for
22 rural health clinics, as long as the graduate
23 physician collaborative practice arrangement includes
24 alternative plans as required by the State Board of

1 Medical Licensure and Supervision. The exception to
2 the geographic proximity requirement applies only to
3 independent rural health clinics, provider-based rural
4 health clinics if the provider is a critical access
5 hospital as provided in 42 U.S.C., Section 1395i-4,
6 and provider-based rural health clinics if the primary
7 location of the hospital sponsor is more than twenty-
8 five (25) miles from the clinic. The collaborating
9 physician shall maintain documentation related to the
10 geographic proximity requirement and present the
11 documentation to the State Board of Medical Licensure
12 and Supervision upon request;

13 6. A requirement that the graduate physician shall not provide
14 patient care during an absence of the collaborating physician for
15 any reason;

16 7. A list of all other graduate physician collaborative
17 practice arrangements of the collaborating physician and the
18 graduate physician;

19 8. The duration of the graduate physician collaborative
20 practice arrangement between the collaborating physician and the
21 graduate physician;

22 9. A provision describing the time and manner of the
23 collaborating physician's review of the graduate physician's
24 delivery of primary care services. The provision shall require the

1 graduate physician to submit to the collaborating physician a
2 minimum of twenty-five percent (25%) of the charts documenting the
3 graduate physician's delivery of primary care services for review by
4 the collaborating physician or by any other physician designated in
5 the graduate physician collaborative practice arrangement every
6 fourteen (14) days after the initial observation year. For the
7 first three (3) months of the initial observation year, the
8 collaborating physician shall review one hundred percent (100%) of
9 the charts documenting the graduate physician's delivery of primary
10 care services. For months four (4) through twelve (12), the
11 collaborating physician shall review seventy-five percent (75%) of
12 the charts documenting the graduate physician's delivery of primary
13 care services; and

14 10. A requirement that a collaborating physician be on premises
15 if the graduate physician performs services in a hospital or
16 emergency department.

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

20 A. The State Board of Medical Licensure and Supervision, in
21 consultation with the State Board of Osteopathic Examiners, shall
22 promulgate rules regulating the use of graduate physician
23 collaborative practice arrangements for graduate physicians. The
24 rules shall specify:

1 1. The geographic areas to be covered;

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

4 3. The educational methods and programs to be performed during
5 the collaborative practice service, developed in consultation with
6 deans of medical schools and primary care residency program
7 directors in this state, which shall facilitate the advancement of
8 the graduate physician's medical knowledge and capabilities, the
9 successful completion of which may lead to credit toward a future
10 residency program that deems the documented educational achievements
11 of the graduate physician through the methods and programs
12 acceptable; and

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

15 B. A collaborating physician shall not enter into a graduate
16 physician collaborative practice arrangement with more than three
17 graduate physicians at the same time.

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

21 A. The State Board of Medical Licensure and Supervision, in
22 consultation with the State Board of Osteopathic Examiners, shall
23 promulgate rules applicable to graduate physicians that are
24 consistent with the guidelines established for federally funded

1 clinics. The rulemaking authority granted to the State Board of
2 Medical Licensure and Supervision in this subsection does not extend
3 to graduate physician collaborative practice arrangements of
4 hospital employees providing inpatient care within hospitals.

5 B. The State Board of Medical Licensure and Supervision or the
6 State Board of Osteopathic Examiners shall not deny, revoke,
7 suspend, or otherwise take disciplinary action against a
8 collaborating physician for primary care services delegated to a
9 graduate physician as long as the provisions of this section and any
10 applicable rules promulgated by the State Board of Medical Licensure
11 and Supervision are satisfied.

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

23 D. A contract or other agreement shall not require a physician
24 to act as a collaborating physician for a graduate physician against

1 the physician's will. A physician has the right to refuse to act as
2 a collaborating physician, without penalty, for a particular
3 graduate physician. A contract or other agreement shall not limit
4 the collaborating physician's authority over any protocols or
5 standing orders, or delegate the physician's authority to a graduate
6 physician. However, this subsection does not authorize a physician
7 in implementing protocols, standing orders, or delegation to violate
8 applicable standards for safe medical practice established by a
9 hospital's medical staff.

10 E. A contract or other agreement shall not require a graduate
11 physician to serve as a graduate physician for any collaborating
12 physician against the graduate physician's will. A graduate
13 physician has the right to refuse to collaborate, without penalty,
14 with a particular physician.

15 F. All collaborating physicians and graduate physicians under a
16 graduate physician collaborative practice arrangement shall wear
17 identification badges while acting within the scope of the
18 arrangement. The identification badges shall prominently display
19 the licensure status of the collaborating physician and the graduate
20 physician.

21 SECTION 11. NEW LAW A new section of law to be codified
22 in the Oklahoma Statutes as Section 479.11 of Title 59, unless there
23 is created a duplication in numbering, reads as follows:
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1 A. The collaborating physician shall complete a certification
2 course, which may include material on the laws pertaining to the
3 professional relationship. The certification course must be
4 approved by the State Board of Medical Licensure and Supervision or
5 the State Board of Osteopathic Examiners.

6 B. A graduate physician collaborative practice arrangement
7 shall supersede current hospital licensing regulations governing
8 hospital medication orders under protocols or standing orders for
9 the purpose of delivering inpatient or emergency care within a
10 hospital as defined in Section 1-701 of Title 63 of the Oklahoma
11 Statutes, if the protocols or standing orders have been approved by
12 the hospital's medical staff and pharmaceutical therapeutics
13 committee.

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

15 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
16 February 29, 2024 - DO PASS AS AMENDED BY CS
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