

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB4430 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By deleting the content of the entire measure, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Kyle Hilbert

Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 PROPOSED OVERSIGHT
4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 4430

By: Hilbert

7
8 PROPOSED OVERSIGHT COMMITTEE SUBSTITUTE

9 An Act relating to medical malpractice; amending 59
10 O.S. 2021, Section 519.6, as amended by Section 5,
11 Chapter 343, O.S.L. 2025 (59 O.S. Supp. 2025, Section
12 519.6), which relates to license required,
13 supervision, and practice agreements within the
14 Physician Assistant Act; amending Section 2, Chapter
15 340, O.S.L. 2025 (59 O.S. Supp. 2025, Section
16 567.5b), which relates to Advanced Practice
17 Registered Nurse malpractice insurance requirements;
18 providing for compliance; and providing an effective
19 date.

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

21 SECTION 1. AMENDATORY 59 O.S. 2021, Section 519.6, as
22 amended by Section 5, Chapter 343, O.S.L. 2025 (59 O.S. Supp. 2025,
23 Section 519.6), is amended to read as follows:

24 Section 519.6. A. No health care services may be performed by
a physician assistant unless a current license is on file with and
approved by the State Board of Medical Licensure and Supervision.

1 B. A physician assistant with six thousand two hundred forty
2 (6,240) or more hours of postgraduate clinical practice experience
3 who has reported those hours to the Board shall not be required to
4 practice under the supervision of a delegating physician.

5 1. A physician assistant may report the completion of
6 postgraduate clinical practice experience to the Board at any time
7 after completion of at least six thousand two hundred forty (6,240)
8 such hours.

9 2. Hours earned prior to the effective date of this act shall
10 be counted towards the six thousand two hundred forty (6,240) hours.

11 3. The Board shall maintain, make available, and keep updated,
12 on the Internet website of the Board, a list of physician assistants
13 who have reported completion of six thousand two hundred forty
14 (6,240) or more postgraduate clinical practice experience hours.

15 4. The Board shall prescribe a form for reporting postgraduate
16 clinical practice experience by a physician assistant. The Board
17 shall make available and keep updated on the Internet website of the
18 Board the prescribed form. This reporting form may be filed
19 electronically. The Board shall not charge a fee for reporting
20 hours or filing of the prescribed form.

21 5. Nothing in this subsection shall prohibit a physician
22 assistant from maintaining a practice agreement; however, such an
23 agreement is not required for a physician assistant with the
24 reported six thousand two hundred forty (6,240) hours of

1 postgraduate clinical practice experience, provided any practice
2 agreements are subject to the requirements of paragraphs 1, 2, 3,
3 and 4 of subsection C of this section.

4 6. Nothing in this subsection shall restrict the ability of the
5 Board to require supervision as a part of disciplinary action
6 against the license of a physician assistant.

7 C. A physician assistant with less than six thousand two
8 hundred forty (6,240) hours of postgraduate clinical practice
9 experience or who has completed six thousand two hundred forty
10 (6,240) hours but has not reported those hours to the Board shall
11 practice under the supervision of a delegating physician with the
12 following requirements:

13 1. All practice agreements and any amendments shall be filed
14 with the State Board of Medical Licensure and Supervision within ten
15 (10) business days of being executed. Practice agreements may be
16 filed electronically. The State Board of Medical Licensure and
17 Supervision shall not charge a fee for filing practice agreements or
18 amendments to practice agreements;

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

23 3. The delegating physician need not be physically present nor
24 be specifically consulted before each delegated patient care service

1 is performed by a physician assistant, so long as the delegating
2 physician and physician assistant are or can be easily in contact
3 with one another by means of telecommunication. The delegating
4 physician shall provide appropriate methods of participating in
5 health care services provided by the physician assistant including:

- 6 a. being responsible for the formulation or approval of
7 all orders and protocols, whether standing orders,
8 direct orders or any other orders or protocols, which
9 direct the delivery of health care services provided
10 by a physician assistant, and periodically reviewing
11 such orders and protocols,
- 12 b. regularly reviewing the health care services provided
13 by the physician assistant and any problems or
14 complications encountered,
- 15 c. being available physically or through telemedicine or
16 direct telecommunications for consultation, assistance
17 with medical emergencies or patient referral,
- 18 d. reviewing a sample of outpatient medical records.
19 Such reviews shall take place at a site agreed upon
20 between the delegating physician and physician
21 assistant in the practice agreement which may also
22 occur using electronic or virtual conferencing, and
- 23 e. that it remains clear that the physician assistant is
24 an agent of the delegating physician; but, in no event

1 shall the delegating physician be an employee of the
2 physician assistant;

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

11 D. A physician assistant not practicing under a practice
12 agreement may prescribe written and oral prescriptions and orders.
13 The physician assistant not practicing under a practice agreement
14 may prescribe medical supplies, services, and drugs, including
15 controlled medications in Schedules III through V pursuant to
16 Section 2-312 of Title 63 of the Oklahoma Statutes. Physician
17 assistants not practicing under a practice agreement may not
18 dispense drugs, but may request, receive, and sign for professional
19 samples and may distribute professional samples to patients.

20 E. A physician assistant practicing under a practice agreement
21 may prescribe written and oral prescriptions and orders. The
22 physician assistant practicing under a practice agreement may
23 prescribe medical supplies, services, and drugs, including
24 controlled medications in Schedules II through V pursuant to Section

1 2-312 of Title 63 of the Oklahoma Statutes, written and oral
2 prescriptions and orders only as delegated by the delegating
3 physician, and prescriptions and orders for Schedule II drugs
4 written by such physician assistant shall be included on a written
5 protocol determined by the delegating physician. Physician
6 assistants practicing under a practice agreement may not dispense
7 drugs, but may request, receive, and sign for professional samples
8 and may distribute professional samples to patients. Provided that
9 a physician assistant practicing under a practice agreement may not
10 prescribe any controlled medications in a Schedule that the
11 delegating physician is not registered to prescribe.

12 F. Each physician assistant licensed under the Physician
13 Assistant Act shall keep his or her license available for inspection
14 at the primary place of business and shall, when engaged in
15 professional activities, identify himself or herself as a physician
16 assistant.

17 G. A physician assistant shall be bound by the provisions
18 contained in Sections 725.1 through 725.5 of this title.

19 H. 1. A physician assistant not practicing under a practice
20 agreement, or the employer of such physician assistant on his or her
21 behalf, shall carry malpractice insurance or demonstrate proof of
22 financial responsibility in a minimum amount of One Million Dollars
23 (\$1,000,000.00) per occurrence and Three Million Dollars
24 (\$3,000,000.00) in the aggregate per year. This requirement shall

1 not apply to a physician assistant practicing under a practice
2 agreement.

3 2. A physician assistant who is employed by or under contract
4 with a federal agency that carries malpractice insurance in any
5 amount on behalf of the physician assistant shall be deemed in
6 compliance with paragraph 1 of this subsection when practicing under
7 such federal employment or contract. However, to the extent the
8 physician assistant practices outside of such federal employment or
9 contract, the physician assistant, or his or her employer, shall
10 comply with paragraph 1 of this subsection.

11 3. A physician assistant who is employed by a state agency or
12 facility that is covered by or subject to The Governmental Tort
13 Claims Act, Section 151 et seq. of Title 51 of the Oklahoma
14 Statutes, shall be deemed in compliance with paragraph 1 of this
15 subsection when practicing under such state employment. However, to
16 the extent the physician assistant practices outside of such state
17 employment, the physician assistant shall comply with paragraph 1 of
18 this subsection.

19 SECTION 2. AMENDATORY Section 2, Chapter 340, O.S.L.
20 2025 (59 O.S. Supp. 2025, Section 567.5b), is amended to read as
21 follows:

22 Section 567.5b. A. An Advanced Practice Registered Nurse, or
23 the employer of the Advanced Practice Registered Nurse on his or her
24 behalf, shall carry malpractice insurance or demonstrate proof of

1 financial responsibility in a minimum amount of One Million Dollars
2 (\$1,000,000.00) per occurrence and Three Million Dollars
3 (\$3,000,000.00) in the aggregate per year. This requirement shall
4 apply only to the Advanced Practice Registered Nurse and shall not
5 be construed as to require the Advanced Practice Registered Nurse to
6 provide malpractice insurance coverage to any supervising physician.

7 B. An Advanced Practice Registered Nurse who is employed by or
8 under contract with a federal agency that carries malpractice
9 insurance in any amount on behalf of the Advanced Practice
10 Registered Nurse shall be deemed in compliance with subsection A of
11 this section when practicing under such federal employment or
12 contract. However, to the extent the Advanced Practice Registered
13 Nurse practices outside of such federal employment or contract, the
14 Advanced Practice Registered Nurse, or his or her employer, shall
15 comply with subsection A of this section.

16 C. An Advanced Practice Registered Nurse who is employed by a
17 state agency or facility that is covered by or subject to The
18 Governmental Tort Claims Act, Section 151 et seq. of Title 51 of the
19 Oklahoma Statutes, shall be deemed in compliance with subsection A
20 of this section when practicing under such state employment.
21 However, to the extent the Advanced Practice Registered Nurse
22 practices outside of such state employment, the Advance Practice
23 Registered Nurse shall comply with subsection A of this section.

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SECTION 3. This act shall become effective November 1, 2026.

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