

Minutes

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on November 29, 2023, in accordance with the Oklahoma Open Meeting Act. Advance notice of this special meeting was transmitted to the Oklahoma Secretary of State on November 15, 2023. The notice and agenda were posted on the Board's website on November 22, 2023, at 8:08 AM pursuant to 25 O.S. § 311(A)(9).

Committee Members present:

Jeffrey Burke, PA-C, FHRS, CEPS, CCDS, Chair
*Louis Cox, MD
Saura Douglas, PA-C
Don Flinn, PA-C
Lee Schoeffler, MD
Jonathan Stone, DO
Leroy Young, DO

Program Director(s) did not attend this meeting.

Others present included:

Lyle Kelsey, Executive Director
Sandra Harrison, JD, Deputy Director
Barbara J. Smith, Executive Secretary
Lisa Cullen, Director of Licensing
Steven Katsis, MD (virtually)
Marty Hendrick, Executive Director, Pharmacy Board
Marjan Fardadfar, PharmD, Pharmacy Board
Jessica McGuire, PMP Administrator, Oklahoma Bureau of Narcotics and Dangerous Drugs
Beau Ratke, Chief Agent, Oklahoma Bureau of Narcotics and Dangerous Drugs

Having noted a quorum, Mr. Burke called the meeting to order at 4:00 p.m. Barbara Smith called roll to confirm a quorum for purposes of the record. Mr. Burke announced this meeting was in lieu of a subcommittee meeting with invited guests.

Mr. Burke introduced the invited guests and stated that in the previous meeting, the Committee wanted to hear from Oklahoma Bureau of Narcotics and Dangerous Drugs (“OBN.”) Specifically, committee members wanted to know if there is a way that an OBN license could somehow be labeled with a PA designation and if there is an ability to revise the license so that a pharmacist would be able to use that at the time a prescription is filled.

Mr. Ratke stated OBN can identify on a license what schedules are authorized to be prescribed and any agreed order or restrictions can be noted on there as well; however OBN does not have access to any agreements between PAs and delegating physicians. If a restriction has been placed by OBN due to an agreed order, it will be noted in the database and that would be monitored through the Prescription Monitoring Program (“PMP.”)

Ms. McGuire advised that the PMP is Drug Enforcement Administration (“DEA”) specific and is tied to the DEA number. A pharmacist will enter the DEA number of the prescriber and then everything is linked to that provider’s number. So when a practitioner is a prescriber, they can search their own prescription history. The PA could print it off and provide it to the physician to show what was being prescribed. However, the printout would contain all the PA’s patients so if there are multiple patients and multiple delegating physicians, it would become problematic.

There is also a quarterly report submitted via email and it can be downloaded. It is a generic report that does not set out schedules of drugs, but it does set out stimulants, sedatives, opioids, etc. The prescriber’s view is patient specific. There is no ability for a physician to pull the report of a PA to monitor their prescribing. To delegate designation in the PMP just means that a person can run the PMP on behalf of another prescriber. OBN discourages prescribers from putting other prescribers as their delegate because you need to get credit for your searches as mandated by law. The pharmacist will also look up the patient, but would not look up the prescriber.

Title 63 is specific regarding the PMP and its use. Further, reporting to the PMP has to be in a special format that is recognized by National Association of Boards of Pharmacy (“NABP”) so there is a nationwide standard and all data needs to be comparable. NABP, which includes all state pharmacy boards, would have to approve any changes to the format. Additionally, the PMP is patient specific and there are not additional fields where you may input additional extraneous information. In short, there would not be a way to know if the prescriber/PA has an agreement with a certain physician at one location and not another.

Any agreed orders OBN has with a practitioner are uploaded to that practitioner’s account. A pharmacist could search that particular practitioner on their website. If a practitioner’s license is revoked, a message will be sent out to pharmacists by OBN. Neither OBN nor DEA require delegating physicians. There is not a second DEA field that can be entered into the prescriber’s profile for a delegating physician.

Dr. Stone asked to update the word “supervision” to “delegating” and accept the proposed on-site definition, but not any other proposed rule changes. Since action was not allowed on the agenda, there was no action taken in this regard.

The rules submitted last year were ultimately disapproved because the legislature felt that the rules were changed quite a lot from what was initially submitted to the subcommittee and there was some underlying concern about the formation of the subcommittee.

Dr. Katsis stated that any delegating physicians will have to authorize prescribing permission through the practice agreement.

Mr. Burke stated he was hopeful to have delineation through the OBN registration or the PMP. Mr. Burke reminded the Committee that at the last meeting, it was discussed that pharmacists could seek out practice agreements independently.

It was pointed out that there were a few places where “delegating” needed to be inserted to replace “supervising” and Mr. Burke stated he would make those changes.

Mr. Kelsey stated that there is an issue at Title 63, because federal law allows writing schedule IIs off-site by PAs. Oklahoma law states that PAs can only prescribe Schedule IIs on site. When Mr. Flinn asked what to do about that conflict, Mr. Kelsey stated this would need an AG opinion and the decision to request an AG opinion would be up to the Medical Board if that is how they wish to proceed.

There being no further business, Mr. Burke moved to adjourn the meeting. The time was 5:04 p.m.