

Minutes

The Physician Assistant Advisory Committee of the Oklahoma Board of Medical Licensure and Supervision met on October 15, 2015, in accordance with the Open Meeting Act. The meeting was held at the office of the Board, 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on December 15, 2014 and posted on the Board's website on October 13, 2015. The notice and agenda were posted in prominent public view on the front doors of the Oklahoma Board of Medical Licensure and Supervision building located at 101 NE 51st St., Oklahoma City, OK on October 13, 2015 at 10:45 a.m.

Members present were:

Charles Womack, MD, Chair
Don Flinn, PA, Vice-Chair
Gerald Wootan, DO
Shannon Ijams, PA – OU-Tulsa
Todd Doran, PA – OUHSC-OKC

Members absent were:

Riaz Sirajuddin, MD
Dennis Carter, DO
Clay Moore, D.Ph.
Lindsey Gillispie, PA

Others present included:

Reji T. Varghese, Executive Deputy Director
Barbara J. Smith, Executive Secretary
Teresa Mitchell, Director of Licensing
Kenna Shaw, Licensing Administrative Technician
Tiffany Wythe, AAG, Committee Advisory

Having noted a quorum, Dr. Womack called the meeting to order at 3:09 p.m.

After Committee review, Dr. Flinn moved to approve the July 9, 2015 Minutes. Mr. Doran seconded the motion and the vote was unanimous in the affirmative.

MICHELLE NEWEY, applicant for reinstatement of Physician Assistant licensure, appeared via web video to discuss her application. Ms. Newey has not practiced since June of 2013 and her license expired in 2014. She advised the Committee regarding her practice and exam history, including that she passed the Physician Assistant National Recertification Exam (“PANRE”) in August of 2015. She is currently re-certified until 2025. The applicant answered questions from the Committee regarding her plans for practice. She does not plan to move back to Oklahoma, but wants her license in good standing in the event she has to travel to be with her family in Oklahoma. She has also applied for a California license. Mr. Flinn moved to recommend for approval the application for reinstatement pending completion of the file to include all continuing medical education hours being up-to-date and the completion of Forms 5, 6 and 7. Mr. Doran seconded the motion and the vote was unanimous in the affirmative.

CARISSA HINES, applicant for Physician Assistant licensure, appeared in person to discuss her application. Ms. Hines graduated in December of 2013 and recently passed her certification in August of 2015. She told the Committee of her activities since graduation and explained that she did not take her boards at the time of graduation because she had a high-risk pregnancy and her son was born prematurely with congenital conditions. She currently has a job pending with Tulsa Hillcrest South Emergency Department. Dr. Wootan moved to recommend approval of the application for licensure pending completion of the file. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

MATTHEW HAND, applicant for Physician Assistant licensure, appeared in person to discuss his license. He last practiced in 2011 at Fort Riley in the traumatic brain injury unit. He remains currently certified and has kept up his CME. Mr. Hand and his family have recently moved to Oklahoma and he wishes to return to practice as a Physician Assistant. Ms. Ijams moved to recommend approval of the application pending completion of the file. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

Next the Committee reviewed applications for licensure. Mr. Flinn moved to recommend approval of the following complete applications Physician Assistant licensure. Mr. Doran seconded the motion and the vote was unanimous in the affirmative.

ALCORN, HEATHER ANNE
CAMPBELL, ANDREA NICOLE
DYE, CHARLENE ELAINE ARNOLD

ECKHARDT, LISA DAWN
HOMER, KELLEN WILLIAM JOSEPH
LAPIDUS, MICHELLE RENEE

**MYCHAK, HEATHER LYNN
MYCHAK, NATHAN ZACHARY
SAMAFUHBI, DERICK NGUFOR**

**STOUT, KEVAN WAYNE
YARUSSO, KAREN ALANE**

Dr. Wootan moved to recommend approval of the following incomplete applications for Physician Assistant licensure pending completion of the files. Mr. Doran seconded the motion and the vote was unanimous in the affirmative.

**ANTHONY, AERIAL CHANEL
BARTLETT, MICHELLE ANDERS
BOEN, MAKENZIE LEE
CATO, CONNIE MARIE
CHADWICK, KATHERINE ANN
CHAMBERS, D'AMBER NICOLE
CREWS, ALYSSA
DAWSON, MICHELLE RENE
ELDER, SAMUEL MORRIS
FALES, THOMAS IRA
HALE, ASHLEY MARIE
HANSON, CHRISTENA
HELT, JACOB SCOTT WALLACE
HEWLETT, PAIGE ELIZABETH
HUTCHISON, ERIN ELIZABETH**

**IGLESIAS, ALICIA
JOHN, JINCY
LUONG, NHU THUY
MALONEY, GINA NICOLE
MARTIN, JAMIE
MATHERLY, WADE REED
MCINNERNEY, KEITH VINCENT
ROBBINS, HOPE MARIE
SCHAEFER, DAYTON COTTRILL
SIMONSON, NATASHA NICOLE
SMITH, ANDREW BLAKE
STELLING, TIMARA LEIGH
VIRGIL, WHITLEY DANIELLE
WALENZ, KATHRYN
WALKER, ALYSSA BRICE**

Mr. Doran moved to recommend approval of the application of **RALPH KAULEY, JR.**, for reinstatement of Physician Assistant licensure pending confirmation of up-to-date continuing medical education requirements. Dr. Wootan seconded the motion and the vote was unanimous in the affirmative.

The Committee took no action on the requests for transfers.

The Committee took no action on the requests for additional positions.

Next, Mr. Flinn presented the proposed rules which have been drafted in an effort to harmonize the rules with the recent update of the Physician Assistant Practice Act regulating best practices in Oklahoma. Mr. Flinn advised the Committee that only three states, Oklahoma, Mississippi and Ohio, currently limit their physicians to the supervision of only two Physician Assistants. The proposed rules move that limit from two to four. Mr. Varghese raised concerns regarding "evidence" for renewal as mentioned in in proposed 435:15-3-17(c). He commented

that the current process with OAPA logging and reporting CME was a process that was working and recommended to maintain the current system in place. Susan Thomas, Oklahoma Academy of Physician Assistants, clarified that the process between OAPA and the Medical Board would continue to work the same as it currently does. After much discussion, it was agreed that language which was previously struck-through would be re-added and the proposed language as set forth in 435:15-3-17(c) shall now read as follows: "...Oklahoma Academy of Physician Assistants. The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physicians." Tiffany Wythe, AAG, Committee Advisor, stated she had not had time to adequately review the proposed rules since she received her copy approximately 15 minutes before the meeting began. Therefore, she was unable to give an opinion at this time. Ms. Wythe stated she would be able to review the proposed rules after the meeting and provide an opinion thereafter. Dr. Wootan moved to approve the rules as presented with the changes discussed pending legal review. Mr. Doran seconded the motion and the vote was unanimous in the affirmative. **(SEE ATTACHMENT #1)**

Reji T. Varghese, Executive Deputy Director, and Teresa Mitchell, Licensing Director, informed the Committee regarding some scenarios of Physician Assistants practicing telehealth. Mr. Varghese advised this is for informational purposes only to let the Committee know what could happen in the future. Dr. Womack directed Staff to add the discussion of telehealth to the Agenda for the January 7, 2016 meeting. **(SEE ATTACHMENT #2)**

There being no new business, Mr. Flinn moved to adjourn the meeting. Mr. Doran seconded the motion and the vote was unanimous in the affirmative. The time was 4:50 p.m.

1 Updated 6/25/2011

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***OKLAHOMA ADMINISTRATIVE CODE**

4

TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

5

CHAPTER 15. PHYSICIAN ASSISTANTS

6

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SUBCHAPTER

8

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Subchapter 1. General Provisions

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Subchapter 3. Licensure of Physician Assistants

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Subchapter 5. Regulation of Practice

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Subchapter 7. Advisory Committee

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Subchapter 9. Guidelines for the Utilization of Physician Assistants

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Subchapter 11. Prescriptive Guidelines and Drug Formulary

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Subchapter 13. Prescription Transmittal Guidelines (Revoked)

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*This is an unofficial copy of Chapter 15 of Title 435 of the Oklahoma Administrative Code.

43

Official copies may be obtained from the Office of Administrative Rules.

44

44

1 twenty-four (24) months has not:

2 (1) practiced as a physician assistant; or

3 (2) been employed by an accredited physician assistant educational program.

4
5 "Primary supervising physician" means a physician meeting the requirements of 435:15-3-13(a)
6 who is not an alternate supervising physician with respect to the same physician assistant.

7 (b) The terms defined under s. 519.2 of the statutes shall apply to this chapter.]

8
9 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
10 20 Ok Reg 973, eff 5-21-03; Amended at 21 Ok Reg 1052, eff 5-14-04]

11
12 ~~[435:15-1-2. License required]1~~

13 ~~—A physician assistant must possess a license issued by the Board prior to practicing such~~
14 ~~profession.]~~

15
16 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
17 Amended at 15 Ok Reg 2022, eff 5-26-98]

18 19 SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

20 21 Section

22 435:15-3-1. Application for licensure

23 435:15-3-2. Qualifications; examination; character (REVOKED)

24 435:15-3-3. Approval to supervise more than two PA's (RENUMBERED)

25 435:15-3-4. Application for second Physician's Assistant (REVOKED)

26 435:15-3-5. Transfer of certificate; temporary certification; display of certificate (REVOKED)

27 435:15-3-6. Registry of qualifications (REVOKED)

28 435:15-3-7. Re-certification (REVOKED)

29 435:15-3-8. Back-up or alternate supervising physician (REVOKED)

30 435:15-3-9. Temporarily delegated supervision (REVOKED)

31 435:15-3-10. Continuing education for renewal (RENUMBERED)

32 435:15-3-11. License renewal period; reinstatement (RENUMBERED)

33 435:15-3-12. Temporary authorization to practice

34 435:15-3-13. Application to practice

35 435:15-3-14. Temporary approval of an application to practice by a Licensed Physician Assistant

36 435:15-3-15. Approval to supervise more than two PA's

37 435:15-3-16. Alternate supervising physician

38 435:15-3-17. Continuing education for renewal

39 435:15-3-18. Certificate renewal period; reinstatement

40 435:15-3-19. Locum tenens

41
42 ~~435:15-3-1. [Application for licensure][Qualification; application.]~~

43 ~~[(a) A Physician Assistant license shall only be issued by the Board upon application filed by~~

1 This is covered by s. 519.10(3), OK stats.

1 the physician assistant.

2 (b) All applicants for Physician Assistant licenses shall meet the following qualifications:

3 (1) Graduate from an accredited Physician Assistant Program consisting of at least one year
4 of classroom instruction and one year of clinical experience that includes a minimum of one
5 month each in family medicine, emergency medicine and surgery.

6 (2) A passing score on the Physician Assistant National Certifying Examination
7 administered by the National Commission on the Certification of Physician Assistants, or its
8 successor. The Board may recognize another national examination to determine the
9 qualifications of the applicant to practice as a physician assistant when such examination has
10 documented its ability to measure such skills and abilities. The applicant must bear the cost
11 of the examination.

12 (3) The applicant shall take and complete the jurisprudence examination prepared by the
13 staff. Seventy five percent (75%) or above shall be a passing grade. The examination shall
14 cover the Act and any other significant statute, rule or material related to practice as a
15 Physician Assistant in this state. The applicant shall be provided a copy of all statutes, rules
16 or other material from which the examination was created and may review such material
17 while taking the jurisprudence examination. An applicant who fails the jurisprudence
18 examination three (3) times shall be required to meet with the Secretary in order to devise a
19 study plan prior to taking the jurisprudence examination again. The Board has determined
20 that the jurisprudence examination is an integral part of the application process. A passing
21 score on the jurisprudence examination is a requirement for licensure.

22 (4) Applicants must be of good moral character.

23 — (5) Applicants must meet other requirements as determined by the Board.]

24
25 [(a) Qualifications. (title) No license shall be issued unless an applicant:

26
27 (1) Submits an application and other information pursuant to subsections (b) and (c) and
28 remits the required fee;

29
30 (2) Has successfully completed an educational program for physician assistants accredited
31 by the Accreditation Review Commission on Education for the Physician Assistant, or prior
32 to 2001, either by the Committee on Allied Health Education and Accreditation, or the
33 Commission on Accreditation of Allied Health Education Programs. The board may also
34 issue a license to an applicant who does not meet the educational requirement specified in
35 subsection three, but who passed the Physician Assistant National Certifying Examination
36 administered by the National Commission on Certification of Physician Assistants prior to
37 1986;

38
39 (3) Has passed the Physician Assistant National Certifying Examination administered by the
40 National Commission on Certification of Physician Assistants;

41
42 (4) Jurisprudence examination. (title)

43 (i) Has responded correctly to seventy-five (75) percent or greater questions on a
44 jurisprudence examination prepared by the board staff. The examination shall include:

45 (a) The Physician Assistant Act; and

1 (b) Significant state statutes or rule impacting physician assistant practice.
2 (ii) The board shall supply the applicant with a copy of the statutes, rules, or other
3 material from which the examination is based while the applicant is completing the
4 examination.
5 (iii) An applicant that does not meet the requirement under subsection (4)(i) after three
6 attempts shall meet with the secretary of the board to create a study plan prior to
7 reexamination;

8
9 (5) Is mentally and physically able to engage safely in practice as a physician assistant;

10
11 (6) Does not hold a license or registration as a physician assistant that is currently under
12 discipline, revocation, suspension, or probation relating to practice as a physician assistant.
13 The board may waive this paragraph (6);

14
15 (7) Pursuant to 59-519.4 of the statutes, be of good moral character; and

16
17 (8) For a renewal application, has met the continuing medical education requirements
18 pursuant to 435:15-3-17.

19
20 (b) Application. (title)

21
22 (1) The applicant shall complete an application form approved by the board and such additional
23 forms necessary for the board to consider the application and the qualifications of the applicant.

24
25 (2) Pursuant to s. 59-519.6 of the statutes, the application shall include:

26 (i) A description of the physician's practice,

27 (ii) Methods of supervising and utilizing the physician assistant, and

28 (iii) Names of alternate supervising physicians who will supervise the physician assistant in
29 the absence of the primary supervising physician.

30
31 (3) Renewal. (title)

32 (i) An application for renewal shall include any changes from the most recent application
33 submitted to the board not previously submitted.

34 (ii) An applicant for renewal shall submit the examination under subsection (a)(4).

35 (iii) An application for renewal shall be submitted not later than March 31 of each calendar
36 year.

37 (iv) A license shall expire if a renewal application is not submitted by March 31.

38 (vi) A renewal application submitted between April 1 and May 31 must be accompanied by
39 the late fee pursuant to 435:1-1-7(a)(2)(E).

40 (vii) An application after May 31 shall be considered an initial application.

41
42 (4) Return to practice. (title)

43 (i) Application (title). This subsection (a)(4) shall apply to an applicant that is clinically

1 inactive².

2 (ii) In addition to complying with the provision of this section 435:15-3-1, an applicant
3 under this subsection (a)(4) shall:

4 (A) Complete a reentry plan approved by the board or a board designee; and

5 (B) Comply with any practice conditions approved by the board.

6
7 (c) Other information. (title) An applicant shall submit or make available any other information
8 the board deems necessary to evaluate the applicant.]

9
10 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
11 Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16
12 Ok Reg 1214, eff 5-14-99; Amended at 24 Ok Reg 1102, eff 7-1-07]

13
14 **435:15-3-2. Qualifications; examination; character (Revoked)**

15
16 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

17
18 **435:15-3-3. Approval to supervise more than two PA's (Renumbered to 435:15-3-15)**

19
20 [Source: Amended and renumbered to 435:15-3-15 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
21 renumbered to 435:15-3-15 at 11 Ok Reg 2331, eff 5-26-94]

22
23 **435:15-3-4. Application for second Physician's Assistant (Revoked)**

24
25 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

26
27 **435:15-3-5. Transfer of certificate; temporary certification; display of certificate (Revoked)**

28
29 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

30
31 **435:15-3-6. Registry of qualifications (Revoked)**

32
33 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

34
35 **435:15-3-7. Re-certification (Revoked)**

36
37 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

38
39 **435:15-3-8. Back-up or alternate supervising physician (Revoked)**

40
41 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

42
43 **435:15-3-9. Temporarily delegated supervision (Revoked)**

44
45 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

2 Cf. definition of "clinically inactive" created by this rule.

1
2 **435:15-3-10. Continuing education for renewal (Renumbered to 435:15-3-17)**

3
4 [Source: Amended and renumbered to 435:15-3-17 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
5 renumbered to 435:15-3-17 at 11 Ok Reg 2331, eff 5-26-94]
6

7 **435:15-3-11. License renewal period; reinstatement (Renumbered to 435:15-3-18)**

8
9 [Source: Amended and renumbered to 435:15-3-18 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
10 renumbered to 435:15-3-18 at 11 Ok Reg 2331, eff 5-26-94]
11

12 **435:15-3-12. [Review:] Temporary authorization to practice**

13 ~~[(a) The Secretary of the Board, after review of the initial application by the Physician Assistant~~
14 ~~Committee chairperson or designee, is authorized to grant temporary authorization for an~~
15 ~~individual who has passed the examination for physician assistants to practice as a physician~~
16 ~~assistant for a period not to exceed one (1) year from the date of initial application. Initial~~
17 ~~applications shall be reviewed at the next regularly scheduled meeting of the Board and may be~~
18 ~~approved, extended or rejected by the Board. If rejected, the temporary approval shall expire~~
19 ~~immediately and notification of such action shall be sent to the supervising physician by certified~~
20 ~~mail. Such temporary authorization shall assure that the physician assistant meets the~~
21 ~~requirements for licensure as specified in 435:15-3-1.~~

22 ~~(b) A temporary authorization to practice as a physician assistant may not be renewed.~~

23 ~~(c) Physician assistants practicing under a temporary authorization shall not be permitted to~~
24 ~~practice in remote patient care settings except when the application has been reviewed and ap-~~
25 ~~proved by the Secretary of the Board and Physician Assistant Committee chairperson.~~

26 ~~(d) The supervising physician shall review the care given to every patient seen by a physician~~
27 ~~assistant practicing under a temporary authorization and countersign every patient chart within~~
28 ~~72 hours of the care being rendered except in remote patient care setting when the application~~
29 ~~has been reviewed and approved by the Secretary of the Board and Physician Assistant~~
30 ~~Committee chairperson.]~~

31
32 [(a) The chair or designee of the physician assistant committee shall review each application and
33 information submitted in support of the application and shall promptly transmit a
34 recommendation to the secretary of the board if the application should be temporarily approved.
35

36 (b) Based on the recommendation under subsection (a), the secretary of the board may
37 temporarily approve a license for an applicant meeting the requirements of this chapter 15
38 pursuant to s. 59-519.7³ of the statutes. A temporarily approved license shall be reviewed at the

3 "The Secretary of the State Board of Medical Licensure and Supervision is authorized to grant temporary approval of a license and application to practice to any physician and physician assistant who have jointly filed a license and application to practice which meets the requirements set forth by the Board. Such temporary approval to practice shall be reviewed at the next regularly scheduled meeting of the Board. The temporary approval may be approved, extended or rejected by the Board. If rejected, the temporary approval shall expire immediately."

1 next regular meeting of the board. A temporary approval of a license shall expire if the board
2 rejects the application.

3
4 (c) The board shall issue a license to an applicant meeting the requirements of this chapter 15.]

5
6 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 1009, eff 1-3-94 (emergency);
7 Added at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg 2659, eff 6-26-97; Amended at 15 Ok Reg 2022, eff
8 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99]

9
10 **435:15-3-13. [Application to practice] [Supervising physician; alternatives.]**

11 ~~[(a) The physician assistant must hold valid licensure or temporary authorization to practice as a~~
12 ~~physician assistant.~~

13 ~~-(b) The supervising physician should hold an unrestricted license to practice medicine or~~
14 ~~osteopathic medicine. If the physician's license is restricted, the Committee shall individually~~
15 ~~review the application to practice to determine the nature of the restriction and whether it will~~
16 ~~prevent the physician's ability to properly supervise the physician assistant.~~

17 ~~(c) No health care service can be performed by a physician assistant until a completed~~
18 ~~application to practice has been filed with the Board and signed by both the physician assistant~~
19 ~~and the primary supervising physician and, if applicable, the alternating supervising physician(s).~~

20 ~~(d) The application shall specify the specialty and scope of practice of the primary supervising~~
21 ~~physician and documentation of both the physician assistant's and physician's agreement to abide~~
22 ~~by the regulation of practice as set out in Subchapter 5 of this Chapter.~~

23 ~~(e) The supervising physician and physician assistant shall certify to the Board that the~~
24 ~~physician assistant has prior training in and is knowledgeable of the indications,~~
25 ~~contraindications, side effects and interactions of all medications which he/she shall prescribe,~~
26 ~~order, or administer on behalf of the supervising physician.~~

27 ~~(f) The primary supervising physician shall be responsible for the performance of the physician~~
28 ~~assistant.~~

29 ~~(g) A physician assistant may be approved to practice under more than one application to~~
30 ~~practice.~~

31 ~~(h) An application to practice that includes the use of remote patient care setting(s), must meet~~
32 ~~the following additional requirements:~~

33 ~~— (1) The physician assistant must document:~~

34 ~~(A) experience in providing a comprehensive range of primary care services, under~~
35 ~~responsible physician supervision for at least one year (12 months);~~

36 ~~(B) education in advanced cardiac life support; and~~

37 ~~(C) such other requirements as the Committee may recommend and the Board may~~
38 ~~require.~~

39 ~~(2) The Board may waive the requirements in (1) of this subsection for those applicants~~
40 ~~possessing equivalent experience and training as recommended by the Committee.~~

41 ~~(i) All applications to practice shall be subject to Board review and approval.]~~

42
43 [(a) Qualifications. (title)]

1 (1) Pursuant to s. 519.2 of the statutes, a supervising physician must be licensed as a
2 physician by either the:

3 (i) State Board of Medical Licensure and Supervision, or

4 (ii) State Board of Osteopathic Examiners.

5
6 (2) A license under subsection (a)(1) must be unrestricted.

7
8 (3) The board may waive the requirement under (a)(2) if the board determines the restriction
9 will not impede the ability of the supervising physician to supervise a physician assistant.

10
11 (b) Review. (title) A supervising physician shall review the care provided to each patient
12 receiving health care services by a physician assistant with a temporarily approved license.

13
14 (c) Physician assistants supervised. (title)

15
16 (1) A supervising physician may have approved applications to practice with an unlimited
17 number of physician assistants, but shall not serve as the supervising physician for more
18 than four (4) physician assistants practicing at any one time.

19
20 (2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or
21 supervising physician of a state institution, correctional facility, or hospital.

22
23 (3) On the request of an applicant or supervising physician, the board may waive the
24 requirement under subsection (c)(1).

25
26 (d) A physician assistant may have more than one (1) supervising physician.

27
28 (e) Alternate supervising physician. (title) The duties of a primary supervising physician may be
29 delegated to an alternate supervising physician that:

30
31 (1) Meets the requirements of this section 435:15-3-13; and

32 (2) Has a practice that is reasonably similar to the primary supervising physician.]

33
34
35 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Added at 15
36 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff
37 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02]

38
39 ~~**[435:15-3-14. Temporary approval of an application to practice by a Licensed Physician**~~
40 ~~**Assistant**~~

41 ~~(a) The Secretary of the Board is authorized to grant temporary approval for an application to~~
42 ~~practice once a licensed physician assistant and physician have submitted a complete application.~~

43 ~~(b) The temporary approval shall be reviewed at the next regularly scheduled meeting of the~~
44 ~~Board and may be approved, extended or rejected by the Board. If rejected, the temporary ap-~~
45 ~~proval shall expire immediately and notification of such action shall be sent to the supervising~~

1 physician by certified mail.]

2
3 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
4 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99]

5
6 **~~435:15-3-15. Approval to supervise more than two PA's~~**

7 ~~— The Board shall not approve an application for any one physician to supervise more than~~
8 ~~two (2) physician assistants at any one time, except that a medical director or supervising~~
9 ~~physician of a state institution may supervise more than two physician assistants provided that~~
10 ~~appropriate alternate supervising physician(s) are available and approved by the Board to~~
11 ~~supervise the physician assistant(s) in the absence of the primary, supervising physician.]~~

12
13 [Source: Amended and renumbered from 435:15-3-3 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
14 renumbered from 435:15-3-3 at 11 Ok Reg 2331, eff 5-26-94]

15
16 **~~435:15-3-16. Alternate supervising physician~~**

17 ~~(a) An application to practice may designate one or more alternate supervising physician(s) to~~
18 ~~supervise the physician assistant.~~

19 ~~(b) The alternate supervising physician(s) shall agree to the regulation of practice as set out in~~
20 ~~Subchapter 5 of this Chapter.~~

21 ~~(c) The application shall specify the specialty and scope of practice of the alternating~~
22 ~~supervising physician.~~

23 ~~(d) The primary supervising physician may temporarily delegate supervision of the physician~~
24 ~~assistant to another alternate supervising physician upon execution of an agreement signed by the~~
25 ~~primary supervising physician, the physician assistant, and the alternate supervising physician(s)~~
26 ~~provided that:~~

27 ~~(1) The scope of practice of the alternate supervising physician(s) is the same or in~~
28 ~~reasonable similarity to that of the primary supervising physician.~~

29 ~~(2) An agreement to the temporary delegation of supervision shall be signed by the primary~~
30 ~~supervising physician, the physician assistant, the alternate supervising physician(s) and~~
31 ~~approved by the Board.~~

32 ~~(e) In remote patient care settings, no more than two (2) alternate supervising physicians shall be~~
33 ~~approved by the Board.]~~

34
35 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94]

36
37 **435:15-3-17. Continuing education for renewal**

38 ~~[(a) Applicants initially licensed as a physician assistant will be exempt from reporting~~
39 ~~Continuing Medical Education (CME) credits until one year after licensure, thereafter each~~
40 ~~applicant for renewal must provide evidence that he or she has successfully earned at least~~
41 ~~twenty (20) hours of Category I CME hours during the preceding calendar year.~~

42 ~~(b) At least one (1) hour of Category I CME shall be earned each calendar year concerning the~~
43 ~~topic of substance abuse.~~

44 ~~(c) The CME hours shall be logged and reported to the Board on an annual basis by the~~
45 ~~Oklahoma Academy of Physician Assistants, Inc. The applicant shall bear the cost of this~~

1 requirement.

2 ~~(d) Any applicant for renewal who does not meet the requirements for continuing education by~~
3 ~~December 31 of the previous calendar year may not renew until deficient hours are obtained and~~
4 ~~verified. Additionally, within the next calendar year the licensee will be required to obtain forty~~
5 ~~(40) hours of Category I CME. Failure to meet these additional requirements will result in~~
6 ~~further disciplinary action.]~~

7
8 [(a) An applicant for renewal of a license under this chapter 15 shall:

9
10 (1) Complete at least twenty (20) hours of Category I continuing medical education during
11 the proceeding calendar year; or

12 (2) Maintain current certification by the National Commission on Certification of Physician
13 Assistants.

14
15 (b) An applicant that has not met the requirements under subsection (a) by December 31 of the
16 preceding year shall complete an additional twenty (20) hours of continuing medical education.

17
18 (c) Reporting. (title) An applicant for renewal shall submit evidence of compliance with
19 subdivisions (a)(1) (twenty hours of CME) or (a)(2) (NCCPA certification) and subsection (b)
20 (additional CME for late applications) of this section 435:15-3-17 to the Oklahoma Academy of
21 Physician Assistants who shall annually transmit the compiled evidence of compliance to the
22 board. The applicant shall bear the cost of complying with this section.

23
24 (d) Subsection (a) shall not apply to an initial license, but shall apply on renewal.

25
26 (e) An application for renewal not meeting the requirements of this section 435:15-3-17 shall not
27 be renewed.]

28
29 [Source: Amended and renumbered from 435:15-3-10 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
30 renumbered from 435:15-3-10 at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended
31 at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 28 Ok Reg
32 1750, eff 6-25-2011]

33
34
35 **[435:15-3-18. License renewal period; reinstatement**

36 ~~(a) Renewal of a Physician Assistant license is due on or before March 31 of each calendar year.~~

37 ~~(b) Failure to renew by March 31 renders the license inactive and no health care services may be~~
38 ~~performed by a physician assistant.~~

39 ~~(c) Between April 1 and May 31 of each year, renewal of a Physician Assistant license shall~~
40 ~~require the applicant to pay a late renewal fee as set by the Board in the Fee Schedule at OAC~~
41 ~~435:1-1-7(a)(2)(E).~~

42 ~~(d) After May 31 of each year, an appropriate application for reinstatement must be filed with~~
43 ~~and approved by the Board along with payment of an initial application processing fee.~~

44 ~~(e) The renewal application shall require notification to the Board of any changes that have~~
45 ~~occurred in the application to practice during the previous calendar year.~~

1 ~~(f) At the time of renewal, the applicant shall take and complete the jurisprudence examination~~
2 ~~prepared by the staff. Seventy five percent (75%) or above shall be a passing grade. The~~
3 ~~examination shall cover the Act and any other significant statute, rule or material related to~~
4 ~~practice as a Physician Assistant in this state. The applicant shall be provided a copy of all~~
5 ~~statutes, rules or other material from which the examination was created and may review such~~
6 ~~material while taking the jurisprudence examination. The license will not be renewed until a~~
7 ~~successful score is received on the jurisprudence examination.]~~

8
9 [Source: Amended and renumbered from 435:15-3-11 at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended and
10 renumbered from 435:15-3-11 at 11 Ok Reg 2331, eff 5-26-94; Amended at 14 Ok Reg , eff 10-29-96
11 (emergency); Amended at 14 Ok Reg 1414, eff 5-12-97; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 24
12 Ok Reg 1102, eff 7-1-07; Amended at 27 Ok Reg 2685, eff 8-26-10.]

13 14 **435:15-3-19. Locum tenens**

15 The Secretary of the Board may grant temporary approval to any physician and physician
16 assistant for an application to practice on a short term basis as a locum tenens in any patient care
17 setting provided the following requirements are met:

- 18 (1) The physician assistant must possess a current license issued by the Board.
- 19 (2) The application to practice meets all other requirements established by the Committee
20 and Board.
- 21 (3) The temporary approval of an application to practice as a locum tenens shall be for a
22 period of not more than one calendar month in any one calendar year period.
- 23 (4) The supervising physician shall provide written protocols or direct orders governing the
24 patient care delivered by the physician assistant.
- 25 (5) The supervising physician shall review the care given to every patient seen by the
26 physician assistant during the locum tenens and countersign every patient chart within 24
27 hours of the care being rendered.

28
29 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
30 15 Ok Reg 2022, eff 5-26-98]

31 32 **SUBCHAPTER 5. REGULATION OF PRACTICE**

33 34 **Section**

- 35 435:15-5-1. Supervision; physician responsibility; independent care prohibited
- 36 435:15-5-1.1. Health care services performed and prohibited
- 37 435:15-5-2. Patient care setting
- 38 435:15-5-3. Assignment of diagnostic and therapeutic procedures (REVOKED)
- 39 435:15-5-4. Academic positions (REVOKED)
- 40 435:15-5-5. Approval of educational and/or experimental programs
- 41 435:15-5-6. Restriction of eye care (REVOKED)
- 42 435:15-5-7. Display of identification
- 43 435:15-5-8. Demonstrate ability to perform (REVOKED)
- 44 435:15-5-9. Fees for evaluation of qualifications and performance (REVOKED)
- 45 435:15-5-10. Prescriptions
- 46 435:15-5-11. Grounds for disciplinary action

1 435:15-5-12. Pre-signed prescriptions (REVOKED)

2 435:15-5-13. Certification of training and notification to liability carrier (REVOKED)

3
4 ~~[435:15-5-1. Supervision; physician responsibility; independent care prohibited~~

5 ~~(a) The health care services performed by a physician assistant shall be done under the~~
6 ~~supervision of a physician who retains responsibility for patient care, although the physician~~
7 ~~need not be physically present at each activity of the physician assistant nor be specifically~~
8 ~~consulted before each delegated task is performed.~~

9 ~~(b) A physician assistant must function only under the supervision of a licensed physician.~~
10 ~~Nothing in the Physician Assistant Act shall be construed to permit physician assistants to~~
11 ~~provide health care services independent of physician supervision. Physician supervision shall~~
12 ~~be conducted in accordance with the following standards:~~

13 ~~(1) The supervising physician is responsible for the formulation or approval of all orders~~
14 ~~and protocols (whether standing orders, direct orders, or any other orders or protocols) that~~
15 ~~directs the delivery of health care services, and the supervising physician shall periodically~~
16 ~~review such orders and protocols.~~

17 ~~(2) The supervising physician regularly reviews the health care services provided by the~~
18 ~~physician assistant and any problems or complications encountered.~~

19 ~~(3) The supervising physician or alternate supervising physician is available physically or~~
20 ~~through direct telecommunications for consultation, assistance with medical emergencies or~~
21 ~~patient referral.~~

22 ~~(4) The supervising physician or alternate supervising physician routinely is present in the~~
23 ~~facility to provide medical care to patients.~~

24 ~~(5) In remote patient care settings, the supervising physician shall be present in the facility~~
25 ~~at least one half day each week the facility is in operation. The Committee may~~
26 ~~recommend that the physician be present more than one half day each week the facility is in~~
27 ~~operation based upon the training and experience of the physician assistant and other factors~~
28 ~~the Committee shall review. This shall be subject to Board review and approval.~~

29 ~~(6) The physician assistant is an agent of the supervising physician and shall not be the~~
30 ~~employer of the supervising physician.~~

31 ~~(c) Any waivers of this section may require personal appearance before the Committee, and the~~
32 ~~Board if so required by the Committee, by the physician assistant and the primary supervising~~
33 ~~physician to justify the request.]~~

34
35 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
36 Amended at 19 Ok Reg 2303, eff 6-28-02]

37
38 **435:15-5-1.1. Health care services performed and prohibited**

39 ~~[(a) Health care services allowed. A physician assistant may perform the following health care~~
40 ~~services under the supervision and at the direction of the supervising physician. Such services~~
41 ~~include, but are not limited to:~~

42 ~~(1) Initially approach a patient of any age group in a patient care setting to elicit a detailed~~
43 ~~history, perform a physical examination, delineate problems, and record the data.~~

44 ~~(2) Assist the physician in conducting rounds in acute and long term inpatient care settings,~~
45 ~~develop and implement patient management plans, record progress notes, and assist in the~~

1 provision of continuity of care in other patient care settings.

2 ~~(3) Order, perform, and/or interpret, at least to the point of recognizing deviations from the~~
3 ~~norm, common laboratory, radiological, cardiographic, and other routine diagnostic pro-~~
4 ~~cedures used to identify pathophysiologic processes.~~

5 ~~(4) Order or perform routine procedures such as injections, immunizations, suturing and~~
6 ~~wound care, and manage simple conditions produced by infection or trauma.~~

7 ~~(5) Issue written and oral prescriptions and orders for medical supplies, services and drugs,~~
8 ~~including controlled medications in Schedules III, IV, and V under 63 O.S. ss 2-312 as~~
9 ~~approved in the Physician Drug Formulary and Board rules.~~

10 ~~(6) A physician assistant may write an order for a Schedule II drug for immediate or~~
11 ~~ongoing administration on-site under 63 O.S. ss 2-312 as approved in the Physician~~
12 ~~Assistant Drug Formulary and Board rules.~~

13 ~~(7) Assist in the management of more complex illness and injuries, which may include~~
14 ~~assisting surgeons in the conduct of operations and taking initiative in performing evaluation~~
15 ~~and therapeutic procedures in response to life threatening situations. In patients with newly~~
16 ~~diagnosed chronic or complex illness, the physician assistant shall contact the supervising~~
17 ~~physician within forty eight (48) hours of the physician assistant's initial examination or~~
18 ~~treatment, and schedule the patient for appropriate evaluation by the supervising physician~~
19 ~~as directed by the physician.~~

20 ~~(8) Instruct and counsel patients regarding compliance with prescribed therapeutic~~
21 ~~regimens, normal growth and development, family planning, emotional problems of daily~~
22 ~~living and health maintenance.~~

23 ~~(9) Facilitate the referral of patients to the community's health and social service agencies~~
24 ~~when appropriate.~~

25 ~~(10) Provide health care services which are delegated by the supervising physician when the~~
26 ~~service:~~

27 ~~(A) is within the physician assistant's skill,~~

28 ~~(B) forms a component of the physician's scope of practice, and~~

29 ~~(C) is provided with supervision, including authenticating with the signature any form~~
30 ~~that may be authenticated by the supervising physician's signature with prior delegation~~
31 ~~by the physician.~~

32 **~~(b) Health care services prohibited.~~**

33 ~~— (1) No health care services may be performed in any of the following areas:~~

34 ~~— (A) The measurement of the powers of human vision, or the determination of the~~
35 ~~accommodation and refractive states of the human eye or the scope of its functions in~~
36 ~~general, or the fitting or adaptation of lenses or frames for the aid thereof.~~

37 ~~(B) The prescribing or directing the use of, or using, any optical device in connection~~
38 ~~with ocular exercises, visual training, vision training or orthoptics.~~

39 ~~(C) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses~~
40 ~~to, the human eye.~~

41 ~~— (2) Nothing in this section shall preclude the performance of routine visual screening.]~~

42
43 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
44 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303,
45 eff 6-28-02]

1
2 **[435:15-5-2. Patient care setting**

3 ~~— A physician assistant may perform health care services in patient care settings as authorized~~
4 ~~by the supervising physician.]~~
5

6 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
7 Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19
8 Ok Reg 2303, eff 6-28-02]

9
10 **435:15-5-3. Assignment of diagnostic and therapeutic procedures (Revoked)**

11
12 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

13
14 **435:15-5-4. Academic positions (Revoked)**

15
16 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

17
18 **435:15-5-5. Approval of educational and/or experimental programs**

19 ~~[(a) All institutions of higher education offering educational programs for physician assistants in~~
20 ~~the state shall obtain approval of the Board before initiating such programs.~~

21 ~~(b) Applications for approval shall:~~

22 ~~— (1) Identify all personnel (student, instructor, physician, etc.).~~

23 ~~— (2) Specify the location, facilities, content, and purpose of such program.~~

24 ~~— (3) Furnish job descriptions and duration of program.~~

25 ~~— (4) Furnish other information as the Board may require.~~

26 ~~(c) Programs accredited by the Committee on Allied Health Education and Accreditation of the~~
27 ~~American Medical Association, or its successor, shall be determined as meeting this requirement.~~

28 ~~(d) Students from accredited physician assistant programs based in institutions of higher~~
29 ~~education outside the state of Oklahoma may conduct clinical experiences with physicians~~
30 ~~practicing in the state provided that:~~

31 ~~(1) The program officially notifies the Board of such activities at least 30 days prior to the~~
32 ~~initiation of such clinical experiences; and~~

33 ~~(2) The notification shall include the name and address of the student, the name and address~~
34 ~~of the physician, the dates and lengths of such experiences, and any other information the~~
35 ~~Board or Committee may require.]~~
36

37 [A physician assistant education program accredited by the Accreditation Review Commission
38 on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied
39 Health Education and Accreditation, or the Commission on Accreditation of Allied Health
40 Education Programs shall be considered approved for the purposes of the Physician Assistant
41 Act.]

42
43
44 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94]

45
46 **435:15-5-6. Restriction on eye care (Revoked)**

1
2 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

3
4 **~~435:15-5-7. Display of identification~~**

5 ~~(a) A physician assistant must clearly identify herself/himself as a physician assistant when~~
6 ~~engaged in professional activities.~~

7 ~~(b) The Physician Assistant license issued by the Board shall be prominently displayed in the~~
8 ~~primary place of practice and the physician assistant shall have on his/her person evidence of~~
9 ~~current renewal.]~~

10
11 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
12 Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 19 Ok Reg 2303, eff 6-28-02]

13
14 **435:15-5-8. Demonstrate ability to perform (Revoked)**

15
16 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

17
18 **435:15-5-9. Fees for evaluation of qualifications and performance (Revoked)**

19
20 [Source: Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at 11 Ok Reg 2331, eff 5-26-94]

21
22 **435:15-5-10. Prescriptions**

23 ~~[(a) A physician assistant may issue written and oral prescriptions and other orders for drugs and~~
24 ~~medical supplies, including controlled medications in Schedules III, IV, and V under 63 Okla.~~
25 ~~Stat. ss 2-312 as delegated by and within the established scope of practice of the supervising~~
26 ~~physician and as approved by the Board.~~

27 ~~(b) A physician assistant may write an order for a Schedule II drug for immediate or ongoing~~
28 ~~administration on site. Prescriptions and orders for Schedule II drugs written by a physician~~
29 ~~assistant must be included on a written protocol determined by the supervising physician and~~
30 ~~approved by the medical staff committee of the facility or by direct verbal order of the~~
31 ~~supervising physician.~~

32 ~~(c) Written prescriptions shall be issued in the format and in accordance with the Physician~~
33 ~~Assistant Drug Formulary, listed in Subchapter 11 of this Chapter, as established by the Board in~~
34 ~~consultation with the Oklahoma State Board of Pharmacy.~~

35 ~~(d) All written prescriptions and orders for drugs shall be written on the prescription blank of the~~
36 ~~supervising physician and must bear the name and phone number of the physician, the printed~~
37 ~~name and license number of the physician assistant, the original signature of the physician~~
38 ~~assistant, and any other information the Board may require. If more than one physician name~~
39 ~~appears on the prescription blank, the physician assistant shall indicate which is the supervising~~
40 ~~physician.~~

41 ~~(e) A physician assistant may not issue prescriptions or orders for drugs and medical supplies~~
42 ~~that the physician is not permitted to prescribe.~~

43 ~~(f) A physician assistant may not dispense drugs but may request, receive and sign for~~
44 ~~professional samples and may distribute professional samples to patients.]~~

1 The following apply to a physician assistant who has been delegated prescriptive authority that
2 has been approved by the board:

3
4 (a) A prescription or order issued by a physician assistant may be written, electronic, or oral.

5
6 (b) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with
7 no refills. In order for a physician assistant to prescribe a controlled substance, the physician
8 assistant must be currently registered with the federal Drug Enforcement Administration and the
9 Oklahoma Bureau of Narcotics and Dangerous Drugs.

10
11 (c) For the purposes of 519.6(D) of the statutes, "on-site" shall mean a:

- 12 (1) hospital,
13 (2) emergency room,
14 (3) surgicenter licensed by the department of health, or
15 (4) medical clinics or offices.

16
17 (d) A prescription or order for a Schedule II drug issued by a physician assistant in a long-term
18 or short-term inpatient care facility shall be considered immediate or administration on-site when
19 filled by an in-house or external pharmacy for the purposes of 519.6(D) of the statutes.

20
21 (e) A physician assistant practicing in patient care settings that are part of the State Department
22 of Health, State Department of Mental Health, or other special patient care settings designated by
23 the Board are permitted to dispense medications directly to patients as directed by the
24 supervising physician in written protocol, standing or direct order. A physician assistant may
25 distribute to patients drugs that have been previously dispensed by a licensed pharmacist or
26 dispensing physician. Except for samples, physician assistants may not dispense drugs in any
27 other practice care setting.

28
29 [Source: Amended at 9 Ok Reg 1577, eff 4-27-92; Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency);
30 Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378,
31 eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02]

32
33 **435:15-5-11. [Grounds for disciplinary action] [Discipline]**

34 [~~(a) The Board may reprimand or place on probation any holder of a physician assistant license,
35 or may limit, suspend or revoke prescription privileges, or may revoke or suspend any license
36 issued to a physician assistant for unprofessional conduct. Acts that constitute unprofessional
37 conduct include, but are not limited to:~~

- 38 ~~(1) Habitually uses intoxicating liquors or habit forming drugs.
39 (2) Conviction of a felony or of a crime involving moral turpitude.
40 (3) Obtaining or attempting to obtain a certificate as a physician assistant by fraud or
41 deception.
42 (4) Negligent while in practice as a physician assistant or violating the Code of
43 Professional Ethics adopted by the American Academy of Physician Assistants, Inc.
44 (5) Being adjudged mentally incompetent by a court of competent jurisdiction.
45 (6) Failing to timely make an application for renewal.~~

1 — ~~(7) Violating any provision of the Medical Practice Act or the rules promulgated by the~~
2 ~~Board.~~

3 ~~(b) A physician who knowingly allows or participates with a physician assistant who is in~~
4 ~~violation of the above will be prohibited from supervising physician assistants for so long as the~~
5 ~~Board deems appropriate.]~~

6
7 [(a) Prohibited acts. (title) No person shall:

8 (1) fraudulently or deceptively obtain or attempt to obtain a license;

9 (2) fraudulently or deceptively use a license;

10 (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations
11 governing licensed health professionals or any stipulation or agreement of the board.

12
13 (b) Grounds for action. (title) The board may take an action under subsection (c) when a person:

14 (1) acts contrary to subsection (a);

15 (2) is convicted of a felony;

16 (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to
17 safely practice as a physician assistant;

18 (4) has been adjudicated as mentally incompetent;

19 (5) is physically or mentally unable to engage safely in practice as a physician assistant;

20 (6) is negligent in practice as a physician assistant or demonstrates professional
21 incompetence;

22 (7) violates patient confidentiality, except as required by law;

23 (8) engages in conduct likely to deceive, defraud or harm the public;

24 (9) engages in unprofessional or immoral conduct;

25 (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a
26 controlled substance for other than medically accepted therapeutic purposes;

27 (11) has committed an act of moral turpitude;

28 (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or
29 conduct similar to acts or conduct that would constitute grounds for disciplinary action as
30 defined in this section;

31 (13) fails to cooperate with an investigation conducted by the board; or

32 (14) represents himself or herself as a physician.

33
34 (c) Actions. (title). The board, on finding grounds exist under subsection (b) and pursuant to the
35 administrative procedures act⁴, may:

36 (1) refuse to grant a license;

37 (2) administer a public or private reprimand;

38 (3) revoke, suspend, limit or otherwise restrict a license;

39 (4) require a physician assistant to submit to the care or counseling or treatment of a health
40 professional designated by the board;

41 (5) impose corrective measures;

42 (6) impose a civil penalty or fine;

43 (7) suspend enforcement of its finding thereof and place the physician assistant on probation

4 Note to drafter: please cross-reference the administrative procedures act.

1 with the right to vacate the probationary order for noncompliance; or
2 (8) restore or reissue, at its discretion, a license, and remove any disciplinary or corrective
3 measure that it may have imposed.

4
5 (d) The board may prohibit a physician who willfully and knowingly allows or participates with
6 a physician assistant who acted contrary to this chapter 15 from supervising a physician
7 assistant.]

8
9 [Source: Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency); Amended at 11 Ok Reg 2331, eff 5-26-94;
10 Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16
11 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02]

12
13 **435:15-5-12. Pre-signed prescriptions (Revoked)**

14
15 [Source: Added at 9 Ok Reg 1577, eff 4-27-92; Revoked at 10 Ok Reg 4377, eff 7-27-93 (emergency); Revoked at
16 11 Ok Reg 2331, eff 5-26-94]

17
18 **435:15-5-13. Certification of training and notification to liability carrier (Revoked)**

19
20 [Source: Added at 9 Ok Reg 1577, eff 4-27-92; Revoked at 10 Ok Reg 1525, eff 4-26-93]

21
22 **[SUBCHAPTER 7. ADVISORY COMMITTEE**

23
24 **Section**

25 **~~435:15-7-1. Physician Assistant Advisory Committee~~**

26
27 **~~435:15-7-1. Physician Assistant Advisory Committee~~**

28 ~~(a) The Physician Assistant Committee shall be composed of those members defined by law to~~
29 ~~serve a term of five (5) years, except for the initial Committee appointed pursuant to law for~~
30 ~~staggered terms of less than five (5) years.~~

31 ~~(b) The Committee will carry out the activities defined by law and submit recommendations to~~
32 ~~the Board for action.~~

33 ~~(c) The Committee shall advise the Board on all matters pertaining to physician assistants~~
34 ~~including, but not limited to:~~

35 ~~— (1) Educational standards required to practice as a physician assistant.~~

36 ~~— (2) Licensure requirements required to practice as a physician assistant.~~

37 ~~(3) Methods and requirements to assure the continued competence of physician assistants~~
38 ~~after licensure.~~

39 ~~(4) The drugs and other medical supplies that physician assistants are permitted to issue~~
40 ~~prescriptions under the direction of their supervising physician as defined on the Physician~~
41 ~~Assistant Drug Formulary.~~

42 ~~— (5) The grounds for revocation or suspension of a license for a physician assistant.~~

43 ~~(6) Assist and advise in all hearings involving physician assistants who are deemed to be in~~
44 ~~violation of Title 59 O.S., Sections 519 through 524 or the rules of the Board.~~

45 ~~— (7) Education and experience requirements to practice in remote patient care settings.~~

46 ~~— (8) All other matters which may pertain to the practice of physician assistants.~~

1 ~~(d) The Committee shall meet at least quarterly prior to each regularly scheduled meeting of the~~
2 ~~Board, and at such other times as the Board or Committee shall require.]~~

3
4 [Source: Amended at 9 Ok Reg 1577, eff 4-27-92; Amended at 10 Ok Reg 4377, eff 7-27-93 (emergency);
5 Amended at 11 Ok Reg 2331, eff 5-26-94; Amended at 15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378,
6 eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99]

7
8 **[SUBCHAPTER 9. GUIDELINES FOR THE UTILIZATION OF PHYSICIAN**
9 **ASSISTANTS**

10
11 **Section**

12 ~~435:15-9-1. General responsibilities and obligations~~

13 ~~435:15-9-2. Supervision~~

14 ~~435:15-9-3. New patients~~

15 ~~435:15-9-4. Setting~~

16 ~~435:15-9-5. Understanding and variance from guidelines~~

17
18 ~~[Source: Codified 5-26-94]~~

19
20 ~~**435:15-9-1. General responsibilities and obligations**~~

21 ~~(a) The physician assistant is an agent of a specific licensed physician or group of physicians.~~
22 ~~The physician assistant is licensed only to perform health care services as authorized by law~~
23 ~~under the supervision and at the direction of the responsible physician or group of physicians.~~

24 ~~(b) While licensure as a physician assistant under 59 O.S. 519 is the responsibility of the~~
25 ~~individual applicant, the approval to practice as a physician assistant is a joint act of the~~
26 ~~physician assistant and the responsible physician(s). This implies that each party agrees to the~~
27 ~~terms and provisions specified in the approval process.~~

28 ~~(c) It is recognized that there are an infinite variety of acts, tasks and functions that might be~~
29 ~~delegated to a physician assistant, and an infinite variety of settings and circumstances under~~
30 ~~which these services might be performed. The sections which follow represent an attempt by the~~
31 ~~Board to clarify its understanding of the obligations of the licensed physician and his/her~~
32 ~~physician assistant in several of the more common settings. This list is not intended to be all~~
33 ~~inclusive but merely representative of the current thoughts and policies of the Board. These~~
34 ~~understandings are considered as having been accepted by the physician assistant and~~
35 ~~supervising physician unless otherwise described in the approval to practice.]~~

36
37 ~~[Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at~~
38 ~~15 Ok Reg 2022, eff 5-26-98; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214,~~
39 ~~eff 5-14-99; Amended at 19 Ok Reg 2303, eff 6-28-02]~~

40
41 ~~**[435:15-9-2. Supervision**~~

42 ~~(a) Proper physician supervision of the physician assistant is essential. Supervision implies that~~
43 ~~the physician regularly and routinely reviews, and is involved in the health care services~~
44 ~~delivered by the physician assistant. Supervision also implies that the physician is directing the~~
45 ~~care delivered by the physician assistant. This may be done by establishing standards and~~
46 ~~protocols in advance of the care to be given, which the physician assistant will follow in~~

1 delivering care; directly observing at the time the act or function is performed; or reviewing the
2 care given through chart reviews and audits. While each type of supervision is important, the
3 most essential aspect is that supervision is provided frequently and on an on-going basis. At the
4 same time, it is important for the physician assistant to recognize his/her own limitations and to
5 seek appropriate physician supervision and consultation whenever the physician assistant is
6 unsure about a particular patient problem or treatment.

7 ~~(b) Physician supervision shall be conducted in accordance with the following standards:~~

8 ~~(1) The supervising physician is responsible for the formulation or approval of all orders
9 and protocols, whether standing orders, direct orders, or any other orders or protocols, which
10 direct the delivery of health care services provided by a physician assistant, and periodically
11 reviews such orders and protocols.~~

12 ~~(2) The supervising physician regularly reviews the health care services provided by the
13 physician assistant and any problems or complications encountered.~~

14 ~~(3) The supervising physician is available physically or through direct telecommunications
15 for consultation, assistance with medical emergencies or patient referral.~~

16 ~~(4) The supervising physician is on site to provide medical care to patients a minimum of
17 one half day per week. Additional on site supervision may be required at the
18 recommendation of the Committee and approved by the Board.]~~

19
20 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94]

21
22 **[435:15-9-3. New patients**

23 ~~(a) One particular area of concern regarding physician supervision involves how to handle new
24 patients who have not previously been seen by the supervising physician(s). In these cases, the
25 patients are unfamiliar with and do not have an established relationship with the physician. This
26 may lead to misunderstandings regarding the physician/physician assistant relationship and to the
27 potential for legal problems if this relationship is not clarified.~~

28 ~~(b) It is assumed by the Board that the physician will be actively involved in the initial care of
29 any new patient seen in the practice. This means that, wherever possible, the physician will
30 personally see the new patient at some point during the initial clinic visit. Where this is not
31 possible, such as in remote patient care settings, the physician assistant shall make clear to the
32 patient that he/she is a physician assistant and not a physician, and under whose supervision
33 he/she is providing care. The physician assistant shall display identification on his or her person
34 identifying him/herself as a "Physician Assistant" and shall keep his/her license available for
35 inspection at the primary place of business. In addition, the patient shall be scheduled to see the
36 physician at their next scheduled clinic appointment which shall conform to the following
37 provision in law: "In patients with newly diagnosed chronic or complex illness, the physician
38 assistant shall contact the supervising physician within forty eight (48) hours of the physician
39 assistant's initial examination or treatment, and schedule the patient for appropriate evaluation by
40 the supervising physician as directed by the physician." [Title 59 O.S., Section 519.6(C)]~~

41
42 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
43 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303,
44 eff 6-28-02]

1 **435:15-9-4. Setting**

2 ~~[(a) Office setting.~~

3 ~~(1) In office settings, it is assumed that the physician and the physician assistant function in~~
4 ~~the same clinical setting and that the physician is available to supervise and consult with the~~
5 ~~physician assistant about any matter in question, a point in the patient's history, an abnormal~~
6 ~~physical finding, etc. It is further assumed that the physician assistant immediately notifies~~
7 ~~the supervising physician of any medical emergency, patient complication or other patient~~
8 ~~problem encountered.~~

9 ~~(2) It is assumed that the physician regularly and systematically checks the charts and notes~~
10 ~~of the patients seen by the physician assistant, checking for accuracy and completeness of~~
11 ~~such records, and in particular, the suitability of the plan of management. It is assumed that~~
12 ~~this type of review is conducted within 48 hours of the care being delivered. It is further~~
13 ~~assumed that the supervising physician reviews, at least on an annual basis, all existing~~
14 ~~protocols and orders governing the care given by the physician assistant. This review should~~
15 ~~be conducted on all protocols and orders for both the outpatient and inpatient settings.~~

16 ~~(3) It is assumed that if the primary supervising physician is not available to supervise the~~
17 ~~physician assistant, another licensed physician, approved by the Board, will be available to~~
18 ~~provide such supervision. It is also assumed that there are established criteria covering those~~
19 ~~situations in which the physician must be consulted immediately, such as the patient with~~
20 ~~substernal chest pain, a child with a temperature over 104 degrees, a patient with severe~~
21 ~~abdominal pain and guarding, etc.~~

22 ~~(b) Hospital setting.~~

23 ~~(1) The physician assistant's functions in a hospital setting are regulated by the medical~~
24 ~~staff bylaws and regulations.~~

25 ~~(2) The usual process is that the application for such privileges is filed by both the~~
26 ~~physician assistant and the supervising physician, reviewed for personal and professional~~
27 ~~qualifications by the credentials committee, and presented for approval to the medical staff.~~
28 ~~This process serves two purposes:~~

29 ~~———— (A) Assuring the medical staff that the physician assistant meets professional and~~
30 ~~ethical standards.~~

31 ~~———— (B) Publicizing the presence of the physician assistant to the medical staff and hospital~~
32 ~~administration.~~

33 ~~(3) Initial workup of patients upon admission is often delegated to the physician assistant.~~
34 ~~This is an appropriate function if checked and countersigned by the supervising physician on~~
35 ~~his/her next visit to the hospital, which should usually occur within 24 hours. These~~
36 ~~workups should meet the standards set for workups performed by the physician staff of the~~
37 ~~hospital. It is assumed that any abnormalities or other findings are validated by the~~
38 ~~physician, and that his/her countersignature indicates his/her agreement with the findings~~
39 ~~recorded by the physician assistant.~~

40 ~~(4) Initial orders may be delegated to a physician assistant. These activities are very~~
41 ~~important in that they involve the function of others, such as the R.N. and L.P.N. assigned to~~
42 ~~the ward. Copies of all standing orders that the physician has delegated to the physician~~
43 ~~assistant to order on his/her behalf should be on file in the hospital and available to the nurse~~
44 ~~accepting such orders as a means of assurance that these orders are emanating from the~~
45 ~~responsible physician and that they are within the authority which the physician has~~

1 delegated to the physician assistant. All orders should be checked and countersigned by the
2 responsible physician at his/ her next visit to the hospital, which should usually occur
3 within 24 hours.

4 ~~(5) Examples of orders that a physician assistant can be authorized to issue for a patient
5 include, but are not limited to:~~

6 ~~(A) Status orders—indicating the condition of the patient and usually used by the
7 hospital staff to regulate visitors, to transmit to callers, etc. (i.e. "condition—fair").~~

8 ~~(B) Activity orders—indicating the degree of restriction of position or activity of the
9 patient (i.e. "complete bedrest").~~

10 ~~(C) Diet and fluid orders—indicating the amount and type of food and/or oral fluids
11 (i.e. "low salt diet", "1200 calorie ADA diet", "force fluids", etc.).~~

12 ~~(D) Test and procedure orders—indicating those tests and procedures necessary for care
13 of the patient (i.e. "urinalysis in am", "schedule for IV urogram", etc.).~~

14 ~~(E) Ward Observation and Measurement Orders—indicating those procedures to be
15 carried out by hospital staff personnel (i.e. "BP twice daily", "record I & O").~~

16 ~~(F) Medication Orders—indicating those drugs that are to be given to the patient
17 usually by the nursing staff assigned to administer medications (i.e. "ampicillin 250 mg
18 capsules by mouth four times daily").~~

19 ~~(6) A glance at (b)(5) of this section reveals the enormous range of orders that may be
20 necessary for the diagnosis and treatment of the patient in the hospital setting. Some are
21 "routine" and could be delegated with very little supervision. Others might need very close
22 supervision. The Board believes that a responsible physician might consider protocols of a
23 "blanket type" covering those types of orders which would require less supervision. These
24 might include orders of type (A), (B), (C), and (D) of (b)(5) of this section. Orders of type
25 (E) of (b)(5) of this section might require more specification, but still may be of the blanket
26 type. Medication orders from the list of drugs on the Oklahoma Physician Assistant Drug
27 Formulary, Subchapter 11 of this Chapter, should also be included under the protocol.~~

28 ~~(7) The protocol described in (6) of this subsection might take the form described in
29 Appendix A of this Chapter.~~

30 ~~(8) The protocol as listed in 435:15-9-4(b)(7) should cover the majority of those orders of
31 routine or "housekeeping" variety which are necessary for the efficient operation of a unit
32 and for patient comfort, yet carrying little risk in case of error. Still other protocols could be
33 written for specific clinical conditions that are frequently handled by the individual
34 physician/physician assistant team. These protocols could be in the form of standard "sets"
35 of orders for a given clinical diagnosis, such as a patient with an acute appendicitis,
36 uncomplicated myocardial infarction, etc.~~

37 ~~(9) There are also orders that must be written in an emergency to cover those rare but
38 urgent situations arising in any hospital environment. These can never be adequately
39 covered in a protocol, and the only advice which can be given is that the patient's interests
40 must take precedence, and the physician assistant and other hospital personnel involved
41 must work out each solution ad hoc. In all such cases, the physician must be contacted
42 immediately and must personally take over the care of the patient as soon as possible.~~

43 ~~(10) The physician assistant working in the hospital setting might be delegated any of a
44 wide variety of procedures to be performed on patients under the care of the responsible
45 physician. The delegation of these procedures implies that the physician is satisfied that the~~

1 physician assistant has the requisite skill, and that the physician agrees with the technique
2 and the safeguards under which the procedure is performed. The physician must not
3 delegate tasks in which he/she is not capable of judging the quality of the skill and technique
4 employed by the physician assistant.

5 ~~(1) The physician assistant is often delegated the task of writing/dictating the discharge~~
6 ~~summary on patients under the care of the responsible physician. All such summaries~~
7 ~~should be carefully read and countersigned by the physician. The physician is reminded that~~
8 ~~this function is not only an excellent opportunity to review the case, but can also serve as an~~
9 ~~important review of the physician assistant's role in the hospital setting.~~

10
11 **(c) Emergency room setting.**

12 ~~(1) The physician assistant may utilize the emergency room in the course of assisting the~~
13 ~~physician in the care of patients. For example, a patient may call when the office is closed~~
14 ~~and, for convenience, the emergency room may be the place of meeting. Such occasional or~~
15 ~~incidental use is not considered as different from settings listed in (a) and (b) of this section.~~
16 ~~It is assumed that the activities will be supervised by the responsible physician and that the~~
17 ~~physician assistant has associate staff privileges to utilize the emergency room for such~~
18 ~~activities.~~

19 ~~(2) The physician assistant may also be employed to work in an emergency room as a~~
20 ~~primary responsibility. There is ample documentation that a physician assistant can be very~~
21 ~~effectively and responsibly employed in this setting, but this should be carefully regulated~~
22 ~~by the facility.~~

23 ~~(3) There are special problems in working as a physician assistant in the emergency room~~
24 ~~setting. The first is the fact that emergencies of a wide variety of severity may enter at any~~
25 ~~time, including multiple person disasters. Second, the patients are usually transient, with no~~
26 ~~previous relationship with the physician. They also usually come because of an unscheduled~~
27 ~~or unexpected illness or injury, and are more prone to be upset and/or hostile. These factors~~
28 ~~make the emergency room a frequent source of misunderstanding and litigation.~~

29 ~~(4) The physician assistant in the emergency room setting must be clearly identified. When~~
30 ~~the physician assistant is working along side his/her supervising physician, the same~~
31 ~~understandings are assumed to exist as in the office setting. See 435:15-9-4(a).~~

32 ~~(5) The Board is not opposed to the proper and responsible "semiautonomous" utilization of~~
33 ~~a physician assistant in emergency rooms. There are many small hospitals with such small~~
34 ~~medical staffs that full-time physician coverage in the emergency room is not possible. In~~
35 ~~these locations, the utilization of a well-trained physician assistant for such coverage is~~
36 ~~justified toward the provision of good emergency services, just as the provision of well-~~
37 ~~trained emergency medical technicians has been an improvement over non-trained~~
38 ~~ambulance drivers.~~

39 ~~(6) If this is the case, then the physician assistant should be the best trained person possible,~~
40 ~~preferably with advanced training in emergency medicine (i.e. ACLS certification). The~~
41 ~~community should be well prepared by a public notice stressing the nature of the physician~~
42 ~~assistant's training and his/her relationship to area physicians. The physician coverage~~
43 ~~should be clearly specified and the responsibility clearly accepted by area physicians.~~

44 **(d) Nursing home and/or extended care facility.**

45 ~~(1) The nursing home or similar long-term care facility shares some of the problems of the~~

1 hospital, but has the advantage that there is less turnover of patients and the problems Such
2 facilities are suitable for the utilization of a physician assistant, either on a full-time or part-
3 time basis, under proper physician supervision.

4 (2) As in the hospital setting, (b) of this section, the initial workup of newly admitted
5 patients is often delegated to a physician assistant. If this is the case, these workups should
6 meet the standards set for workups performed by a physician. It is assumed that all
7 abnormalities are validated by the responsible physician at his/her next visit indicating
8 agreement with the findings as recorded by the physician assistant.

9 (3) The writing of orders and the performance of procedures should be subject to the same
10 rules and restrictions described for the hospital setting in (b) of this section.

11 **(e) Remote patient care settings.**

12 (1) In an effort to address the shortage of available health care services in rural and inner
13 city areas, the Legislature has authorized the use of physician assistants in practice settings
14 remote from their supervising physicians. These settings, if supervised properly, will assist
15 in expanding health care to areas of Oklahoma previously underserved by existing resources.
16 However, they do require special consideration and constant interaction by both the
17 physician assistant and the physician to assure that good quality medical care is delivered.

18 (2) It is recognized in remote patient care settings that the physician and the physician
19 assistant are geographically separated during a majority of the time that the physician
20 assistant is delivering patient care. However, the Board assumes that the physician and
21 physician assistant are in frequent contact by telephone or other means of
22 telecommunication whenever the remote site is delivering care to patients, and not just at
23 times when a problem or question arises. The Board further assumes that the physician and
24 physician assistant have practiced together a sufficient period of time to establish a close
25 working relationship in order for the physician assistant to fully understand the physician's
26 standards of care and requirements for consultation on any patient problem seen in the
27 facility.

28 (3) Remote patient care settings also require an advanced level of knowledge and skills on
29 the part of the physician assistant. This additional knowledge and skill must be documented
30 to the Board in the approval to practice and should include experience in delivering a
31 comprehensive range of care in a non-remote practice setting as well as additional training
32 in emergency medicine procedures.

33 (4) The supervising physician must also recognize his/her additional role and
34 responsibilities in utilizing a physician assistant in a remote patient care setting. The
35 physician must always be immediately and easily available for consultation on patient
36 problems and willing to personally see any patient upon request from the physician assistant.
37 Further, the physician must exercise close and careful review of the care being delivered in
38 such sites with frequent review of patient protocols, orders and chart entries.

39 (5) Finally, the Board requires that all remote patient care settings shall have, in writing and
40 signed by the physician, policies which govern the delivery of care of most common
41 illness/injuries likely to be seen in these settings. These policies shall include the historical
42 and physical exam findings, laboratory and other diagnostic test findings, and the plan of
43 treatment and follow-up necessary for each of the conditions defined. The Board further
44 assumes that any patient problem seen in these facilities which is not covered by an existing
45 written policy will be discussed with and the treatment plan decided by the physician at the

1 time of the patient's visit to the facility.

2 ~~(f) Anesthesia setting.~~

3 ~~(1) The physician assistant may perform pre and post procedural assessment of patients in~~
4 ~~accordance with guidelines established by the supervising physician.~~

5 ~~(2) Physician assistants may administer topical anesthetics, local infiltration, or digital~~
6 ~~blocks. Physician assistants may administer wrist and ankle nerve blocks under the direct~~
7 ~~supervision of the supervising physician and following approval by the credentialing~~
8 ~~committee of the facility.~~

9 ~~(3) Physician assistants may not administer general anesthesia.~~

10 ~~(4) Physician assistants may administer intravenous sedation analgesia as defined in the~~
11 ~~current *Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists* of the~~
12 ~~American Society of Anesthesiologists. Administration of intravenous sedation~~
13 ~~analgesia by physician assistants must be performed under the direct supervision of the~~
14 ~~supervising physician. Specific education and training is required and must be~~
15 ~~documented and approved by the credentialing committee of the facility.~~

16 ~~(g) Veterans Administration Long term Care Facilities. Physician assistants may prescribe~~
17 ~~Schedule II drugs in state owned Veterans Administration long term care facilities with an in-~~
18 ~~house pharmacy.]~~

19
20 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
21 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303,
22 eff 6-28-02; Amended at 19 Ok Reg 2995, eff 8-19-02 (emergency); Amended at 20 Ok Reg 973, eff 5-21-03;
23 Amended at 21 Ok Reg 1052, eff 5-14-04]

24
25 ~~[435:15-9-5. Understanding and variance from guidelines~~

26 ~~(a) The Board assumes that the physician and physician assistant are in agreement with the~~
27 ~~principles contained in this subchapter, and are completely familiar with the law and rules~~
28 ~~governing the use of physician assistants. The Board also assumes that any differences from the~~
29 ~~guidelines in this subchapter are fully explained in the approval to practice on file with the Board~~
30 ~~that describes the individual practice profile requested for the physician assistant. This profile~~
31 ~~also contains specific data that will enable the Board to evaluate the degree to which the practice~~
32 ~~conforms to these assumptions.~~

33 ~~(b) The Board also invites inquiry, if needed, for clarification of specific details. The Board~~
34 ~~reminds both the physician and physician assistant that the approval to practice is under the aegis~~
35 ~~of the licensed physician, and that the Board's ultimate recourse in case of violation of any~~
36 ~~agreements under such approval lies in the restriction or removal, after due process, of the~~
37 ~~physician's license to practice medicine and the physician assistant's license to practice as a~~
38 ~~physician assistant in Oklahoma.]~~

39
40 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
41 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 19 Ok Reg 2303,
42 eff 6-28-02]

43
44 ~~[SUBCHAPTER 11. PRESCRIPTIVE GUIDELINES AND DRUG FORMULARY~~

45
46 Section

1 435:15-11-1. Prescriptive and dispensing authority

2 435:15-11-2. Drug formulary

3
4 [~~Source: Codified 5-26-94~~]

5
6 **435:15-11-1. Prescriptive and dispensing authority**

7 (a) ~~A physician assistant who is recognized by the Board to prescribe under the direction of a~~
8 ~~supervising physician and is in compliance with the registration requirements of the Uniform~~
9 ~~Controlled Dangerous Substances Act, in good faith and in the course of professional practice~~
10 ~~only, may issue written and oral prescriptions and orders for medical supplies, services and~~
11 ~~drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312~~
12 ~~as delegated by the supervising physician and as approved in the Physician Assistant Drug~~
13 ~~Formulary (OAC 435:15-11-2).~~

14 (b) ~~Any prescription for a pure form or combination of the following generic classes of drugs,~~
15 ~~listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded.~~
16 ~~Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only~~
17 ~~with the direct order of the supervising physician.~~

18 (c) ~~Prescriptions for non-controlled medications may be written for up to a 30-day supply with~~
19 ~~two (2) refills of an agent prescribed for a new diagnosis. For patients with an established~~
20 ~~diagnosis, up to a 90-day supply with refills up to one year can be written and signed, or called~~
21 ~~into a pharmacy by a physician assistant.~~

22 (d) ~~Prescriptions for Schedules III, IV and V controlled medications may be written for up to a~~
23 ~~30-day supply. No refills of the original prescription are allowed. In order for a physician~~
24 ~~assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must~~
25 ~~be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of~~
26 ~~Narcotics and Dangerous Drugs.~~

27 (e) ~~A physician assistant may write an order for a Schedule II drug for immediate or ongoing~~
28 ~~administration on site. Prescriptions and orders for Schedule II drugs written by a physician~~
29 ~~assistant must be included on a written protocol determined by the supervising physician and~~
30 ~~approved by the medical staff committee of the facility or by direct verbal order of the~~
31 ~~supervising physician. In order for a physician assistant to prescribe and order a Schedule II~~
32 ~~controlled substance for immediate or ongoing administration on site, the physician assistant~~
33 ~~must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau~~
34 ~~of Narcotics and Dangerous Drugs.~~

35 (f) ~~A prescription issued by a physician assistant, whether written or oral, shall be the joint~~
36 ~~responsibility of the physician assistant and supervising physician. The supervising physician~~
37 ~~shall be responsible for the formulation and/or approval of all orders and protocols which allow~~
38 ~~the physician assistant to issue prescriptions. Questions concerning a prescription may be~~
39 ~~directed either to the supervising physician whose name shall appear on the prescription blank or~~
40 ~~to the physician assistant.~~

41 (g) ~~All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and~~
42 ~~added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and~~
43 ~~the Committee, and subsequent approval by the Board. This restriction shall not apply to~~
44 ~~modifications of current generic drugs included on the Drug Formulary.~~

45 (h) ~~Physician Assistants may not dispense drugs, but may request, receive and sign for~~

1 professional samples and may distribute professional samples directly to patients in accordance
2 with written policies established by the supervising physician.

3 ~~(i) Physician assistants practicing in patient care settings that are part of the State Department of
4 Health, State Department of Mental Health, or other special patient care settings designated by
5 the Board are permitted to dispense medications directly to patients as directed by the
6 supervising physician in written protocol, standing or direct order. Except for samples,
7 Physician assistants may not dispense drugs in any other practice care setting.]~~

8
9 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
10 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99; Amended at 16 Ok Reg 3595
11 eff 8-25-99 (emergency); Amended at 17 Ok Reg 1352, eff 5-11-00; Amended at 19 Ok Reg 2303, eff 6-28-02;
12 Amended at 24 Ok Reg 1102, eff 7-1-07; Amended at 26 Ok Reg 1079 , eff 5-11-09]

13
14 **[435:15-11-2. Drug formulary**

15 ~~(a) Physician Assistants in accordance with the Physician Assistant Act may prescribe
16 medications that are within the scope of physician assistant practice, under the supervision of a
17 licensed supervising physician and the Physician Assistant Drug Formulary. The Drug
18 Formulary shall list drugs or categories of drugs that shall or shall not be prescribed by the
19 physician assistant or prescribed only under certain criteria.~~

20 ~~(b) The Committee will, at least on an annual basis and in a timely manner, review the structure
21 and content of the Physician Assistant Drug Formulary and make such revisions as it deems
22 necessary. Any proposed changes must be reviewed and approved by the State Board of Medical
23 Licensure and Supervision after consultation with the State Board of Pharmacy before becoming
24 effective. Copies of the formulary shall be made available to any licensed pharmacy in the State
25 of Oklahoma upon request. The Board assumes that all supervising physicians and physician
26 assistants are completely familiar with the law and rules governing prescriptive authority of
27 physician assistants.~~

28 ~~(c) All drugs in categories listed in 435:15-11-2(d) as defined by the American Hospital
29 Formulary Service Information Book (current) may be prescribed by physician assistants, except
30 as noted in section 435:15-11-2(e).~~

31 ~~(d) Inclusionary formulary~~

- 32 ~~(1) Antihistamine agents~~
- 33 ~~— (2) Anti-infectives~~
- 34 ~~— (3) Autonomic agents~~
- 35 ~~— (4) Blood formation and coagulation agents~~
- 36 ~~— (5) Cardiovascular agents~~
- 37 ~~— (6) Central nervous system agents~~
- 38 ~~— (7) Diagnostic agents~~
- 39 ~~— (8) Electrolyte, calorie and water balance agents~~
- 40 ~~— (9) Enzymes~~
- 41 ~~— (10) Expectorants, antitussives and mucolytic agents~~
- 42 ~~— (11) Eye, ear, nose and throat preparations~~
- 43 ~~— (12) Gastrointestinal agents~~
- 44 ~~— (13) Hormone and synthetic substitutes~~
- 45 ~~— (14) Local anesthetics~~

- 1 — ~~(15) Skin and mucous membrane agents~~
 2 — ~~(16) Smooth muscle relaxants~~
 3 — ~~(17) Vitamins~~
 4 — ~~(18) Miscellaneous therapeutic agents~~
 5 ~~(e) Exclusions to the Drug Formulary~~
 6 — ~~(1) Anti-infective agent—Chloramphenicol~~
 7 ~~(2) Anti-neoplastic agents—Anti-neoplastic agents used in the treatment of cancer are~~
 8 ~~excluded except that a physician assistant whose supervising physician specializes in~~
 9 ~~hematology/oncology may not originate a prescription for therapy but may be allowed to~~
 10 ~~modify and continue previously established anti-neoplastic therapy.~~
 11 — ~~(3) Eye agents~~
 12 ~~(A) Steroid-containing ophthalmic preparations~~
 13 — ~~(B) Carbonic anhydrase inhibitors~~
 14 — ~~(C) Miotics~~
 15 — ~~(D) Mydriatics~~
 16 ~~(E) Physician assistants whose supervising physician's scope of practice includes eye~~
 17 ~~care may prescribe the above eye agents.~~
 18 — ~~(4) Hormone and synthetic substitutes~~
 19 — ~~(A) Antithyroid agents~~
 20 — ~~(B) Pituitary hormones and synthetics~~
 21 ~~(5) Oxytocics—All agents are excluded under the oxytocics category~~
 22 — ~~(6) Skin and mucous membrane agents~~
 23 ~~(A) Cell stimulants and proliferants~~
 24 — ~~(B) Keratolytic agents~~
 25 — ~~(C) Keratoplastic agents~~
 26 — ~~(D) Depigmenting and pigmenting agents~~
 27 ~~(E) Physician assistants whose supervising physician's scope of practice includes skin~~
 28 ~~care may prescribe the above agents.~~
 29 ~~(7) Miscellaneous therapeutic agents—Physician assistants whose supervising physician's~~
 30 ~~scope of practice includes disorders of connective tissues may prescribe disease-modifying~~
 31 ~~anti-rheumatic drugs (DMARDs).~~
 32 ~~(8) All Schedule I controlled drugs are excluded.]~~

33
 34 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at
 35 14 Ok Reg 2659, eff 6-26-97; Amended at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214;
 36 eff 5-14-99; Amended at 17 Ok Reg 1353, eff 5-11-00; Amended at 18 Ok Reg 1310, eff 5-11-01; Amended at 18
 37 Ok Reg, eff 8-08-01(emergency); Amended at 19 Ok Reg, eff 10-1-02 (emergency); Amended at 20 Ok Reg 2457,
 38 eff 7-11-03; Amended at 22 Ok Reg 949, eff 5-12-05]

39
 40 **[APPENDIX A. PHYSICIAN ASSISTANT PROTOCOL**

41
 42 This is an example of a protocol the physician may develop for use in the hospital setting.

43
 44 John A. Doe, PA is hereby authorized to issue the following type orders on patients admitted
 45 under my responsibility:

- 1 1. Status orders.
- 2 2. Activity orders.
- 3 3. Diet and fluid orders.
- 4 4. Test and procedure orders for the following procedures:
- 5 a. routine blood and urine tests;
- 6 b. stool cultures and tests;
- 7 c. cultures on blood, urine and bodily fluids;
- 8 d. radiological examinations including contrast studies;
- 9 e. electrocardiograms.
- 10 5. Ward observation and measurement orders with the stipulation that if these are to be
- 11 carried out for over 24 hours, they must be countersigned by me.
- 12 6. Medication orders.

13
14 Signed: _____ MD/DO]

15
16
17 **SUBCHAPTER 13. PRESCRIPTION TRANSMITTAL GUIDELINES [REVOKED]**

18
19 Section

20 435:15-13-1. General policies for transmittal of prescriptions (Revoked)

21 435:15-13-2. Medications (Revoked)

22 435:15-13-3. Information required on written prescriptions (Revoked)

23
24 [Source: Codified 5-26-94]

25
26 **435:15-13-1. General policies for transmittal of prescriptions [Revoked]**

27
28 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Revoked at

29 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214, eff 5-14-99]

30
31 **435:15-13-2. Medications [Revoked]**

32
33 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at

34 14 Ok Reg 2659, eff 6-26-97; Revoked at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214,

35 eff 5-14-99]

36
37 **435:15-13-3. Information required on written prescriptions [Revoked]**

38
39 [Source: Added at 10 Ok Reg 4377, eff 7-27-93 (emergency); Added at 11 Ok Reg 2331, eff 5-26-94; Amended at

40 15 Ok Reg 2022, eff 5-26-98; Revoked at 16 Ok Reg 378, eff 10-6-98 (emergency); Amended at 16 Ok Reg 1214,

41 eff 5-14-99]

Physician Assistants practicing Tele-Medicine

Scenario 1.

Patient located: in Oklahoma

PA and supervising MD (licensed in Oklahoma) both out-of-state working for same tele-medicine company. Both have access to patient chart/history/notes.

Scenario 2.

Patient located in Oklahoma

PA located in Oklahoma

Supervising MD (licensed in Oklahoma) located out-of-state. Both working for same tele-medicine company. Both have access to patient chart/history/notes.

At present most all Tele-Medicine companies treat common illnesses and many medical conditions - among the most common are:

- Allergies
- Arthritic Pain
- Asthma
- Bronchitis
- Colds and Flu
- Diarrhea
- Infections
- Insect Bites
- "Pink eye" or Conjunctivitis
- Rashes
- Respiratory Infections
- Sinusitis
- Skin Inflammations
- Sore Throats
- Sprains & Strains
- Urinary Tract Infections
- Vomiting
- Other non-emergency conditions