

Amended: August 26, 2020

**STATE OF OKLAHOMA
PHYSICIAN ASSISTANT ACT
Title 59 O.S., Sections 519 - 524**

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Section 519. Repealed

Section 519.1. Short title

The provisions of this act shall be known and may be cited as the "Physician Assistant Act".

Added by Laws 1993, c. 289, § 1, emerg. eff. June 3, 1993.

Section 519.2. Definitions

As used in the Physician Assistant Act:

1. "Board" means the State Board of Medical Licensure and Supervision;
2. "Committee" means the Physician Assistant Committee;
3. "Practice of medicine" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants so long as such services are within the physician assistants' skill, form a component of the physician's scope of practice, and are provided with physician supervision, including authenticating by signature any form that may be authenticated by the delegating physician's signature with prior delegation by the physician;
4. "Patient care setting" means and includes, but is not limited to, a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center, hospice facility or any other setting authorized by the delegating physician;
5. "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the State Board of Medical Licensure and Supervision, to practice medicine with physician supervision;
6. "Delegating physician" means an individual holding a license in good standing as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants and delegates decision making pursuant to the practice agreement;
7. "Supervision" means overseeing or delegating the activities of the medical services rendered by a physician assistant through a practice agreement between a medical doctor or osteopathic physician performing procedures or directly or indirectly involved with the treatment of a patient, and the physician assistant working jointly toward a common goal of providing services. Delegation shall be defined by the practice agreement. The physical presence of the delegating physician is not required as long as the delegating physician and

physician assistant are or can be easily in contact with each other by telecommunication. At all times a physician assistant shall be considered an agent of the delegating physician;

8. "Telecommunication" means the use of electronic technologies to transmit words, sounds or images for interpersonal communication, clinical care (telemedicine) and review of electronic health records; and

9. "Practice agreement" means a written agreement between a physician assistant and the delegating physician concerning the scope of practice of the physician assistant to only be determined by the delegating physician and the physician assistant based on the education, training, skills and experience of the physician assistant. The agreement shall involve the joint formulation, discussion and agreement on the methods of supervision and collaboration for diagnosis, consultation and treatment of medical conditions.

Added by Laws 1993, c. 289, § 2, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 1, emerg. eff. April 7, 1997; Amended by Laws 1998, c. 128, § 2, eff. November 1, 1998; Amended by Laws 2001, SB 32, c. 385, § 2, eff. November 1, 2001.

Section 519.3. Physician Assistant Committee--Powers and duties

A. There is hereby created the Physician Assistant Committee, which shall be composed of seven (7) members. Three members of the Committee shall be physician assistants appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma Academy of Physician Assistants. One member shall be a physician appointed by the Board from its membership. One member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board. One member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership. One member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of said board.

B. The term of office for each member of the Committee shall be five (5) years.

C. The Committee shall meet at least quarterly. At the initial meeting of each calendar year, the Committee members shall elect a chair. The chair or his or her designee shall represent the Committee at all meetings of the Board. Four members shall constitute a quorum for the purpose of conducting official business of the Committee.

D. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to promulgate rules, which are in accordance with the provisions of Section 519.1 et seq. of this title, governing the requirements for licensure as a physician assistant, as well as to establish standards for training, approve institutions for training, and regulate the standards of practice of a physician assistant after licensure, including the power of revocation of

a license.

E. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to investigate all complaints, hold hearings, subpoena witnesses and initiate prosecution concerning violations of Section 519.1 et seq of this title. When such complaints involve physicians licensed by the State Board of Osteopathic Examiners, the State Board of Osteopathic Examiners shall be officially notified of such complaints.

F.1. The Committee shall advise the Board on all matters pertaining to the practice of physician assistants.

2. The Committee shall review and make recommendations to the Board on all applications for licensure as a physician assistant and all applications to practice which shall be approved by the Board. When considering applicants for licensure, to establish standards of training or approve institutions for training, the Committee shall include the Director, or designee, of all Physician Assistant educational programs conducted by institutions of higher education in the state as members.

3. The Committee shall assist and advise the Board in all hearings involving physician assistants who are deemed to be in violation of Section 519.1 et seq. of this title or the rules of the Board.

Added by Laws 1993, c. 289, § 3, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 2, emerg. eff. April 07,1997; Amended by Laws 1998, c. 128, § 3, eff. November 01,1998.

Section 519.4. Licensure requirements

To be eligible for licensure as a physician assistant pursuant to the provisions of Section 519.1 et seq. of this title an applicant shall:

1. Be of good moral character;
2. Have graduated from an accredited physician assistant program recognized by the State Board of Medical Licensure and Supervision; and
3. Successfully pass an examination for physician assistants recognized by the Board.

Added by Laws 1993, c. 289, § 4, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 3, emerg. eff. April 07,1997.

Section 519.5. Repealed

Section 519.6. Filing of application to practice--Services performed--Posting of public

notice

A. No health care services may be performed by a physician assistant unless a current license is on file with and approved by the State Board of Medical Licensure and Supervision. All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed. Practice agreements may be filed electronically. The State Board of Medical Licensure and Supervision shall not charge a fee for filing or amendments of practice agreements.

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

C. The delegating physician need not be physically present nor be specifically consulted before each delegated patient care service is performed by a physician assistant, so long as the delegating physician and physician assistant are or can be easily in contact with one another by means of telecommunication. In all patient care settings, the delegating physician shall provide appropriate methods of participating in health care services provided by the physician assistant including:

a. being responsible for the formulation or approval of all orders and protocols, whether standing orders, direct orders or any other orders or protocols, which direct the delivery of health care services provided by a physician assistant, and periodically reviewing such orders and protocols,

b. regularly reviewing the health care services provided by the physician assistant and any problems or complications encountered,

c. being available physically or through telemedicine or direct telecommunications for consultation, assistance with medical emergencies or patient referral,

d. reviewing a sample of outpatient medical records. Such reviews shall take place at a site agreed upon between the delegating physician and physician assistant in the practice agreement which may also occur using electronic or virtual conferencing; and

e. that it remains clear that the physician assistant is an agent of the delegating physician; but, in no event shall the delegating physician be an employee of the physician assistant.

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

of the physician assistant.

E. 1. A physician assistant under the direction of a delegating physician may prescribe written and oral prescriptions and orders. The physician assistant may prescribe drugs, including controlled medications in Schedules II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the delegating physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary.

2. A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the delegating physician. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.

F. A physician assistant may perform health care services in patient care settings as authorized by the delegating physician.

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

H. A physician assistant shall be bound by the provisions contained in Sections 725.1 through 725.5 of Title 59 of the Oklahoma Statutes.

Added by Laws 1993, c. 289, § 6, emerg. eff. June 3, 1993; Amended by Laws 1998, c. 128, § 4, eff. November 1, 1998; Amended by Laws 2001, SB 32, c. 385, § 3, eff. November 1, 2001.

Section 519.7. Temporary approval of application to practice

A. The Secretary of the State Board of Medical Licensure and Supervision is authorized to grant temporary approval of a license to any physician assistant who has filed a license which meets the requirements set forth by the Board. Such temporary licensure approval 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.

B. The State Board of Medical Licensure and Supervision will collect the following data and publish a report compiling such data on an annual basis:

1. Whether the physician assistant practices at the same location as the delegating physician;

2. The type of facility in which the physician assistant practices;
3. Number of physicians the physician assistant has a practice agreement with;
4. Number of physician assistants physicians have a practice agreement with;
5. Number of years a physician assistant has been practicing; and
6. Number of licensed physician assistants in Oklahoma.

Added by Laws 1993, c. 289, § 7, emerg. eff. June 3, 1993; Amended by Laws 2001, SB 32, c. 385, § 4, eff. November 1, 2001.

Section 519.8. License renewal--Fees

A. Licenses issued to physician assistants shall be renewed annually on a date determined by the State Board of Medical Licensure and Supervision. Each application for renewal shall document that the physician assistant has earned at least twenty (20) hours of continuing medical education during the preceding calendar year. Such continuing medical education shall include not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction.

B. The Board shall promulgate, in the manner established by its rules, fees for the following:

1. Initial licensure;
2. License renewal;
3. Late license renewal; and
4. Disciplinary hearing.

Added by Laws 1993, c. 289, § 8, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 5, eff. April 07, 1997.

Section 519.9. Preexisting certificates

Any person who holds a certificate as a physician assistant from the State Board of Medical Licensure and Supervision prior to June 3, 1993, shall be granted licensure as a physician assistant under the provisions of Section 519.1 et seq. of this title.

Added by Laws 1993, c. 289, § 9, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 6, eff. April 07, 1997; Laws 1997, c. 47, § 6 Repealed by Laws 1997, c. 250, § 15, eff. November 1, 1997; Amended by Laws 1997, c. 250, § 14, eff. November 01, 1997.

Section 519.10. Violations--Penalties

Any person not licensed under the Physician Assistant Act is guilty of a misdemeanor and is subject to penalties applicable to the unlicensed practice of medicine if he or she:

1. Holds himself or herself out as a physician assistant;
2. Uses any combination or abbreviation of the term “physician assistant” to indicate or imply that he or she is a physician assistant; or
3. Acts as a physician assistant without being licensed by the State Board of Medical Licensure and Supervision.

Any unlicensed physician shall not be permitted to use the title “physician assistant” or to practice as a physician assistant unless he or she fulfills the requirements of Section 419.1 et seq. of this title.

Added by Laws 1993, c. 289, § 10, emerg. eff. June 3, 1993; Amended by Laws 1997, c. 47, § 7, emerg. eff. April 07, 1997.

Section 519.11. Construction of act

A. Nothing in the Physician Assistant Act shall be construed to prevent or restrict the practice, services or activities of any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as a physician assistant.

B. Nothing stated in the Physician Assistant Act shall prevent any hospital from requiring the physician assistant or the delegating physician to meet and maintain certain staff appointment and credentialing qualifications for the privilege of practicing as, or utilizing, a physician assistant in the hospital.

C. Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to practice medicine or prescribe drugs and medical supplies in this state except when such actions are performed under the supervision and at the direction of a physician or physicians approved by the State Board of Medical Licensure and Supervision.

D. Nothing herein shall be construed to require licensure under the Physician Assistant Act of a physician assistant student enrolled in a physician assistant educational

program accredited by the Accreditation Review Commission on Education for the Physician Assistant.

E. Notwithstanding any other provision of law, no one who is not a physician licensed to practice medicine in this state may perform acts restricted to such physicians pursuant to the provisions of Section 1-731 of Title 63 of the Oklahoma Statutes. This paragraph is inseverable.

Added by Laws 1993, c. 289, § 11, emerg. eff. June 3, 1993.

Section 520. Repealed

Section 521. Exceptions

No health care services may be performed under this act in any of the following areas:

(a) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive states of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.

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

(c) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye. Nothing in this section shall preclude the performance of routine visual screening.

Section 521.1

Notwithstanding any other provision of law or regulation, a physician assistant shall be considered to be a primary care provider when the physician assistant is practicing in the medical specialties required for a physician to be a primary care provider.

Section 521.2

A. Payment for services within the physician assistant's scope of practice by a health insurance plan shall be made when ordered or performed by the physician assistant, if the same service would have been covered if ordered or performed by a physician. An in-network physician assistant shall be authorized to bill for and receive direct payment for the medically necessary services the physician assistant delivers.

B. To ensure accountability and transparency for patients, payers and the health care system, an in-network physician assistant shall be identified as the rendering professional in the billing and claims process when the physician assistant delivers medical or surgical services to

patients.

C. No insurance company or third-party payer shall impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than existing physician assistant state laws or regulations.

Section 521.3

A. A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster may render such care that the physician assistant is able to provide.

B. A physician assistant so responding who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting gross, willful or wanton negligence.

Section 521.4

Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to:

1. Provide health care services independent of physician supervision; or
2. Maintain or operate an independent practice without a practice agreement between a physician assistant and a delegating physician.

Laws 1972, c. 220, § 3, emerg. eff. April 7, 1972.

Section 522. Repealed

Section 523. Repealed

Section 524. Abortion - Infant prematurely born alive – Right to medical treatment

The rights to medical treatment of an infant prematurely born alive in the course of an abortion shall be the same as the rights of an infant of similar medical status prematurely born.

Laws 1977, c. 10, § 1, emerg. eff. March 11, 1977.