PUBLIC (WRITTEN) COMMENTS RECEIVED ON THE PROPOSED PERMANENT PHYSICIAN ASSISTANT ADMINISTRATIVE RULE AMENDMENTS
OKLA. ADMIN. CODE 435:15 SUBCHAPTERS 1, 3, 5, AND 11
I am a physician who currently employs a wonderful PA.

I am AMBIVALENT about changing the term from alternate supervising to delegating physician if there is no legal change in the definition but AGAINST if this promotes more independence and less supervision of PAs.

I am FOR allowing the physician assistant to work INCIDENT-TO the physician but to be off site. I do not feel like the current rule changes clarify if the PA will work incident-to the physician or under his or her own NPI. Currently, I do clinical trial work. I am not allowed to go the floor below our clinic to see clinical trial patients while our PA is seeing research patients because part of incident-to requirements are that I’m physically in the clinic. Even though I am available for calls, text, or could run upstairs within a minute.

I am FOR physician assistants being able to prescribe schedule II drugs as physicians. In our practice, we treat moderate and severe binge eating disorder with Vyvanse and the physician assistant will need to occasionally refill a script. She is only doing this based on an agreed on protocol and plan we have already established and that is written and saved. I believe this is an appropriate use of a non-physician clinician. I’m also for getting rid of the 30 day limits and believe some scheduled drugs should be able to be prescribed for 90 days.

I am AGAINST language to remove application requirements.

I am AGAINST language removing having more than one supervising physician. If I were to be absent in the clinic but we had another physician in the clinic, then the PA could still bill incident-to billing, but with the removal of this statement, it makes it seem like this would not be the case.

Thank you
The section on schedule II controlled prescribing:

The section where it states “on site” is stricken - I think this make it somewhat confusing. Can a PA prescribe a schedule II medication for an ongoing use i.e a patient treated for ADHD with a schedule II stimulant medication? The old wording was clear about schedule II being used on site but now seems less clear.

Wes Andrews MD
UHS, Chief of Staff
405-744-7021
Hi Ms. Smith,

I would like to provide personal testimony for the board and any committee/sub-committee assigned to their review and implementation. These points will be specifically related to schedule II prescriptions.

I am a surgical PA. I once had a situation in which a patient was discharged home on a Friday (at the appropriate post-operative period) following major surgery. The surgeon forgot to send the pain medication prior to going out of town. The surgeon advised me to send tramadol for the patient as she was not going to be available until returning Monday morning. To say the patient and family were upset would be lacking. If I had had prescriptive authority I could have intervened, easing the pain and anxiety of the patient - who was the one that suffered in this situation.

In a similar situation, a patient was ready for discharge on POD#2 following a lumbar fusion. The family did not get to the pharmacy before it closed on Saturday and asked the medicine to be sent to a different pharmacy. The surgeon was unavailable to resend the pain medication until late in the evening and patient refused to discharge home without a prescription in place. This caused the patient to an additional night in the hospital, increasing costs for all parties involved. again, if I had had prescriptive authority, I could have sent the prescription for the patient and discharged her that day.

In my practice, and that of all other surgical PAs I know, what prescriptions and when are an agreement between the delegating/collaborating physician and the physician assistant. My physician does not let me write prescriptions for tramadol unless absolutely necessary and I have discussed with him. This will not change if PAs can write for further schedule II medications.

Earlier this year we had a consult for a patient with lumbar pain and radiculopathy. Imaging did not show severe pathology. From May 10 to presentation on May 25 she had received the following: norco 5/325 #20, percocet 5/325 #30, percocet 7.5/325 #21, Percocet 10/325 #16, fentanyl patch 37.5 mcg #2, and lyrica 75mg #60. Looking at the PMP these were prescribed by multiple physicians at multiple locations. Clearly these were not prescribed by PAs. (Specific patient information can be provided if needed.)

Physician assistants are not the problem. We are a solution to better patient care and should have the ability to practice to our full potential. Despite having our prescriptive authority taken away many years ago, the opioid issue has continued to rise and much of the morbidity and mortality related to this is from illegal drugs rather than prescription drugs. Believe me when I say I understand the concern and problem presented. Many many moons ago I knew some people who participated in recreational use of opioid medications. It is heartbreaking to watch their decline. Now, as a surgical provider I can see how these drugs are a needed evil. I ask that the patients of Oklahoma be taken into consideration rather than simple personal grudges against the medical system. Better prescription education for providers would be more beneficial that restricting our practices. possibly consider two controlled substance category 1 CME for ALL providers. Stopping this rule will only decrease care in Oklahoma.

Thank you for your time and consideration,

Saura Douglas, PA-C
saura.shanaki@yahoo.com
405-824-1988
I’ve reviewed the changes proposed by the PA organization. I agree that the prescriptive authority for controlled medications including schedule two drugs be extended as outlined. I am a psychiatrist and have to fill many ADHD medications for my PA. When I am out of the office for more than a few days I have to make sure all controlled medications have been sent early with a specification that they can only be filled after a certain date. Otherwise the other primary care physicians in the clinic have to take on a lot of extra work for patients they don’t know. My PA knows the patients and is diligent about checking the PMP before authorizing refills. Changing the wording would be helpful.

I do not agree with changing “supervising” to “delegating” in the proposed changes. One of the reasons I won’t supervise nurse practitioners is because of the lack of education and over-site, which is dangerous. Nurse practitioners have created an environment of “renting” doctors licenses for a monthly fee so they can open practices without a physician present and minimal to no oversight. The proposed changes in the PA rules dilutes the strength of the Doctor -PA relationship and puts our patients at risk. If these changes go through, I know many physicians will no longer hire PAs in private practice. Hospitals and urgent care centers will continue to replace doctors with mid-level providers because they need less supervision and are more cost-effective (allow more profit). This trend will continue to degrade the quality of available medical care in Oklahoma.

Thank you,
Kyla Lussier, MD
License #25858

Sent from my iPhone
September 13, 2022

Via email: lkelsey@okmedicalboard.org
Mr. Lyle Kelsey, Executive Director
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st St
Oklahoma City, OK 73105-1821

RE: PROPOSED PA RULES AND PRESCRIPTION AUTHORITY

Dear Mr. Kelsey,

I am the founder and president of the non-profit organization, F.A.T.E. Inc., Fighting Addiction Through Education (“FATE”). I founded FATE in 2009 and have since been significantly involved in many efforts to implement thoughtful controls on the distribution of prescription opioids.

As an attorney, I was one of the lead lawyers in the State’s Opioid litigation against the pharmaceutical industry and am intimately familiar with the evidence in that case, including some of the finest expert witnesses on the subject of opioids, proper prescribing, and how to abate the opioid epidemic. Indeed, the opioid epidemic was caused by false marketing and overprescribing.

I am also an adjunct professor at the Oklahoma State University medical school in Tulsa and have lectured there for over a decade on these same issues. With this experience, I believe I would qualify as an expert witness on these issues in any court, and I have personal and professional experience with the issues that I am addressing here.

Additionally, I have also made a film that won three Emmys about the opioid epidemic called “Killing Pain.” This film is used by many as a training film on the issue of the opioid epidemic and its cause.

The considerable efforts to combat the opioid crisis in this State involved state government, educational institutions, the medical community, and the business community, all of which have worked collaboratively to implement reasonable, thoughtful controls in both statute and regulations.

The results of these efforts include a 40% decrease in the number of opioid pills annually prescribed since 2015 (approx. 130 million fewer pills); a 37% decrease in the number of opioid
prescriptions annually written since 2015 (approx. 1.6 million fewer prescriptions); 41% fewer opioid overdose deaths since 2015.

These results have been obtained thoughtfully, driven substantially by the most educated professional community on the use and dangers of opioids -- physicians.

Now, I understand the Physician Assistants (“PA”) association has successfully lobbied the legislature to change the law in a manner they claim will allow PA’s full Schedule II prescriptive authority, whether on-site in a facility or in a clinic setting for fulfillment at a pharmacy. I further understand the PA association has threatened a lawsuit against the Oklahoma Board of Medical Licensure and Supervision (“MD Board”) and the State Board of Pharmacy if these boards do not formally consent to PA’s having full, unrestricted authority to prescribe all Schedule II narcotics by November 1, 2022.

I am also informed that MD Board proposed Rules are now being considered that would allow PA’s full prescriptive authority as they desire, and that public comment is solicited regarding these Rules.

Mr. Kelsey, please consider this as public comment from FATE to state unequivocally: **this is a bad idea**. If allowed, the number of Schedule II prescribers would potentially increase 20% overnight, with up to approximately 2,100 PA’s allowed to prescribe effectively independently from a physician. Oklahoma has spent too much time and resource to obtain the results referenced above, and the thought of even partially unwinding the thoughtful controls implemented in Oklahoma is absurd.

Further, please recognize that my comments are not limited to my concern regarding only opioids (including fentanyl). The US Drug Enforcement Agency (“DEA”) defines a Schedule II drugs as “drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.” This includes many drugs, including commonly prescribed drugs such as Adderall. Adderall is an amphetamine, and with Oklahoma’s myriad issues involving methamphetamines, it is clear to me that the proposed unrestricted PA authority is a bad idea.

I believe that overprescribing has many causes and that the issues that I reference herein pose a clear and present danger to the public. In my professional opinion, many people will die if this issue is not handled correctly.

I appreciate your consideration of my comments, and I would be happy to help in any way.

Respectfully yours,

Reggie Whitten
September 14, 2022

Oklahoma Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Re: Physician Assistant Advisory Committee Proposed Rules

Members of the Board:

On behalf of the Oklahoma Osteopathic Association’s (OOA) more than 2,000 members, including attending physicians, resident physicians, and medical students, we are writing to express our concerns regarding the proposed changes to the Physician Assistant (PA) rules and submit the following comments.

We find two primary areas of concern within the proposed rule changes: expansion of prescriptive authority and supervision (oversight).

Clarity is needed in determining the prescriptive authority of PAs regarding Schedule II drugs. While S.B. 1322 amended the Uniform Controlled Dangerous Substances Act to strike reference to subsection D of 59 O.S. 519.6, section E.2 was not struck, and contains the language “A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site.” This statement has long been construed to mean that PAs may only prescribe Schedule II drugs for immediate on site administration, in an acute hospital setting, and nowhere else.

By removing current restrictions within the rules and allowing PAs to prescribe Schedule II drugs, which include opioids, we will be moving backwards in terms of Opioid Policy within our state. Oklahoma has taken great strides to lower the rate of addiction and deaths due to prescribed opioid abuse by passing laws that limit access and duration of prescriptions. Removing appropriate supervision over the prescription of Schedule II drugs would be a dangerous reversal to this progress. The safety of patients is our top concern and priority. This issue does not appear to be addressed or resolved by the recent statutory change to the Controlled Substances Act.

Additionally, Subsection E.1. of 519.6 states that a 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” while “under the direction of a delegating physician”. This language clearly requires a delegation agreement between a physician and PA, and does not allow PAs to practice independently.

The proposed rules include the following added language under section 435:15-1102 (“Drug formulary”): “The Drug Formulary is consistent with categories as classified in the American Hospital Formulary Service Information Book”. The meaning of this is unclear and could be
interpreted to permit prescribing of any drug listed within that text. We are concerned that board would cede oversight and limitations on which drugs PAs can prescribe in this manner. In comparison, the limitations placed on advanced practice nurses by the Oklahoma Board of Nursing involve a more limited formulary which is appropriate to the training and experience of advanced practice nurses and physician assistants.

While the term “delegation” has replaced “supervision” elsewhere in statute, Title 59 O.S. §521.4 dictates that “Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to: 1. Provide health care services independent of physician supervision”. This makes clear the intention of the legislature to maintain significant oversight of physician assistants in practice. However, the rules do not make clear how this supervision or delegation will occur and be documented by physicians and physician assistants. It is our understanding that delegation agreements are submitted but are never reviewed by the OBMLS.

If enacted, these rule changes will significantly hinder the ability of the delegating physician to appropriately supervise their PAs. While the OOA strongly supports a team-based approach to patient care, such a model must be physician-led to ensure the safety of the patient. Consistency is needed between rule and statute to clarify what legal compliance looks like in this important area. The OOA recommends the OBMLS Board request an A.G. opinion on the issues referenced above before recommending these rules go through the Public Hearing process.

We respectfully ask your consideration of these concerns,

The Oklahoma Osteopathic Association
To Whom It May Concern,

In October, 2021, my wife had an orthopedic procedure performed in Oklahoma City. At the time of discharge, I felt that a change was needed from morphine to dilaudid due to the extremely very short duration of the pain relief lasting about 30 minutes. Her surgeon could not be located. Hours later the PA for his office notified the nursing supervisor at the hospital that she looked up of half-life of morphine and dilauded and concluded that because they were similar, it made no difference which opioid my wife took. It became obvious to me that the PA lacked the knowledge of the importance potency of the two opioids. Due to the PA's response, I cannot support PA's having the ability to prescribe Schedule 2 medications.

Sincerely,

Charles C. Weddle, Jr., Ph.D., M.D.
Anesthesiologist
Dear Oklahoma Medical Board,

My name is Zach Edens. I am a physician assistant practicing in Stillwater Oklahoma, lic. #2987. I am writing to urge your full support of the proposed rule changes as detailed.

I work at a local urgent care and would like to detail the limitations of the current rules as they are written in my setting. There have been multiple times where, due to the inability to prescribe schedule II medications I have been forced to send people to the ER and further increase the burden on our already overloaded emergency rooms. This situation is most commonly with stable fractures, kidney stones and burns. In every case, the patient is in immense pain with a legitimate reason to use narcotic analgesics, but stable in every other way. I have been able to verify with CT that renal stones are small enough to pass, stabilized/reduced/splinted fractures and dressed large burns. None of those are reasons to go to the ER. But, even high dose NSAIDs won't effectively provide the patient sufficient relief in these situations, and sending them to the ER when otherwise stable can cause economic hardship for the patient and undue burden to providers in the ER. I am fully capable of prescribing schedule II medications and and have maintained my DEA license for the entire time I have practiced since graduation in 2018. There is no feasible reason that I can see not to approve the current rule changes.

Do not hesitate to contact me with any questions, and again I want to state my full support of the proposed rule changes and I know it will improve access to care in our wonderful state of Oklahoma, decrease burdens in the ER and provide relief to the cases I have described above. Thank you!

Sincerely,

Zachary Edens PA-c
Ok state Lic#2987
September 28, 2022

Board Members
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Re: Physician Assistant Advisory Committee Proposed Rules

Ladies and Gentlemen:

The Oklahoma State Medical Association (OSMA) has reviewed the proposed amendments to Title 435 of the Oklahoma Administrative Code (“OAC”) approved by the Physician Assistant Committee and are submitting the following comments for the Board’s consideration.

1. Prescriptive Authority.

Prior to the November 1, 2022 effective date of S.B. 1322, we believe there needs to be clarity on whether physician assistants are legally permitted by their practice act to prescribe Schedule II drugs for off-site administration. S.B 1322 amended 63 O.S. 2021, Section 2-312 of the Uniform Controlled Dangerous Substances Act by striking the reference to subsection D of 59 O.S. 519.6.

However, 59 O.S. § 519.6 was not amended. Subsection D of that section does not have anything to do with prescribing. Subsection D addresses a P.A.s obligation to contact his/her delegating physician within 48 hours of seeing a patient with a newly diagnosed complex illness. So, it is appropriate to delete the reference to a Section that had nothing to do with prescribing.

Subsection E.2. of 519.6 addresses prescribing and continues to state: “A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site.” This language has been interpreted in the past to mean that the P.A. can ONLY write Schedule II prescription for immediate on-site administration and not for use off the hospital premises. This issue does not appear to be addressed or resolved by the recent statutory change to the Controlled Substances Act.
In addition, Subsection E.1. of 519.6 provides: “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.” This is a clear indication that although the Oklahoma State Statutes allow P.A.s to otherwise prescribe Schedule II – V medications, they can ONLY do so under a delegation agreement with a physician and should not be allowed to practice independently.

2. Drug Formulary

The Physician Assistant Committee has proposed that the P.A. drug formulary “is consistent with categories as classified in the American Hospital Formulary Service Information Book (current).” It is unclear whether “consistent with” means that P.A.s are permitted to prescribe any drug listed in the very comprehensive AHFS information book. Does the Board intend for such broad prescribing by P.A.s or does there need to be some limits and oversight on which drugs P.A.s can prescribe? The Oklahoma Board of Nursing continues to have a more limited formulary applicable to advance practice nurses, which would seem more consistent with the training and experience of other advanced practice providers.

3. Delegation - General

Title 59 O.S. §521.4 provides: “Nothing in the Physician Assistant Act shall be construed to permit a physician assistant to: 1. Provide health care services independent of physician supervision. . . “Even though the word “supervision” has been replaced with “delegation” in other places in the statutes, there is clear intent that some meaningful oversight by physician of physician assistants be maintained. Yet, it is unclear in the statute and rules how the supervision/delegation will be accomplished and documented by physicians and physician assistants. In addition, the issue of how many physician assistants can be safely and effectively supervised by a physician has not been clearly addressed. It is our understanding that delegation agreements are submitted but are never reviewed by the OBMLS.

4. Delegation – Establishment of Independent Practice

Oklahoma laws and regulations are also silent as to whether a Physician Assistant can form a corporation or limited liability company and establish a medical practice independent of a hospital, physician or other provider. The only limitation is 59 O.S. § 519.6 C.e. which provides 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.” As long as the delegating physician is not characterized as an employee of the Physician Assistant’s practice entity, there does not seem to be an express prohibition against Physician Assistant’s forming and owning a medical practice. However, the formation of an independent practice seems inconsistent with the need for physician delegation and could put patients at risk if Physician Assistant’s practice in a substantially independent manner beyond primary care.

5. Scope of Practice – Protecting the Public

As the supervision requirements applicable to Physician Assistants have been legislatively relaxed by the Legislature over the years, there has been virtually no evaluation of what medical services a Physician Assistant can safely provide. Historically, Physician Assistants worked side-by-side with
licensed physicians in the office setting. The supervising physician was physically present while the Physician Assistant was providing services. A physician was always present to assist. That is no longer the case.

Now the supervision requirements have been so relaxed that physician supervisors can supervise multiple physician assistants and do not have to be present when the Physician Assistant is rendering service. Parameters regarding what services are safe to delegate do not exist. For the protection of the public, such parameters should exist. Physician Assistants do not undergo the same amount of specialized training as physicians and, undoubtedly, should not be permitted to perform services beyond their training. For example, should surgery or general anesthesia ever be delegated to Physician Assistants? Currently, there is nothing in the Oklahoma statutes or regulations that would prohibit delegation of surgery or general anesthesia. It seems ironic that the only limitation on what services can be delegated is in 59 O.S. §521 which provides that Physician Assistant cannot measure the powers or range of human vision or prescribe any optical device or contacts. Logic dictates that other more invasive and complicated procedures also should never be delegated to Physician Assistants.

In order to confirm the legality and consistency of the rules when compared with Oklahoma Statutes, the OSMA recommends the OBMLS Board request an A.G. opinion on the issues referenced above before considering the approval and implementation of these rules. Patient safety must always be the prevailing concern of the OBMLS.

We appreciate your consideration of the matters outlined in this letter.
To whom it may concern

My name is Sara Parr, I am writing in regards to the PA rules. As a licensed Physician Assistant (PA) practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adopting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Sara Parr
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
Martin Kubier PA
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Aaron Spells PA-C, MHS
To whom it may concern,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

- Lauren Mayne PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.
Good evening,

As a licensed Physician Assistant practicing in Edmond, Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision.

I can personally attest to the validity and necessity of adapting the rules to allow for a Physician Assistants to have full Schedule II prescriptive authority as outlined in their delegation agreement with their Physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both Physicians and Physician Assistants. In our rural state, having a team of Physicians and Physician Assistants care for a group of patients is the best way to provided much needed access to healthcare.

I value my relationship with the 2 Physicians I work with, and believe the Physicians I work with should have the power and authority to determine how I practice. We are a team, and my Physicians I work directly with every day know best how to delegate providing care to our patients.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration,
Erin L O’Donnell, PA-C
Ms Smith;

I am a licensed Physician Assistant practicing for the last year in the state of Oklahoma at Comanche County Memorial Hospital in Lawton, OK. I am an orthopedic PA working with a great group of orthopedic surgeons in supporting them in ED consults, pre-op H&Ps, post op visits and discharging orthopedic patients. I want to convey my avid support for the current proposed rules drafted and under consideration by the Oklahoma Board of Medical Licensure and Supervision. In my personal experience I can attest to validity and absolute necessity of adapting the rules to allow for a Physician Assistant to have full Schedule II prescriptive authority as outlined in the delegation agreement with the physicians I work with. Currently it is an impediment in hospital discharging for post op Ortho trauma patients and elective orthopedic surgery patients to get them proper pain management coverage in a timely manner at discharge from the hospital since I cannot complete that aspect of the medication reconciliation putting further burden on the physicians I support in patient care.

Additionally, I support reforming PA-Physician ratio requirements. Both of these issues in their current form have been a barrier to the practice of medicine in Oklahoma. I have practiced medicine as a PA in other states that have been much more forward thinking and modernized in addressing these issues and was disappointed and frustrated when I chose to move and work in Oklahoma with the PA rules as they have existed.

I value my relationship with the physicians I work with and believe the physicians should have the authority to determine how we practice and be able to delegate that authority as appropriate.

I am a member in good standing with the Oklahoma Academy of Physician Assistants and American Academy of Physician Assistants. I appreciate your time and consideration in your work on behalf of the Physician Assistants in Oklahoma.

Most respectfully and sincerely,
Krista Barnes, MSPAS, PA-C

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

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Andrew Wong, PA-C
From: Laura Juárez
To: Barbara J. Smith
Subject: [EXTERNAL] Practicing PA in Oklahoma
Date: Wednesday, September 28, 2022 10:04:32 PM

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,
Laura Juarez, PA-C, MPAS, MPH
Cell: (801) 362-6791

Get Outlook for iOS
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Erin Dum PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Best,

Chester

--

Chester A. Hendershot Jr., MHA, MHS, PA-C
405-888-2851
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kayla Terrel, PA-C
INTEGRIS Urgent Care
750 SW 19th St., Suite A
Moore, OK 73160
(P) 405.666.9860
(F) 405.666.9876

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As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision.

Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Tuan Huynh, MPH, MHS, PA-C
Nextcare Holdings
Ms. Smith-

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Taylor Carson, MPA, PA-C

Great Salt Plains Health Center
405 S Oklahoma
Cherokee, OK 73728
580-596-2800

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To Whom it may Concern,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,
Sergio A. Porras, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Jennifer Brown, PA-C, MHS
Sent from my iPhone.
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration. Helga Price MPA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Daniel O’Donnell PA-C
From: Jan Parker
To: Barbara J. Smith
Subject: [EXTERNAL] A rule changes
Date: Thursday, September 29, 2022 10:32:50 AM

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration. Janet Y Parker, P.A.
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Adrianne Wolfe PA-C
Hello,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice.

The ratios for physician supervision/collaboration as they currently stand are impractical for large practice groups such as emergency medicine. We are a 24/7 service and by nature require more providers to maintain coverage—especially in larger EDs where you could easily have 20+ physicians and 10 or more PAs & NPs. Please help us by setting up parameters that we can easily be compliant with. We have an excellent internal process for collaboration between our physicians and APCs.

I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Deborah

Deborah Reed, PA-C  
APC Director, TeamHealth West  
c (405) 226-9589
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Peter J. Duncanson, PA-C, DHSc
Physician Assistant
Warren Orthopedic Surgery and Sports Medicine
Warren Clinic
A part of Saint Francis Health System
6475 S Yale Ave, Suite 200 Tulsa, OK 74136
Phone: 918-494-4460 | Fax: 918-494-6560

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As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Chad Edminsten PA-C,
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Alise Osis PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

I frequently work in a solo setting in an ER in Vinita, OK. Although I do not believe narcotics are the answer for any pain. Sometimes, it is reasonable. If a patient comes in with a kidney stone, Tylenol #3 is not enough to help with this pain. Although I can treat him in the hospital, I cannot discharge him with stronger medicine. Either the patient goes home to suffer or I admit hm for controlled pain. Neither option is good.

Thank you for your time,

Frank Thomas, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kyle Johnson M.H.S. PA-C
Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support to the current proposed rules as drafted and considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Mebin Thomas, PA-C
Physician Assistant
Life Psychiatric Clinic
609 S. Kelly Avenue, Suite B2
Edmond, OK 73003
ph) 405.724.6871
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sarah Kelly, PA-C
Owasso, OK
From: Janis Griggs
To: Barbara J. Smith
Subject: [EXTERNAL] Schedule II prescribing rules for PAs
Date: Thursday, September 29, 2022 12:22:30 PM

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Janis K Griggs, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Melissa Loftis PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

I am not one that would use it a lot but for a fracture in the specified time frame of 7 days with the appropriate measures in place ,it would be most useful

Lisa Curtess

Sent from my iPhone
Dear Ms. Smith,

I appreciate the opportunity to comment on the Oklahoma Board of Medical Licensures' proposed changes to Chapter 15. As the House Author of SB 1915 (2020), I thank the Board for finally taking steps to implement SB 1915 and subsequent legislation. After reviewing the proposed rules, I believe the Board has taken steps to implement my legislation and others in a way that aligns with the legislative intent. The Oklahoma Legislature has taken steps to expand access to healthcare across Oklahoma. We believe that Physician Assistants are vital to ensuring all Oklahomans can receive high-quality and timely healthcare.

The proposed rules properly implement the legislation we have passed and provide reasonable reforms that help expand access to care while balancing patient safety. I would encourage the Board to adopt the proposed rules as they are currently drafted, which comply with the legislation we have passed.

I look forward to working with the Board and implementing policies that improve our state's healthcare.

Thanks,
Representative John Pfeiffer

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Hello,

I am a Family Medicine PA in Jenks, OK. I work with two private practice doctors and many other PAs. As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants.

Sincerely,

Ashley Shope
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

April Busch, MHS, PA-C

April Busch
405-317-5251
buschaprill2@gmail.com
To Whom It May Concern,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration,

Nhu Luong, PA-C
To Whom It May Concern,

I'm proud of my working relationship with physician assistants, and as an Oklahoma licensed physician, I would like to lend my support to physician assistants in Oklahoma. I pledge my support for the current proposed rules as drafted, which are being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I support any version of the rules that would only limit physician assistants' Schedule II prescriptive authority to what is outlined in their delegation agreement with their delegating physician(s) and removes the ratio requirements on physicians and physician assistants to account for the modern practice of medicine.

Thank you for your consideration,

Nghiep Nguyen, MD
Medical Director
Health 1st Family Medicine, PLLC
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kelly Duren, PA-C

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The proposed rules properly implement the legislation we have passed and provide reasonable reforms that help expand access to care while balancing patient safety. I would encourage the Board to adopt the proposed rules as they are currently drafted, which comply with the legislation we have passed.

I look forward to working with the Board and implementing policies that improve our state's healthcare.

Respectfully,

Kim David
2300 North Lincoln
Oklahoma City, OK 73105
405.521.5590
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Jill Spreiter, PA-C

Sent from my T-Mobile 4G LTE Device
To whom it may concern,
My name is Patricia Iven and I’m a family practice PA in Tulsa/Broken Arrow. I’ve been in practice for 10 years and care for patients ages newborn through end of life.

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice.

Recently I had a follow up with one of my pediatric patients who had been seen two days prior at an urgent care for a broken wrist. Her pain was not well controlled on Motrin and Tylenol. I could not get her in to see ortho for about 48 hours. With current rules, all I could prescribe her was Tylenol with codeine. The pharmacist paged me just after I had left clinic and refused to fill the script as the American Academy of Pediatrics no longer recommends codeine in pediatric pain management as hydrocodone is safer for pediatric patients. I had to call my physician after hours and ask a favor for him to call in liquid hydrocodone for a pediatric patient, which just delayed care for a child who was in pain. This is the perfect example of an acute pain issue that had I been allowed to prescribe the appropriate schedule II medication could have been resolved quickly and easily. I also care for many children with ADHD and the only non-scheduled options I have are Strattera and Qelbree. My families, many times whose children are struggling to succeed in school, have to wait an average of 9 weeks to see a psychiatrist in Tulsa. I can only imagine the longer wait times for rural families in Oklahoma. If PAs could prescribe medications for ADHD we could provide more timely access to appropriate mental health care.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Patricia Iven, MHS, PA-C
Premier Family Care
Broken Arrow, OK

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Veronica Worrell PAC

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Tamara Poteat, PA-C, MCMS

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thank you

v/r

Robert Peevy PA-C
Sent from Mail for Windows
Good morning,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Elizabeth Harris PA-C

Sent from my iPad
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kari Wahnee, PA-C
Physician Assistant
Lindsay Municipal Hospital
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.
I oppose the use of the word delegation in relation to work with Physician Assistants. Delegation means to appoint or to commit powers or functions to another as agent or representative. "Supervision" is the correct action, not delegation. A Physician Assistant has two years of training and requires career-long supervision of medical care. A physician has four years of medical school and three or more years of supervised resident training. A physician does not "delegate" this education.

I oppose any changes that would broaden ability to prescribe opioid, benzodiazepine, or stimulant medications. These medications are often prescribed in combination and not limited to short-term use, leading to patient harm.

Thank you for your consideration.

Charle W. Olson, Jr., MD

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As a licensed physician assistant practicing pain management for the past 19 years in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Kelly Cooper, PA-C
Oklahoma Spine Hospital Pain Management
Sept. 30, 2022

Via email: lkelsey@okmedicalboard.org
Mr. Lyle Kelsey, Executive Director
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st St.
Oklahoma City, OK 73105-1821

RE: Rule change for PA prescription authority

Dear Mr. Kelsey,

As former Editor and Publisher of The Oklahoman, I am writing to ask that you not expand prescribing authority for Physician Assistants with regard to Schedule II drugs.

We devoted extensive coverage to the Opioid Epidemic. We fought alongside government officials, educators and most importantly parents who lost their children to addiction.

Expanding the prescribing pool is not the answer. I know from personal experience what addiction can do to a family. My son, now in recovery, battled his opioid addiction for more than a decade. It cost my family a huge amount of money and more so an emotional toll.

People suffering from addiction are masters of manipulation. Expanding prescribing privileges will no doubt lead to more addiction. Physician Assistants, though highly trained, will not have the skill set or experience to understand the complicated brain of addiction.

It is short-sighted to expand privileges and risk more prescriptions flooding the Oklahoma market. It would be my hope the Medical License board would be more focused on expanding the use of harm reduction medications such as Suboxone, Narcan and Fentanyl test strips.

Thank you for your thoughtful consideration.

Sincerely,

Kelly Dyer Fry
To Whom It May Concern,

As a licensed physician assistant (PA) practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a PA to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and PAs. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Amanda (Irby) Kershaw, PA-C
Physician Assistant
Stephenson Cancer Center
Multidisciplinary Clinic - Thoracic Oncology
800 NE 10th Street
Oklahoma City, OK 73104
405-271-8001 or 405-271-1632
Good afternoon- as a licensed PA practicing in OK, I wish to lend my support for the current proposed rule being considered by the OK Medical board. I am a PA in the field of GI medical/oncology and have been practicing for 16 years in this profession. I care for patients with metastatic colorectal and pancreatic cancers. Appropriate pain management is critical to caring for these patients with terminal illness. By passing this rule, our patients have improved access to the care they need for pain control under the guidance of a qualified PA and physician.

I can personally attest to the validity and necessity of adapting the rules to allow for a PA to have full Schedule II prescriptive authority in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and Pas. I value the relationship I have built over many years with the physicians I work with, and believe that they should have the power and authority to determine how we practice and care for these very complicated patients as a team. Together we can provide the best care for our oncology patients. I am a member of and stand with the OAPA.

Thank you for your consideration.

Fransen McGinley, PA-C, MHS
GI Oncology
Stephenson Cancer, OU Health
405-229-7030
September 30, 2022

Sent via e-mail:
bsmith@okmedicalboard.org

Oklahoma Board of Medical Licensure & Supervision
PO Box 18256
Oklahoma City, OK  73154

Re: Oklahoma Academy of Physician Assistants Public Comment to Proposed Rule Changes

Dear Board:

Oklahoma Academy of Physician Assistants (OAPA) respectfully requests the Oklahoma Board of Medical Licensure and Supervision (Medical Board) consider the following when deciding whether to adopt the proposed revisions to the administrative rules related to Physician Assistants, specifically concerning to the ability of Physician Assistants to prescribe Schedule II drugs. For the reasons outlined below, the OAPA requests the Medical Board adopt the proposed changes to OAC 435:15-11-2(a).

As this Board knows, Senate Bill 1322 (SB 1322) will go into effect on November 1, 2022. SB 1322’s intention was to provide clarification as to the authority of Physician Assistants. This bill was proposed in response to a position taken by the Oklahoma State Board of Pharmacy (Pharmacy Board) during a meeting on September 20, 2021 between the Pharmacy Board and the OAPA (and others). In that meeting, a concern was raised that the Pharmacy Board viewed 59 O.S. § 519.6 and 63 O.S. §2-312 as potentially inconsistent and a possible limitation on the ability of Physician Assistants to prescribe Schedule II controlled medications. Pursuant to the Pharmacy Board’s concerns, the OAPA followed through on the Pharmacy Board’s request to clarify the law regarding the ability of Physician Assistants to prescribe Schedule II drugs.

After this successful legislative change, the OAPA again met with the Pharmacy Board (and others) on August 3, 2022. At this meeting, despite the clarity from the Legislature, it became apparent that the Pharmacy Board now wanted to limit Physician Assistants’ ability to prescribe Schedule II drugs (specifically opioids) pursuant to their alleged power to consult with the Medical Board on the Physician Assistant Drug Formulary. As you are aware, it is the Medical Board that must approve the Physician Assistant Drug Formulary after consultation with the Pharmacy Board. 59 O.S. § 519.6(E)(1).
However, it is OAPA’s position that, consistent with the plain language of SB1322, as of November 1, 2022, Physician Assistants may prescribe Schedule II drugs, as long as they have been: (1) approved by the medical staff committee of the facility; or (2) by a direct verbal order of the delegating physician. See SB 1322; 59 O.S. § 519.6. The proposed rules, as drafted, are also consistent with the OAPA’s position on this matter.

The OAPA agrees with the proposals found in OAC 435:15-11-2(a), providing that “[t]he Drug Formulary is consistent with the categories as classified in the American Hospital Formulary Service Information Book (current).” This proposed rule is consistent with current Oklahoma law. Further, there are already protocols regarding restrictions on prescriptions for Schedule II drugs that will apply to Physician Assistants (as well as physicians). Physician Assistants are currently required to have the same standards for prescribing Schedule II drugs, including opioids. For example, 63 O.S. § 2-309I places several limitations on any practitioner prescribing opioid drugs. See 63 O.S. § 2-309I(A) (“A practitioner shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven-day supply for treatment of acute pain. Any opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug.”); 63 O.S. § 2-309I(B) (Prior to issuing initial prescription for opioid drugs, practitioners must: 1. take and document medical history; 2. conduct a physical exam; 3. develop a treatment plan; 4. access prescription monitoring information; and 5. limit the supply of the opioid prescribed for acute pain to no more than 7 days.); 63 O.S. § 2-309I(E) (If a third prescription for an opioid is required, the practitioner must enter into a patient-provider agreement with the patient).

Moreover, Physician Assistants are required to register with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (“OBN”) to be able to prescribe Schedule II drugs. OBN provides licenses in Oklahoma to Physician Assistants to be able to prescribe Schedule II through V drugs. Each license specifically indicates the level of schedules the Physician Assistant may prescribe and are issued in one (1) year intervals.

Additionally, as this Board is aware, Physician Assistants do not practice independently, they are required to have a delegating agreement with the physician(s) they are working with. 59 O.S. § 519.6, 519.6(F). The delegating physician is responsible for the formulation or approval of all orders. 59 O.S. § 519.6(C). Physician Assistants, under the direction of a delegating physician, may prescribe written and oral prescriptions and orders, including Schedules II through V pursuant to 63 O.S. § 2-312. See 59 O.S. § 519.6(E)(1). Physician Assistants may also write orders for Schedule II drugs for immediate or ongoing administration on site. 59 O.S. § 519.6(E)(2). Therefore, if a physician does not want a Physician Assistant prescribing Schedule II drugs, that limitation will be outlined in the delegation agreement. Under the expanded provisions of SB 1915, Physician Assistants are allowed to have multiple agreements with physicians. See Correspondence from Representative John Pfeiffer and Senator Kim David to Lyle Kelsey, attached as Exhibit A.

Physician Assistant’s education involves an extremely rigorous curriculum, and this education occurs within a medical school (not through online education). Physician Assistants also receive two to three times the hours of both literary and clinical training as nurse practitioners. Although nurse practitioners may open their own clinics independently,
Physician Assistants cannot. Physician Assistants are also required to have continued medical education related to addiction and pain management.

Physician Assistants have been prescribing Schedule II drugs, including opioids, in inpatient settings for decades and therefore, are not new prescribers or new to prescribing these medications. Every state, with the exception of Georgia, West Virginia, and Kentucky, allow Physician Assistants to prescribe Schedule II drugs. According to the National Practitioner Data Bank, Physician Assistants have solid track records relating to prescribing with very low DEA adverse events.

We have attached the following documents to be considered when deciding whether to adopt the proposed revisions to the administrative rules related to Physician Assistants: (1) Correspondence from Senator Kim David and Representative John Pfeiffer, attached as Exhibit B; (2) Correspondence from Elise Dunitz Brennan to the OAPA, attached as Exhibit C; (3) letter from the undersigned to the Oklahoma State Board of Pharmacy, attached as Exhibit D.

It is for the above reasons that the OAPA strongly supports the proposed changes to OAC 435:15-11-2(a). We believe that these changes are consistent with current statute—as was recently clarified by the Legislature—and in line with nationwide practices.

However, in the event the Medical Board declines to adopt the proposed changes to OAC 435:15-11-2(a), the OAPA respectfully requests the Medical Board re-insert the previous drug formulary in the rules.

Thank you for your time and consideration.

Sincerely,

Glenn Coffee
October 30, 2020

Mr. Lyle Kelsey  
Executive Director  
Oklahoma Board of Medical Licensure & Supervision  
101 N.E. 51st Street  
Oklahoma City, OK 73105

Dear Director Kelsey:

It is our understanding that a meeting was held on October 14, 2020, at the offices of the Board of Medical Licensure & Supervision with a group of interested stakeholders in attendance.

We have been told that at that meeting, several questions arose regarding the legislative intent of Enrolled Senate Bill 1915.

Let us be perfectly clear that our sole intent in implementing this legislation is to increase access to quality health care services across the State of Oklahoma, where physician assistants are often the only provider immediately available in many rural areas.

Last year, President Trump via Executive Order and CMS via policy statement directed States to implement laws that increase access to health care rather than limit access, which is exactly the intent of Senate Bill 1915. To assume otherwise is incorrect.

- One of your proposed rules deals with ratio requirements. This is in direct contradiction to the intent of Senate Bill 1915. The Board is trying to limit the number of PAs that a physician can oversee. While this provision may be well-intended, it is now very problematic, due to the implementation of SB 1915. The provisions of 59 O.S. § 519.6 deal with modern professional relationships between physicians and PAs.

  Under the provisions of SB 1915, PAs are allowed to have multiple agreements with physicians. SB 1915 also eliminates the “alternate supervision” physician previously in law. That is the clear intent of this legislation.

  To try to implement rules implying otherwise based on previous practice is a clear violation of the intent of SB 1915.

Exhibit A
Another concern is a proposed rule requiring that a physician who is working with a PA to be active in clinical practice at least 20 hours per week. This directly conflicts with the new provisions of 59 O.S. sec. 519.2(6), which only requires that a delegating physician is in good standing with the Board or the State Board of Osteopathic Examiners. The proposed rule does not conform to our intent of SB 1915. If allowed to go into effect, the rule will impact PA’s ability to enter into practice agreements with multiple physicians in the state.

Finally, we are concerned with the timely process of the rules implementation process. Please advise us as to where this process stands as of this date and your Board’s compliance with the APA.

Neither of us as the authors of Senate Bill 1915 have received a response to our concerns outlined in a letter of August 24, 2020. We hope this is just an oversight, due to the increased work load as demanded by the pandemic. We look forward to your response to this letter by no later than November 4, 2020, one day prior to the next meeting of the Board of Medical Licensure & Supervision.

While we were not invited to the October 14th meeting, please advise us of future meetings, as we are invested in the outcomes and implementation of SB 1915, and may want to attend future meetings to be available to answer questions that may arise.

Thank you for your work on behalf of the citizens of Oklahoma.

Regards,

Kim David     John Pfeiffer
State Senator    State Representative
District 18     District 38

cc: Governor Kevin Stitt
Secretary of State Brian Bingman
Secretary of Health & Mental Health Kevin Corbett
Secretary of Science & Innovation Elizabeth Pollard
Speaker Charles McCall
President Pro Tempore Greg Treat
August 24, 2020

Mr. Lyle Kelsey
Executive Director
Oklahoma Board of Medical Licensure and Supervision
101 N.E. 51st Street
Oklahoma City, OK 73105

Dear Executive Director Kelsey,

As you are aware, the Legislature passed Enrolled Senate Bill 1915 (SB 1915) in May. This legislation makes significant reforms to the Physician Assistants Act (59 O.S. §§ 519.1 - 524). As the authors of this legislation, we intended to increase the use of Physician Assistants (PAs) and allow them to be licensed efficiently. The COVID-19 crisis has shown us the need for reforms like SB 1915. SB 1915 takes effect on Friday, August 28, 2020. It is becoming clear that the Oklahoma Board of Medical Licensure and Supervision (the Board) will need to take action to review the PA rules and update them to comply with this new legislation.

We understand that administrative rules passed last year are set to take effect in September following Governor Stitt's June 25, 2020 declaration on pending rules. One of your rules changes that give us specific concerns is contained in OAC 435:10-13-1 and 435:10-13-2. These rules need to be updated with the passage of SB 1915. Portions of these rules require that a physician who is working with a PA to be active in clinical practice at least 20 hours per week. This directly conflicts with the new provisions of 59 O.S. § 519.2(6), which only require that a delegating physician is in good standing with the Board or the State Board of Osteopathic Examiners. If this rule is allowed to go into effect, it will impact PA’s ability to enter into practice agreements with physicians in the state.

Our second concern with the rules going into effect is the ratio requirements contained in OAC 435:10-13-2. The Board is limiting the number of PAs or advanced practice nurses that a physician can oversee. While this provision may be well-intentioned, it is now very problematic because of the changes in SB 1915. The provisions of 59 O.S. § 519.6 deal with the modern relationships between physicians and PAs. Under these provisions, PAs are allowed to have multiple agreements with physicians and SB 1915 does away with the alternate supervision physician previously in the law. It is now possible that a single PA will count against multiple physician’s ratios, which is not the intention of this legislation.

Exhibit B
We are aware that the Board is next scheduled to meet on September 10, 2020. As the authors of this critical legislation, we would ask that the Board reconcile the issues we cited above and update their administrative rules to comply with SB 1915. The Board must reconcile these administrative issues as soon as possible and inform the regulated community of these changes.

Please acknowledge receipt of this letter, and we would ask for a response with how the Board plans to address our concerns by August 31, 2020.

Sincerely,

Kim David    John Pfeiffer
State Senator    State Representative
District 18    District 38

cc:  Governor Kevin Stitt
Secretary of Health and Mental Health Kevin Corbett
Secretary of Science and Innovation Elizabeth Pollard
Secretary of State Michael Rogers
January 13, 2021

Allison Garrison  
Oklahoma Academy of Physician Assistants  
PO Box 1132  
Oklahoma City, OK 73101  
allisongarrisonOAPA@gmail.com

Re: Can a licensed physician assistant prescribe Schedule II drugs to patients in clinics or doctors’ offices?

Dear Allison:

There are two laws relevant to the referenced question.

First, 63 O.S. § 2-312, which is part of the Uniform Controlled Dangerous Substances Act, states:

“E. A physician assistant who is recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, pursuant to subsection D of Section 519.6 of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule II through V controlled dangerous substances.”

Second, 59 O.S. § 519.6, which is part of the Physician Assistant Act, sets the scope of practice for a physician assistant. The specific issue is reflected in subsection E, which reads as follows:

“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.

Exhibit C
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.¹

I have highlighted the parts of this law that help answer the question. But we must look at this law in its context, a subpart of section 519.6. Section 519.6 sets forth how a physician delegates responsibility to a physician assistant and how much independence he or she has. The law requires that a physician assistant have practice agreements with an allopathic or osteopathic physician and that there be appropriate delegation by the physician to the physician assistant. In assessing the answer to our question, it is significant that the delegating physician need not be physically present nor specifically consulted before each delegated patient care service is performed by a physician assistant, so long as the delegating physician can easily be contacted by the physician assistant. 59 O.S. § 519.6.C. This section describes the method of delegation to include, formulation or approval of all orders and protocols which direct the delivery of healthcare services provided by physician assistants, and other forms of delegation such as reviewing the physician assistant’s medical record, but it does not require that all forms of delegation ensue.

The question is whether a written protocol or standing orders for a physician assistant to write a prescription for a Schedule II drug when formulated and approved by the delegating physician can be used in a clinic or physician office when the prescription is not going to be administered onsite. Pursuant to the first sentence in Section E a physician assistant can clearly write an order for a Schedule II drug for immediate or ongoing use on site. But this sentence does not specifically prohibit such prescriptions if not to be administered on site. The answer to the question depends on interpretation of the requirement that the delegated physician’s written protocol also be (i) approved by the medical staff committee of the facility, or (ii) by direct verbal order of the delegating physician. The use of medical staff committee is ambiguous, but it implies a committee in a hospital. A clinic or physician’s office may not have a “medical staff committee.” If it does or establishes this policy through such a committee this proviso allows the physician assistant to prescribe Schedule II drugs. If not, the meaning of “direct verbal order of the delegating physician” is significant.

¹This same language is used in the State Board licensure regulations, but it defines “on site”. The regulation is: A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. For the purposes of this provision, as well as 59 O.S. § 519.6(D), “on-site” shall mean a:
(A) hospital,
(B) emergency room,
(C) surgicenter licensed by the department of health, or
(D) medical clinics or offices.
(E) state-owned Veterans Administration long-term care facilities with an in-house pharmacy.
But the same issue of whether the statute makes this exclusive applies.
Section E needs to be interpreted in a manner that does not undermine 59 O.S. § 519.6.C., which states:

“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…”

If the delegating physician makes a standing order or direct protocol for the prescription for Schedule II drugs in certain circumstances, and is available through telecommunications to provide advice to the physician assistant on this order or protocol when either complications are encountered or the physician assistant needs advice on these orders or protocols, (all requirements of delegation per Section 519.6 C) the statute appears to allow a physician assistant to prescribe Schedule II drugs in all health care settings. Although the words “by direct verbal order of the delegating physician” could be interpreted to mean the physician must order the Schedule II drugs for each patient encounter, this interpretation conflicts with the delegation standards in Section 519.6C. Further, the protocol and standing order necessary for appropriate delegation are written evidence of a direct verbal order of the delegating physician.

In conclusion, it is my judgment that a physician assistant may write a prescription for a Schedule II drug in a clinic or physician office if the delegating physician has set forth a protocol or standing order and the patient in need of such prescription falls within the parameters of such protocol or standing order. It is my recommendation that if possible, the words “or by direct verbal order of the delegating physician” in section 2 of 59 O.S. § 519.6.E. be eliminated. They are not necessary considering 59 O.S. § 519.6.C. and are confusing.

I have enjoyed analyzing this issue and appreciate your engagement.

Please do not hesitate to contact me if you have any questions or I can be of future assistance.

Very truly yours,

Elise Dunitz Brennan

Cc: Matt Latham
June 9, 2021

Sent via email:
mhendrick@pharmacy.ok.gov

Marty Hendrick, Pharm. D., D.Ph.
Executive Director
Oklahoma State Board of Pharmacy
2920 N. Santa Fe Ave, Ste 300
Oklahoma City, OK 73118

Re: SB 1322 taking effect on November 1, 2022, relating to Physician Assistants

Dear Dr. Hendrick:

I am writing on behalf of my client, the Oklahoma Academy of Physician Assistants (OAPA), to relay the good news regarding the passage of Senate Bill 1322 (SB 1322) which will go into effect on November 1, 2022. I have had the pleasure of working closely with the OAPA during this legislative process and I strongly believe that these changes will improve both the access and the quality of care for Oklahomans. I have attached a copy of SB 1322 to this letter for your convenience.

In light of this recent passage, I wanted to touch base with you regarding the implementation of the legislative changes by the Oklahoma State Board of Pharmacy (Board). In particular, during the meeting with the Board on September 20, 2021, it was brought to OAPA’s attention the Board viewed 59 O.S. § 519.6 and 63 O.S. § 2-312 as inconsistent and a potential limitation on the ability of PAs to prescribe Schedules II through V controlled medications. Pursuant to the discussions in that meeting, the OAP A followed through on the request to clarify the law regarding PAs prescriptive abilities related to Schedule II drugs, and SB 1322 should cure any statutory inconsistency regarding this issue.

It is clear the intention of the Legislature in passing SB 1322 was to provide clarification as to the authority of physician assistants. Along those lines, it is our belief that 59 O.S. § 519.6(E)(1) and (2) does not limit Schedule II order to immediate or ongoing administration onsite. A plain reading of Sections (E)(1) and (2) together, shows the two sections are not mutually exclusive of each other; in fact, they provide instances where a physician assistant may prescribe Schedule II drugs, including prescribing written and oral prescriptions and orders of Schedule II drugs under the direction of a delegating physician, and for immediate or ongoing administration on site if included on a written protocol that has been approved or by direct verbal order of the delegating physician. See 59 O.S. § 519.6(E)(1) and (2).

Please note that the guidance provided in the Pharmacy Law Book Rules on Appendix E incorrectly states “C-II’s are limited to orders for immediate or ongoing administration on-site pursuant to an
Oklahoma supervising physician and on-site facility approved written protocol.” Not only is this interpretation incorrect as stated above, but it also does not allow for a direct verbal order of the delegating physician in lieu of an approved written protocol as authorized by statute. We respectfully request the Board amend this guidance accordingly.

As this legislation goes into effect on November 1, 2022, we additionally request that the Oklahoma State Board of Pharmacy notify pharmacies that prescriptions for Schedule II drugs written by PAs are valid and should be filled. We are happy to assist in this request in any way to ensure a smooth transition.

Additionally, it is important to note that since some pharmacies need to update their systems regarding this change, the earlier they are notified, the better they will be able to comply with the new laws.

Thank you for your time and consideration. If you have any questions, please do not hesitate to contact me at 405-601-1616.

Very truly yours,

Glenn Coffee

Enclosure: SB 1322

cc: John Settle, Assistant Attorney General
General Counsel to Oklahoma State Board of Pharmacy
John.settle@oag.ok.gov
To whom it may concern,

My name is Chris DeLozier, and I work as physician assistant for Dr. Greg Wilson, in the field of neurosurgery in Tulsa, Oklahoma.

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s). I work with my physician in neurosurgery. We have made considerable effort to be conservative in our use of narcotics, however pain medication is a necessary part of this specialty. It is an unnecessary burden to require the supervising physician to issue the prescriptions. This is just one example of how allowing physician assistant to prescribe schedule II medications will help with patient care.

I also support reforming the ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with and believe the physicians I work with should have the power and authority to determine how we practice.

I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Chris DeLozier, PA-C, MHS
Invictus Healthcare
918-994-4000

This e-mail is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521 and is legally privileged.

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To Whom it May Concern,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants.

I work in private practice with a neurosurgeon. We have a small practice and work closely together. The inability for him to delegate to me to prescribe post op schedule IIs hinders work flow and at times can delay and complicate adequate patient care.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Best,
Koby Anderson, PA-C
To Whom it May Concern,

I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision that would adapt the rules to allow for PAs to have full Schedule II prescriptive authority and reform ratio requirements.

We live in rural western Oklahoma and my 88 year old mother recently suffered a sacral fracture. She was unable to get adequate pain control from her local mid-level providers due to the current Schedule II restrictions. It took weeks to finally get her a prescription from her oncologist who was not even treating the fracture.

It seems to me that most rural hospitals are like ours and are staffed by PAs and NPs. This is a necessity to stay open and provide care. These providers need full prescriptive authority to provide adequate and quality care.

Due to this experience in my family and this being a common occurrence in rural areas, I fully support the proposed changes.

Thank you for your time,
Bill Seitter
To Whom it May Concern,

I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision that would adapt the rules to allow for PAs to have full Schedule II prescriptive authority and reform ratio requirements.

We live in rural western Oklahoma and my 88 year old mother-in-law recently suffered a sacral fracture. She was unable to get adequate pain control from her local mid-level providers due to the current Schedule II restrictions. It took weeks to finally get her a prescription from her oncologist who was not even treating the fracture.

It seems to me that most rural hospitals are like ours and are staffed by PAs and NPs. This is a necessity to stay open and provide care. These providers need full prescriptive authority to provide adequate and quality care.

Due to this experience in my family and this being a common occurrence in rural areas, I fully support the proposed changes.

Thank you for your time,
Lisa Seitter
Medical board members and subcommittee members,

My name is Gavin Christie PA-C I am a practicing physician assistant at Integris baptist neurosurgery department. I along with my delegating physicians, Dr Stewart Smith, Dr Pal Randhawa and Dr Jeremy Phelps. Care for many Oklahomans with neurosurgical needs and postoperative spine care.

I and hundreds of others PA’s have been prescribing schedule II narcotics on an inpatient basis for many years. We have the education and training to do so on both an inpatient and outpatient basis. Allowing PAs to prescribe the outpatient script allows for continued continuity of care of my postop patients and prevents a potential delay for discharge while waiting for my surgeon to sign a script when he may be scrubbed into surgery or performing other job or personal duties. When I and other PAs have been determining the patients postop pain control needs all along. Many of my surgeons have been using my recommendations for postop pain control and signing the prescription after my recommendation. If their ever is any question i discuss the patient care and medication options with my surgeons.

We already have the opioid practice guidelines that provide guidance on acute postop prescription management for 7 days of prescriptions and mme guidelines that assist all providers PA, MDs and DO alike.

As well we have a new 4th neurosurgeon just now starting in our practice. We currently have 4 PAs and 1 NP in our practice. With the new laws of delegating physician there is no need for a ratio limit for PAs linked to a provider. (We no longer have an alternate supervising physician option and it is not needed or appropriate with the current legislative statue) if there is a limit on ratios we would not be able to cross cover for each others patients if we hire any other PAs for our new neurosurgeon or future surgeons. Without having a surgeon covering for a weekend or when a provider is out of town or on vacation.

These rules should help to clarify laws that have been passed by the legislature to allow Drs and PA to continue to provide quality healthcare for all Oklahomans.

Thank you for your time,
Gavin Christie PA-C
Integris neurosurgery PA
Past President of OAPA
Original PA board member of Oklahoma Pain Society

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the
I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thank you again for your time and consideration

Gavin Christie PA-C
Please contact me with question or further discussion
405/570-4871
Dear Medical Baird members,
Please consider and approve,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
Oklahoma Medical Board Members,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their Physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both Physicians and physician assistants. I value my relationship with the Physicians I work with, and believe the Physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thank you for all you do from a rural OK PA of 7 years.

Cassidy West, MHS, PA-C
Dear Oklahoma Medical Board Members,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Crystal Fredrickson
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.
Robin VanCleave PAC class of 2001
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Tara Watson PA-C
Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Emily E Nayar
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
To Whom It May Concern:

I am a physician assistant who has practiced for 13 years in Illinois where PAs were allowed to prescribe outpatient schedule II drugs prior to moving to Oklahoma. As a licensed physician assistant practicing in the state of Oklahoma, I want to unequivocally lend my support for the current proposed rules. Having practiced in a state where PAs could provide the standard of care for patients when it was necessary for schedule II drugs, I can attest to how restricted and lacking patient care is without this ability in the state of Oklahoma. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with having practiced a total of 17 years. I fully believe the determination of how we practice should be made at the practice level and for what is right for a particular practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Nicole Mason, DMSc, PA-C
Opposition Statement to Changes In Physicians Assistant Supervision and Prescribing

September 2022

The Oklahoma Psychiatric Physicians Association (OPPA) believes every member of the healthcare system plays a vital role and should be able to work to the fullest extent of their education and training. However, health care team members have different levels and types of education and are not equivalent or interchangeable. Oklahoma state laws require Physician Assistants (PAs) be supervised by Physicians (MD or DO). The word supervise implies that the Physician is the medical team leader and that they possess ultimate liability for the care decisions made for each patient. Changing the term “supervise” to “delegate” implies that a PA may be assigned tasks to complete independently without the oversight and counsel of a Physician. Theoretically, a Physician could “delegate” all care of the patient to a PA and then not be involved in any further care management. Additionally, once a task is “delegated,” the Physician may only be asked to participate in care decisions when the PA deems it necessary. Physician Assistant education is a fraction of that of a Physician and does not provide training in any specialty or afford the rigor of training to practice independently. Changing medical board rules to essentially sever professional relationships with Physicians and practice beyond the scope of their education, training and experience would be giving PAs a license to practice medicine without completing the necessary medical school requirements, residency, or licensing exams.

This would threaten patient safety and quality of care and create the risk for missed diagnoses, increased opioid, sedative, and benzodiazepine prescriptions, and overutilization of services (redundant tests, unnecessary visits and referrals, etc.), which then increase overall healthcare costs.

This would create more fragmentation in healthcare when the entire industry is moving in the opposite direction. We need more integrated and coordinated healthcare delivery in Oklahoma, not more silos.

The Oklahoma Board of Medical Licensure and Supervision has a responsibility to protect patients and set policies that strengthen interprofessional relationships, not weaken them.

Patients prefer to have a Physician involved in their care and deserve access to safe, high-quality care led by a Physician.

The request to increase the number of PAs for which a Physician could “supervise” or “delegate,” is not consistent with safe practice. It is not possible to safely supervise the work of six different PAs at one time. It could be possible for one Physician to have many different PAs that they supervise at different times (such as on a large hospital service or large clinic where there are many shift/personnel changes day to day). However, supervision for more than two PAs at any one given time is not be sufficient to ensure patient safety.

Allowing PAs to independently prescribe Schedule II controlled substances is dangerous. Oklahoma faces an ever worsening opioid addiction and overdose crisis that does not need to be further exacerbated. In 2017, Oklahoma had an estimated 26,000 patients diagnosable with opioid addiction with an estimated cost to the state of $5,751 million. According to the CDC, Oklahoma had a 16.2% increase in the rate of drug overdose deaths from 2019-2020. So far, the CDC is predicting a 25.22% increase in drug overdose deaths from April 2021 to Aril 2022 – which means this epidemic is worsening. Increasing the number of prescribers for controlled substances will lead to more overdose deaths, more injuries, and more addictive pharmaceuticals being diverted to the black market. Oklahoma does NOT need more Schedule II controlled substance prescribers!

References:
https://www.cdc.gov/mmwr/volumes/70/wr/mm7015a1.htm#T1_down

The Oklahoma Psychiatric Physicians Association, the Oklahoma branch of the American Psychiatric Association, is a non-profit membership organization qualifying under Section 501 (c) 6 of the Internal Revenue Code.
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,
Chasity Butler

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
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Sincerely,
Gina Powers PAC

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

IN RURAL OKLAHOMA WHERE I PRACTICE WE CAN GET PA’S TO PROVIDE HEALTH CARE. HARD TO GET MD/DO’S TO COME TO OSAGE & PAWNEE COUNTIES. OUR PATIENTS NEED THESE NEW RULES. I have practiced in Hominy in Osage County & Cleveland in Pawnee County since 1975. We really need this. Please help us and our rural patients.

Charles O’Leary PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Peggy S. Atwood, PA-C

Sent from the all new AOL app for iOS
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

As a member of the Physician Assistant Advisory Committee, I am well versed in the work that went into the formation of these rule changes. The proposed rules only expound on the PA Practice Act that is already law. There are no changes in the rules that might supersede the law. The rule making process has taken long enough and these proposed rules need to proceed to the next step of approval.

Don Flinn PA-C

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma. I want lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outline in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to modern practice to both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with Oklahoma Academy of Physician Assistants.

Thank you for your consideration,

Arnulfo A. Garcia, DMSc, PA-C, CAQ-EM
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Stephanie Garrison, PA-C
Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Todd B Pelton, PA-C, MPAS
Commander, USPHS (Ret.)
WCEI, MLT-ASCP
Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Jessica Ferguson, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Candace Sturlin PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Aaron Head PA-C
OK #865

Sent from Yahoo Mail on Android
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision.

Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants.

As a PA for almost 30 years I value decades of established relationships with the physicians with whom I have and do work alongside, caring for Oklahomans.

I strongly believe PAs should have enactment of legally endorsed and board language which reflects practice (including not only schedule II but any medications) be determined at the PA-physician level.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sheila A Walker
P O Box 22786
Oklahoma City OK 73123
405.401.3531 (personal cell)
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Keith G Plummer, MPAS, PA-C, DFAAPA
Sent from my iPhone
As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a PA to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and PAs. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of PAs.

Thank you for your consideration.

Nichole Bateman, MPAS, PA-C
AAPA GRPA Commission Chair
Cell: 918-542-0105
Email: nbatemanpac@gmail.com
Oklahoma Medical Board Subcommittee Representatives,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice.

I am also a licensee of the medical board and appreciate the role the board plays in protecting the public. Promoting restrictions of our ability to render appropriate and necessary care for Oklahomans is not protecting the public. Entire hospital groups and broad groups of patients will suffer b/c there are not enough providers to care for them without concessions, particularly for Physician ratio restrictions. We, as a collective group of medical providers, are still struggling with staffing issues amidst all the other complications. Please do not make it harder on PAs or their supervising Physicians to take care of the patients we serve. Perhaps these efforts could be reappropriated towards weeding out bad actors and improving confidence in the integrity of those the board issues licenses to practice.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kind Regards,

Natasha Simonson, PA-C
OU ICU and ER
405/802/4452
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Kendra Hurst, PA-C
Utica Park Clinic Pain Management of Tulsa
Sept. 30, 2022

Via email: lkelsey@okmedicalboard.org
Mr. Lyle Kelsey, Executive Director
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st St.
Oklahoma City, OK 73105-1821

RE: Rule change for PA prescription authority

Dear Mr. Kelsey,

As former Commissioner of the Department of Mental Health and Substance Abuse Services for the State of Oklahoma, I urge you not to expand prescribing authority for Physician Assistants with regard to Schedule II drugs.

The possibility of expanding the opioid prescribing pool by 20 percent is a bad idea with potentially dire outcomes, including a spike in overdose deaths. The progress we have made in battling the opioid crisis would be greatly diminished by this proposed change.

Since 2015 we have successfully reduced by 40% the number of opioid pills prescribed. That is approximately 130 million fewer pills. When we started our effort to decrease the number of opioid pills being prescribed Oklahoma was tied for the 4th highest number of prescriptions being written per capita in the United States! Undoing that work by adding to the prescriber base would be unconscionable not to mention deadly.

The progress we have made has been a joint effort with the medical community, state government, the business community and educators. The result has been positive and has saved lives. I’m disappointed to hear that this change was proposed somewhat covertly without involvement or support from the vast majority of groups who have been working together to address this crisis.

This issue is too important for me to remain silent. I sincerely hope you will do the right thing and not expand the number of opioid prescribers in our state.

Respectfully,

Terri White
Good evening,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Rachel M. Murphy, PA-C
To Whom It May Concern:

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Respectfully,
Joanna Hart, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Christine M Guillermo
Physician Assistant-Certified

Sent from Yahoo Mail on Android
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

-Jere Claunch, PA-C
Good Morning,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thank you,
Joni Schroeder, PA-C
Physician Assistant
Section of Thoracic Surgery
Division of Thoracic and Cardiovascular Surgery
Department of Surgery
Office: 405-271-5789
Clinic: 405-271-1632

Confidentiality Notice:
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As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Connie Hill PA-C
University Health Services
Oklahoma State University
1202 W Farm Rd
Stillwater OK 74078

Sent from my iPhone
Dear Medical Board members,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Jana Dake, PA-C
Good morning,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Hope Means PA
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Christy

Sent from my iPhone
I would like to submit my opinion that the changes in PA practice act to changing ratios to an increased number and the change of prescription ability should be allowed to prescribe “on-site” should be lifted and thereby increasing PA authorization for prescriptions as listed in the latest amendments. I agree that the ratio question and prescription of controlled substances including schedule 2 should be addressed at practice level between PA and physician. These have already been passed by the legislature and signed by the governor and would clarify and bring all relevant parties into alignment. This will greatly impact and benefit the care of all patients in Oklahoma.

I am a practicing PA in Oklahoma for 23 years. License number 988.

Thank you for your consideration.

Mark C Denney Pa-c
Sent from my iPhone
As a licensed PA, practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Eric Franklin PA-C
Ascension St. John Cardiology
To Whom it may concern,

As a licensed PA practicing in the state of Oklahoma for 14 years, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Thomas F Engle PA-C MHS CAQ EM
Fairfax Community Hospital Emergency Department Director
As a licensed Physician Assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Steve Jenks, PA-C
Sent from my iPhone
To Whom it May Concern:

As a licensed physician assistant practicing in the state of Oklahoma for many years, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. The ultimate goal of all parties involved is to efficiently and properly care for patients. I value my relationship with the physicians I work with, and believe the physician(s) I work with should have the power and authority to determine how I and my fellow Physician Assistants practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Jacqueline Hudson Hjelmstad, PA-C
OUHSC Class of 2001
As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank-you
Tod Estes MSPAS, PA-C, DMS(candidate)
Proudly serving Oklahoma, and the Cherokee Nation.
Sent by coconut telegraph.
As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Respectfully,

Brian Carter, PA-C
Sent from my iPhone

Begin forwarded message:

From: BRIAN CARTER <brithocar@yahoo.com>
Date: October 3, 2022 at 12:22:36 PM CDT
To: kevin dukes <kdukes7@cox.net>
Subject: PAs schedule II

As an orthopedic surgeon practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the PAs I work with, and believe the physicians they work with should have the power and authority to determine how PAs practice. Thank you for your consideration.

Respectfully,

Kevin Dukes, MD
Mr. Smith,

As a licensed Physician Assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration!

Respectfully,
Jason A Gates PA-C
Hello,

My name is Elizabeth Renouard and I am a PA at Integris. As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thanks,
Elizabeth Renouard, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sent from my iPhone
From: Craig Carson
To: Barbara J. Smith
Cc: Craig Carson
Subject: [EXTERNAL] Comments to proposed rules changes in Chapter 15
Date: Monday, October 03, 2022 1:25:21 PM
Attachments: image001.png
image002.png
image003.png

Dear Board of Medical Licensure and Supervision,

As an Oklahoma Physician, I want to thank the Board of Medical Licensure and Supervision for proposing the changes to Chapter 15. These changes are essential reforms that will help to expand our ability to serve patients. The proposed rules will correct many longstanding issues related to the supervision of mid-level providers and make it clear that a Physician Assistant can fully utilize their license and prescriptive authority. As a physician who uses PAs and Nurse Practitioners extensively, these rules will significantly improve our clinic's ability to serve patients and give them the highest level of care.

The proposed rules are well written and implement recent legislative reforms that our clinic has supported. After review, I feel incredibly comfortable with how the rules govern the relationship between physicians and mid-level providers. The proposed rules are an excellent reform for patients and will expand healthcare offerings across the state. These rules will have a significant impact on rural Oklahoma and our clinics in those areas if these rules are adopted.

I want to thank the Board for the opportunity to provide comments on these rules and strongly ask that the Board adopt them as drafted.

Sincerely,

Craig Carson, MD
Provider

www.okarthritis.com

Oklahoma Arthritis Center
1701 Renaissance Blvd | Edmond, OK 73013
Phone 405.844.4978 Ext 400 | Fax 405.844.0562

"The best interest of the patient is the only interest to be considered..."
William J. Mayo, M.D., 1910

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To whom it may concern:

I am writing in support of the proposed rules being considered by the Oklahoma Board of Medical Licensure and Supervision allowing Schedule II prescriptive authority for PAs in our State, and to increase the ratio of PAs that a doctor is authorized to oversee in clinical practice.

I'm a practicing PA in the State of Oklahoma (lic #1688) and a member of the Oklahoma Academy of Physicians Assistants. I strongly endorse that existing rules regulating our clinical practice not stripped or downgraded in any way. There's been a mutually beneficial relationship between doctors and PAs in this state that is now 50 years strong. Changes that would limit the ability of PAs to continue practicing in their present capacity would be a serious detriment to the people of Oklahoma, and serve to disrupt and weaken the reach of effective healthcare in our state.

The proposed amendments, as I understand them, have already been approved and signed into legislation by our governor. I would also submit to you that decisions related to PA practice continue to be strictly considered and endorsed at the PA-Physician practice level. Thank you for your consideration.

Sincerely,

Dennis McKee, PA-C
I do agree with the wording of the OAPA message urging the adoption of the current proposed rules. I am a practicing PA in Oklahoma (for 40 years), I am an OAPA member, and I do agree that the proposed changes are valid, needed, and in everyone’s best interest.

**Tad Hall, PA-C**

ER / EMS / Fire Manager  
Mercy - Love County  
300 Wanda, Marietta Ok  
73448  
c. 580-277-5227

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To Whom It May Concern:

I am a physician assistant who has practiced in Kansas for my first year after graduation from WSU. In Kansas PAs were allowed to prescribe outpatient schedule II. As a licensed physician assistant practicing in the state of Oklahoma, I want to unequivocally lend my support for the current proposed rules. Having practiced in a state where PAs could provide the standard of care for patients when it was necessary for schedule II drugs, I can attest to how restricted and lacking patient care is without this ability in the state of Oklahoma. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with having practiced a total of 6 years. I fully believe the determination of how we practice should be made at the practice level and for what is right for a particular practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Amanda Partridge, MPA, PA-C

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Dear Ms. Smith,

I'm proud of my working relationship with physician assistants. I have been working side by side with physician assistants since 1998. As an Oklahoma licensed physician, I would like to lend my support to physician assistants in Oklahoma. I pledge my support for the current proposed rules, which are being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I support the rules that would allow physician assistants' inpatient and outpatient Schedule II prescriptive authority as outlined in their delegation agreement with their delegating physician(s) and provides ratio revisions for physicians and physician assistants to account for the modern practice of medicine. Thank you for your consideration.

Jay Gregston, MD
Urgent-Med
Duncan OK
To Whom It May Concern:

My name is Jeff Burke and I have been practicing as a PA in Oklahoma City for the last 13 years. I fully support the proposed PA rules that are being considered by the Oklahoma State Medical Board. These rules are a step toward improving healthcare in Oklahoma. Oklahoma currently has one of the worst rankings among states in overall health. There remains a shortage of physicians in Oklahoma and this will only worsen as our population grows. PAs are the solution. We have the training, education and experience to meet this need. PAs are vital to delivery of healthcare in the state of Oklahoma which is vastly underserved. Please approve these rules as written. Thank you in advance for your consideration.

Sincerely,

Jeff Burke, PA-C

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Ms. Smith,

As the author of SB 1322, I want to thank the Board of Medical Licensure and Supervision for taking steps to implement this legislation into the Board's administrative rules. Our bill was designed to eliminate any doubt that Physician Assistants (PAs) could write Schedule II prescriptions and not be limited to onsite or ongoing administration. The proposed changes to Chapter 15 are consistent with SB 1322. Our goal in the legislation was to create consistency between the Physician Assistant Act and the Uniform Controlled Dangerous Substances Act. It is important to note that the bill passed both chambers of the Legislature overwhelmingly, with the Senate passing it 37 to 0 in March and the House passing it 85 to 1 in April. My colleagues were very much aware of the changes they were voting on and the need for the clarity that SB 1322 provides.

It is also worth noting that SB 1322 would not set PAs apparent from other providers. To write for a Schedule II, a PA must be appropriately registered with the Oklahoma Bureau of Narcotics and Dangerous Drugs and be subject to additional limits in the statutes, just like other providers.

As the author of this legislation, I believe the Board's proposed rules are appropriate and would ask the Board to pass them as proposed. These rules are common sense reforms to implement the recent work of the Legislature to expand access to healthcare across our state. While I understand that some groups are attempting to advocate that the Board place restrictions on PAs prescribing authority, that is not consistent with SB 1322 and other legislation passed by the Legislature. The Board has a clear duty to implement the law as passed by the legislative branch, and I believe proposed rules do precisely this.

Once again, I want to thank the Board for their hard work in implementing my legislation and continuing the Oklahoma Legislature's goal of expanding healthcare for our citizens.

Sincerely,

Representative Ryan Martinez

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As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and hold the office of Secretary and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

I currently work in Dermatology in Mustang, Oklahoma. Although Schedule II prescriptions will not have much of a direct effect on my practice, I can attest to the need of this in other fields so that my colleagues can appropriately care for the great people of Oklahoma!!

Thank you for your time,
Christy Niehues PA-C
Sent from my iPhone
To whom it may concern:

As a licensed PA practicing in the state of Oklahoma for the past 16 years, I want to urge the Oklahoma Medical Board to support and uphold the proposed Physician Assistant Administrative Rule Revisions as reflected by SB 1915 which was passed in 2020 and SB 1322 which was passed in 2022. These rules remove unnecessary burdens and enable physician assistants to more effectively provide Oklahomans with exceptional timely medical care. They prevent unnecessary disruptions in care and maximize care efficiency between the PA and their delegating physician. As we all know, Oklahoma is in the top five states with the greatest physician shortage ratios. This is only expected to worsen as we approach 2030. Much of our state is rural and low income putting patients at risk for not only access to quality healthcare but also timely medical management and continuity of care. As a PA who practices in both urgent care and orthopedic surgery, this directly relates to me as a provider being able to write or continue schedule IIIs both inpatient and outpatient as a result of surgery or endured trauma in my patients as outlined with my delegating physician. This not only preserves continuity of care but increases the quality of life of my patients and also instills confidence and trust in their medical team. We as PAs across the board are taught a very conservative approach with regard to ALL scheduled drugs and overall as a profession have an excellent profile with DEA prescribing and low DEA reporting. We are trained in the same medical model as physicians and complete required CME in substance abuse annually. With the opioid addiction crisis, PAs in most states are being utilized along with their delegating physicians to treat patients in the addiction setting which requires the ability to prescribe schedule IIIs outpatient (methadone, along with naltrexone and suboxone). Without access to skilled and trained providers in addiction medicine who can also effectively prescribe evidence based treatments, we are putting many Oklahomans at risk and failing our patients. I would urge the medical board members to adopt these revised rules passed unanimously by the PA advisory committee and give both the physician and PA the power to determine and agree on how practice should look in each individual and unique setting. It is a tremendous honor for me to provide quality healthcare to my fellow Oklahomans but there is much work to be done in the way of improving the health measures in our state. I urge you to vote YES on the proposed PA rules and thank you for your consideration.

Audra Ball, PA-C
Orthopedic surgery / Urgent care
405-921-3242
Oklahoma Medical Board of Licensure and Supervision:

As a patient who has received outstanding health care services from numerous physician assistants, I write in support of the proposed rules currently being considered by the Oklahoma Board of Medical Licensure and Supervision. I ask the Board adopt these rules as-drafted. The proposed rules update brings the Board of Medical Licensure and Supervision into full alignment with the statutory changes passed by the Legislature in 2020 and 2022. I have personally witnessed the manner in which the physician assistant-delegating physician relationship benefits patients under their care and hope the Board will affirm this relationship to its fullest extent by adopting the proposed rules.

This proposed rules update as-drafted also brings the rules regarding PAs and Schedule II drugs into accurate alignment with the statutes by clarifying the full Schedule II prescriptive authority of PAs as outlined in their delegation agreement with their delegating physician. The proposed rules do not under any circumstances add new opioid prescribers to the pool of eligible prescribers, but rather simply bring the rules into updated alignment with existing statute passed by the Oklahoma Legislature and signed by the Governor. PAs have long had the statutory authority for Schedule II prescriptive authority and your approval of these rules as a member of the Oklahoma Medical Board will affirm and keep to the existing law. The post-pandemic opioid crisis is not a crisis because of PAs or their prescriptive authority, but rather, please consider PAs a critical part of the solution to Oklahoma’s addiction crisis.

As a patient, I have received the highest quality of care from PAs in conjunction with their delegating physicians for multiple neurological deficits in the aftermath of an emergency brain surgery I required for a large subacute subdural hemorrhage in 2018. The ongoing care I have received under the care of PAs and their delegating physicians before, during, and since the pandemic has been extraordinary and has improved my quality of life post-surgery in ways in which it is difficult for me to ascribe words.

I ask that the Medical Board affirm in rules what I know to be true in practice as a patient receiving high-quality health care: that PAs are outstanding health care professionals who are regarded highly by the physicians who train them in school and work with them as delegating physicians and who deserve our gratitude for their service and commitment to patient care before, during and in the aftermath of the COVID-19 pandemic.

Vote “yes” for these rules—vote “yes” for patients.

Matthew Ball
405-315-3668 cell
mattrball@icloud.com
Dear Medical Board:

I have three comments to make:

1. SB 1915 is a law

As a citizen, as well as a PA, it concerns me that Oklahoma State SB 1915, updating the licensure of physician assistants, was signed into law on 5/21/20 by Governor Stitt, yet 2 years 4 ½ months later, the Oklahoma State Board of Medical Licensure and Supervision has yet to implement it.

A bill becomes law 90 days after being signed by the governor. Any board member advocating not enforcing or delaying enforcing this law must justify his or her motives to the board. Otherwise, she or he is causing the board not only to defy the law, but also to violate the “presumption of administrative regularity” affirmed in 59 U.S. Supreme Court cases between 1900 and 2018.

Motives for this delay can be of several kinds, from personal to public interest. Judgement can be impaired from any personal motive, so that would not be a proper justification. Motives to protect public safety or survey all affected parties are more justifiable. However, there is also an assumption that the 48 state senators, 101 state representatives, the governor and his staff have already done their due diligence. The board cannot set itself up as superior to the people’s elected representatives.

There are many differences in the American public today. The only vessel which can contain and justly resolve these differences is the rule of law. Either we respect it or we don’t. I would like to believe the Oklahoma Board of Medical Licensure and Supervision is on the side of respecting the rule of law.

2. Opiate Prescribing and PA Licensing Changes are Related but not the Same

Often what I have heard is that the reason for this delay was that the Board wanted to continue to limit who could prescribe scheduled substances, especially Schedule II’s. This doesn’t make sense. The reason for the changes in our name and our relationship with our delegating, not supervising physicians, was for PAs to keep up with changes in reimbursement definitions at the federal level. This affects PA attractiveness to prospective employers. If we can’t bring in the same reimbursement
as other mid-levels, then what do you think will be the longevity of the PA profession as a whole? And it would be a shame for the PA profession to lose out to other mid-levels who are not as well trained or experienced as PA’s! Like it or not, the medical profession made a decision long ago not to produce enough doctors to fill the shortage of medical providers and to go instead with mid-levels to fill the need. Now we are here. All we want is to continue fulfilling our mission to bring quality health care to those who need it. Changes not related to opiate prescribing shouldn’t be held up while you figure out opiate prescribing.

It’s sadly true that prescription opiate addiction and overdoses have risen to epidemic levels. I personally have lost two cousins to it (not in this state). However, PA’s have been restricted in prescribing scheduled medications since 2018. While the rate of opiate prescribing nationally has decreased in this time, the rate of opioid overdose deaths has increased in Oklahoma. This is probably due to illicit drug trade of fentanyl not from opiate overprescribing. Why are you punishing PAs for a trend for which they are not responsible?

There was an NIH study in 2015 of opiate prescribing by primary care MD’s, PA’s, and NP’s. To their credit they excluded all those providers from specialties where higher opiate prescribing would be expected, like emergency medicine, orthopedics, drug recovery centers, and terminal care. They did not include DOs in this study, and that may have altered the results. They did find that NP’s and PAs were more likely than MDs to overprescribe opiates, defined as 1) prescribing opiates to >50% of your patients, 2) prescribing > 100 MME’s (morphine milligram equivalents) to >10% of your patients, and 3) prescribing an opioid >90 days to >20% of your patients. However, there has been a lot of continuing medical education about this issue since then, and I think sensible limits on opiate prescribing have passed our legislature and should apply to all providers who prescribe opiates.

This issue too affects PA livelihood, as some employers hire PAs to do what doctors don’t want to do, including do refills, including of opiates. So, if the Board wants to limit opiate prescribing by PA’s, it may need to do some proactive education of those who hire PA’s, if they haven’t already, regarding what the changes to the opiate prescribing rules have been and will continue to be and why.

3. PA’s need an advocate on the Board

The Oklahoma Board of Medical Licensure and Supervision is not only responsible for PA licensing. This episode shows that you are also responsible for our livelihood and the future of our profession. I am retired, but I’ve heard from working PA’s how this delay has impacted their incomes. How many on the Board would appreciate to have their income disrupted for almost 2 ½ years? We need an advocate on the Board, participating in all conversations, even executive sessions, not just a PA Committee, which the Board sometimes has seen fit to ignore.

Sincerely,

Matilda K. Williams, PA-C since 1978

1021 Harding Street, Seminole, OK 74868

katherinewill@earthlink.net
September 30, 2022

Oklahoma Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Re: Physician Assistant Advisory Committee Proposed Rules

Members of the Board:

Healthy Minds Policy Initiative is a nonpartisan, dedicated team of policy and mental health experts who collaborate with state and local leaders to develop and advance innovative, data-informed policies and capacity-building approaches in the prevention and treatment of mental illness and substance use disorders for Oklahomans.

An estimated 578,000 Oklahoma adults — 1 in 5 of us — experience mental illness, and 225,000 have a substance use disorder. Too many Oklahomans go without treatment, and the consequences are felt in our families, businesses, schools, and the criminal justice system.

From 2007 to 2016, most drug overdose deaths in Oklahoma involved prescription opioids. As a result of the State of Oklahoma’s work in cracking down on prescription opioids, the rates of unintentional opioid overdose death decreased by nearly 70%. After the Covid-19 pandemic, the trends have shifted and opioid misuse is rising again.

These decreases were the direct result of policy changes made by the Legislature and leaders in our administrative agencies. In one of the most significant changes, Oklahoma adopted new prescribing guidelines in 2017 to improve communication and reduce the risk associated with prescribing opioids. Part of this change was understood to mean that PAs could only prescribe Schedule II drugs, including opioids, for onsite administration in an acute setting.

Given Oklahoma’s history, we are concerned with proposed rule changes that would expand the prescriptive authority of Physician Assistants (PAs) while also changing oversight procedures leaving PAs with less oversight and broader, potentially dangerous, prescribing power.
Removing restrictions to allow PAs to prescribe Schedule II drugs risks reversing the progress Oklahoma has made to abate the effects of the opioid crisis and prevent opioid use disorder in the future. Additionally, Schedule II drugs are defined as those with a high potential for abuse. This means that there would be a significant number of new prescribers who would be allowed to prescribe drugs that risk psychological or physiological abuse. These drugs are not limited to opioids, but also include amphetamines. Amphetamines are now the most abused drug in Oklahoma.

PAs play an important role in providing healthcare to Oklahomans, but the ability to prescribe Schedule II drugs does benefit those they serve more than the risk it poses in a state already struggling to address drug misuse and abuse.

Healthy Minds understands and acknowledges that Oklahoma has a workforce shortage and we need every practitioner serving at the top of their license, but these proposed changes risk reversing the changes Oklahoma has put in place to prevent another opioid crisis. Further, it is important to reconcile the difference between applicable rules and statutes in this area, which could be aided by requesting an opinion from the Attorney General.

Respectfully,

Healthy Minds Policy Initiative
Dear Sirs,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Anita

Anita Tanner PA-C
100 W Hayes
Norman, OK 73069

405-650-7358
Tanner5001@yahoo.com
I am writing in support of the drafted proposed PA rules. The rules as they currently stand are extremely outdated and cause confusion among PAs, physicians, employers, and others. These proposed rules have been a work in progress for over two years. There has been much work, research, and thought that has gone into them. They have not only been passed by the PA Advisory Committee to the Medical Board which includes MDs, DOs, and PAs, but were also scrutinized by a subcommittee to that Advisory Committee. Additionally, the Medical Board AAG (Thomas Schneider) was part of the process to advise on the compatibility of the law and rules. The proposed rules bring the PA Rules up to date with current statute and modern practice, providing consistency between the two.

In 2019 CMS began to use the term collaboration rather than supervision when referring to the relationship between physicians and PAs. In our legislation that year (2020 session) we negotiated with the physician groups and settled for the term delegation. We spoke with the billing companies who were accepting of the term as equal to collaboration. In the earlier years of the PA profession, PAs were supervised by physicians. A one-on-one relationship, with direct supervision. However, in modern practice, most relationships are in group practices with many physicians, PAs, NPs, nurses, etc. working together as a team. A PA may work with any of the physicians in the group on any given day. The physician may or may not be physically present. Thus, the term collaborate or delegate is more appropriate than supervise. This terminology has been changed in statute and needs to be reflected in the rules.

Next, it was the intention of SB1915 to remove the ratio of physicians to PAs. In fact, the Medical Board agreed with this and drafted emergency rules eliminating the ratio of physicians to PAs and this vote was unanimous on September 9, 2020. However, those rules were never sent to the Governor. Instead, it was agreed that the Covid Emergency Rules would cover this as there was no ratio during the Covid Emergency so that would allow time for formal rules to be drafted. However, during that same time, other rules were drafted changing the ratio to 1:6 physician:PA/NP any combo (except during covid). Again, causing greater confusion. SB1915 eliminated the "primary" and "alternate" supervising physician (which previously there could be an unlimited number of alternate supervising physicians) with the intent to eliminate the ratio and modernize the language to simply "delegating physician". So now there is the issue of MANY physicians and PAs being out of compliance with ratio rule of 1:6. The law states that a PA may have multiple delegating physicians. But the rules state that a physician is limited to 6 PAs/NPs. Therefore, myself and Jeff Burke, the Chair of the PA Advisory Committee to the Medical Board had several meetings with Lyle Kelsey and Michael Leake to negotiate provisions to the ratio, which is what is now in the drafted proposed rules. We believe this accommodates many PA/physicians but would still hold accountable those small practices that are not affiliated with hospitals and thus less likely to have stringent policies/oversight in place. Those such practices would still have to appear before the Board for approval to go outside of the ratio.

The next couple of sections that were amended were again about modernization. Some of these rules had not been changed in 20+ years. No other states have locum tenens rules and NPs do not, so we eliminated those. This was causing a barrier to practice in our state for PAs. Hospitals have policies in place that cover this practice already. The application to
practice was removed in law through SB1915. This was another barrier to practice as it delayed practice for PAs. We changed to a practice agreement that needs to be filed with the Medical Board within 10 business days of execution. This way, the agreement is between the PA and the physician(s), is based on the PA's individual training and experience (i.e.- new PA is different from a PA with many years of experience), and there isn't a lag time for when the PA can start working so patients are not waiting for care (to account to instances like when a physician leaves, moves, etc.). Home Health was inserted to align with new law as well. The "formulary" is an outdated list of categories and thus changed to a formulary book that is kept current to reflect changes in medications from year to year (such as new covid therapies).

As for prescriptive authority, PAs in Oklahoma have been prescribing schedules II-IV prescriptions inpatient for decades. In fact, we are celebrating 50 years of PAs in Oklahoma this month and I believe that is when that began. Until 2014, PAs were also prescribing hydrocodone outpatient. However, in 2014 the DEA moved hydrocodone to a schedule II. This has proved to be challenging as PAs practice across the state in most every part of medicine. More than half of the counties in Oklahoma do not have enough physicians to serve the population. PAs are used to help fill in the gaps in many rural areas, as well as urban areas. However, if schedule II pain medications or ADHD medications are needed, that is a problem. In 2019 we received notice that our statute allowed for PAs to prescribe schedule II medications on an outpatient basis in addition to inpatient. We reached out to an unbiased attorney on this matter, as did the MD Board and DO Board. All found the same conclusion. We also found that the DEA already had no restrictions for schedule IIs in Oklahoma for PAs. We met with the OBNDD. This then led to a meeting with the Directors of the Pharmacy Board, DO Board, MD Board OBNDD and me, along with several lawyers. In Fall of 2021, OBN began issuing licenses for PAs for schedule IIs for both inpatient and outpatient prescribing, where they previously had only allowed inpatient. The Pharmacy Board asked the OAPA to make sure the Pharmacy Benefit Managers would comply, which we did. Next, they asked that we fix a mis reference in the Controlled Substances Act, which we did this last legislative session (goes into effect November 1, 2022). Given this change, the AAG for the Pharmacy Board has agreed that sections E.1 and E.2 are separate, and PAs should be allowed to prescribe both inpatient and outpatient schedule IIs per statute.

There are a few very important things to note when it comes to prescribing. We recognize that you are concerned about opioids. I have personally been involved in opioid thinktanks, coalitions, and other educational groups on the matter. This is not about opening a door to opioids. This is about caring for patients in Oklahoma. Here is some valuable information in no particular order: not all PAs are going to prescribe schedule IIs outpatient. Of the ones who do, not all of those will be opioids. There are many PAs who work in Pediatrics or Family Practice who need to be able to prescribe schedule IIs for ADHD meds only, not opioids. Now, there are PAs who work in Hospice, the ER, Ortho, and other specialties where cautiously prescribing opioids is necessary. By law, PAs MUST follow the same guidelines as physicians when it comes to prescribing controlled medications. PAs must have the same CME and PMP check-ins. Next, PAs are safe prescribers. This is not anecdotal. There is plenty of data to show this. We can look to the National Practitioner Data Bank at their Data Analysis Tool. I encourage you to do so. I have attached a copy of The NPDB - Data Analysis Tool (hrsa.gov) to my email showing all DEA Adverse Events for Oklahoma since its beginning of data in 1990 for PAs, MDs and DOs. You can also look and compare other states where PAs prescribe schedule IIs outpatient. All states except for 3 (Georgia, Kentucky, and West Virginia) allow for PAs to prescribe schedule IIs. I also know there has been concern over the combination of outpatient schedule II prescribing and ratio provisions.
Instead of letting fear mongering and what-ifs get in the way of patient care, let's look at real data. Again, we can look to the NPDB data. There are 24 states without any ratio plus 9 states with ratio provisions similar to those suggested in the drafted proposed rules. DEA Adverse Events do not increase and neither do malpractice suits or disciplinary events. The fact is, PAs are highly trained medical professionals who enjoy their working relationships with physicians whom they greatly respect. Lastly, if the physician that a PA is working with does NOT want them to prescribe schedule IIIs outpatient, or even just opioids, then that can be explicitly stated in the practice agreement. That is exactly what the practice agreement is for.

Most PAs have to apply 2-3 years in order to be accepted into PA school. During that time, they are gaining medical experience, and some are getting master's Degrees in Public Health or the like. PA school is extremely rigorous. We do not go to school online. We cannot work other jobs during school because the schooling is so intense. Yet, we currently find ourselves losing jobs to Nurse Practitioners who receive 1/2-1/3 the training hours (most of whom school online). If you are receiving emails from frustrated or angry PAs, that is why. It is increasingly frustrating to have a profession that we are fighting to keep alive. While many physicians say they would rather work with a PA, PAs are being held back by outdated laws and rules while NPs who are governed by their own board are getting ahead. PAs do not want independent practice. PAs want to keep our profession alive. PAs want to be able to practice in our largely rural state and care for the patients to our fullest ability. We would love to have physicians there! Unfortunately, there just aren't enough to go around. That is the reality we are living in. So what do we do with the little old lady who falls and breaks her hip? Or the 7-year-old with ADHD? Or the 43-year-old with kidney stones? Do we admit them all to the hospital so that we can give them the meds they need because we are allowed to give it to them inpatient? Do we have them wait a week or more to see a physician? These are not extremes. These are realities. The facts are that there is need, there is a solution, there is proper data to support the solution, and there is already law in place. The rules are meant to give clarity to the law, which we greatly need. I hope that I have been of some help to you. I am more than happy to answer any questions or concerns. Please do not hesitate to contact me. I have been on all sides of this as I've been in private practice, been on faculty, and worked on the legislation. I appreciate the time and effort you are all putting into this.

Sincerely,

Allison Garrison, PA-C
OAPA Leadership and Advocacy Liaison
405-401-8446
Data Analysis Tool

- Data
- Methods
- Definitions

NPDB Data

Introduction

The Data Analysis Tool (DAT) allows you to generate datasets for Adverse Action Report (AAR) and Medical Malpractice Payment Report (MMPR) data for 1990 through June 30, 2022. You may tailor your data by using the filters available or by clicking on the map or graph. Hover over a state on the map to see detailed information for that state.

The second tab shows the number of unique practitioners for each profession (practitioner type) in the NPDB and the sum of unique practitioners per state.

Reset the dashboard to its original view by clicking Reset. Additionally, you can download the data as a CSV file.

Sign up to receive email notifications when new data is available.

Data Analysis Tool Email Reminder

To receive an email notification when the Data Analysis Tool is updated, sign up here:

Email Address

You have successfully signed up to receive updates about the Data Analysis Tool. To ensure you are able to receive NPDB email, add npdb.hrsa.gov to your Safe Sender List.

Data Use Agreement

Note: This file does not include any information that identifies individual practitioners or reporting entities. The file is designed to provide data for statistical reporting and analysis only.

Federal law (42 U.S.C. § 11137(b)) requires HRSA to present the data in this file in a form that does not permit use of the data alone, or in combination with other available information, to identify any particular health care entity, physician, other health care practitioner, or patient. Therefore, as a condition of obtaining access to the data, users agree:

1. To not use the dataset alone or in combination with other data to identify any individual or entity or otherwise link information from this file with information in another dataset in a manner that includes the identity of an individual or entity;
2. The dataset can only be used in connection with statistical reporting or analysis.

By using these data, you signify your agreement to comply with the conditions stated above.
### NPDB Data Analysis Tool

#### NPDB Practitioners

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The NPDB - Data Analysis Tool


An accessible version of NPDB data is available by downloading the Public Use Data File.

Due to the 30 day reporting window, actions taken by entities at the end of a quarter may not be reported to the NPDB until the following quarter. Actions taken during Q4 may not be reported until Q1; therefore the annual data will not be final until the Q1 data are added.

Less than 500 Medical Malpractice Payment Reports from 1990–2003 are not represented on this page due to not including either state or profession information.

Please contact npdbdatarequests@hrsa.gov with comments regarding NPDB statistics.

Methods

Data Collection

The National Practitioner Data Bank (NPDB) routinely collects information relating to medical malpractice payments and certain adverse actions taken by hospitals and other health care entities, professional societies, health plans, peer review organizations, private accreditation organizations, Federal and State licensing and certification authorities, and certain other Federal and State agencies. More information about the NPDB can be found in About Us. The report level data used in this data analysis application reflect medical malpractice payment and adverse action information, including state licensure and certification actions, clinical privileges/panel membership and professional society membership actions, and HHS/OIG and DEA actions. The term “unique practitioner” is used under the NPDB Practitioners tab to denote the following: one practitioner can be counted in multiple types and in multiple states, which would cause a summation of either category to be greater than the actual unique practitioner count.

Legislation and Regulations

The Health Care Quality Improvement Act of 1986 (HCQIA), as amended, Title IV of Public Law 99-660 (42 U.S.C. 11101 et seq.), led to the establishment of the National Practitioner Data Bank (NPDB). Title IV authorized the NPDB to collect and disclose to authorized queriers certain information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. Subsequent laws later expanded the information collected and disclosed by the NPDB and modified its operations. Most recently, Congress passed Section 6403 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148 to eliminate duplication between the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). On May 6, 2013, NPDB operations were consolidated with those of the former HIPDB. As a result of this consolidation, information previously collected and disclosed by the HIPDB is now collected and disclosed by the NPDB. This legislation established the NPDB as the single Data Bank to receive and disclose information collected under Title IV, Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act. Information is available to eligible entities based on the requirements of each law. As of May 6, 2013, this Data Analysis Tool contains practitioner reports received by the NPDB and includes state licensure and certification actions, clinical privileges/panel membership and professional society membership actions, and HHS/OIG and DEA actions.

Information reported to the NPDB is confidential and can be provided only to authorized queriers, based on their eligibility to receive the information under each of the three laws. Authorized queriers include hospitals, other health care entities with formal peer review, professional societies with formal peer review, quality improvement organizations, health plans, state licensing and certification authorities, Federal licensing and certification agencies, state law enforcement agencies, state agencies administering State health care programs, state Medicaid Fraud Units, agencies or contractors administering Federal health care programs, U.S. Comptroller General, Federal law enforcement agencies and officials, health care practitioners and health care entities, providers and suppliers (self-query), and plaintiff’s attorney/pro se plaintiffs (under limited circumstances).

Under section 426 of the Patient Protection and Affordable Care Act of 2010, as implemented by regulations at 45 CFR part 60.13(a)(2)(ix), data may be released to “a person or entity who requests information in a form which does not permit the identification of any particular health care entity, physician, dentist, or other health care practitioner.” This information is released in accordance with that provision to facilitate research use of NPDB information by persons interested in medical malpractice, licensing, discipline, and quality assurance issues.

Limitations of the Data

- Data for 1990 reflect only reports submitted on or after September 1, 1990.
- Data include reports for the 50 States, the District of Columbia, Puerto Rico, the Armed Forces, and other territories.
- Data limitations exist for various practitioner types based on the historical data reporting requirements that are described above.
- Data for this application are based on the most recent full calendar year processed by NPDB for report purposes.
- Analyses resulting from this annually-updated application may not match those obtained from the Public Use File, which is updated quarterly. The data are aggregated using variables not available in the Public Use File.

Definitions and Terms

The following vocabulary and terminology are associated with the National Practitioner Data Bank (NPDB) and apply to the NPDB, its policies, and procedures.

Adverse Action Report (AAR) - the report format used to submit actions, other than medical malpractice payments and convictions and judgments, taken against a health care practitioner, entity, provider, or supplier. AARs in this Data Analysis Tool reflect actions against health care practitioners only.

Adversely affects - reduces, restricts, suspends, revokes, or denies clinical privileges or membership in a health care entity.

Authorized agent - an individual or organization that an eligible entity designates to query the NPDB on its behalf. In most cases, an authorized agent is an independent contractor to the requesting entity (for instance, a county medical society or state hospital association) used for centralized credentialing. An authorized agent cannot query the NPDB without designation from an eligible entity.

Authorized submitter - an individual empowered by an eligible entity to submit reports or queries to the NPDB. The authorized submitter certifies the legitimacy of information in a query or report submitted to the NPDB. In most cases, the authorized submitter is an employee of the eligible entity (such as an Administrator or Medical Staff Director).

Board of Medical Examiners - a body or subdivision of such body that is designated by a State for licensing, monitoring, and disciplining physicians or dentists. This term includes boards of allopathic or osteopathic examiners, a composite board, a subdivision, or an equivalent body as determined by the State.

Clinical privileges - privileges, membership on the medical staff, and other circumstances (including panel memberships) in which a physician, dentist, or other licensed health care practitioner is permitted to furnish medical care by a health care entity.
The NPDB - Data Analysis Tool

NPDB Public Use File licensure codes are summarized in the following table:

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<td>621</td>
<td>Counselor, Mental Health</td>
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<td>Professional Counselor</td>
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<td>Sex Offender Counselor</td>
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<td>Pastoral Counselor</td>
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<td>Professional Counselor, Alcohol</td>
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<td>Professional Counselor, Family/Marriage</td>
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<td>658</td>
<td>Other Rehabilitative, Respiratory, and Restorative Service Occupation</td>
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<td>Professional Counselor, Substance Abuse</td>
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<td>Marriage and Family Therapist</td>
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<td>Art Therapist</td>
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<td>Respiratory Therapist</td>
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<td>Dance Therapist</td>
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<td>686</td>
<td>Music Therapist</td>
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<td>688</td>
<td>Other Behavioral Health Occupation - Not Classified</td>
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<td>Dietitian</td>
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<td>Nutritionist</td>
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<td>Other Dietitian/Nutritionist - Not Classified</td>
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<td>Audiologist</td>
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<td>406</td>
<td>Speech/Language Pathologist</td>
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<td>409</td>
<td>Acupuncturist</td>
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<tr>
<td>406</td>
<td>Athletic Trainer</td>
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<tr>
<td>615</td>
<td>Homeopath</td>
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<tr>
<td>624</td>
<td>Midwife, Lay (Non-Nurse)</td>
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</tbody>
</table>
The NPDB - Data Analysis Tool

Note: * Practitioners that do not have a Field of Licensure listed are not included.

Privacy Act - the law that establishes safeguards for the protection of Federal systems of records the Government collects and keeps on individual persons.

Professional review action - an action or recommendation of a health care entity:
- (1) taken in the course of professional review activity;
- (2) based on the professional competence or professional conduct of an individual physician, dentist, or other health care practitioner which affects or could affect adversely the health or welfare of a patient or patients; and
- (3) which adversely affects or may adversely affect the clinical privileges of the physician, dentist, or other health care practitioner.

The term professional review action excludes actions which are primarily based on:
- (a) the physician’s, dentist’s, or other health care practitioner’s association, or lack of association, with a professional society or association;
- (b) the physician’s, dentist’s, or other health care practitioner’s fees or the physician’s, dentist’s, or other health care practitioner’s advertising or engaging in other competitive acts intended to solicit or retain business;
- (c) the physician’s, dentist’s, or other health care practitioner’s participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
- (d) a physician’s, dentist’s, or other health care practitioner’s association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional; or
- (e) any other matter that does not relate to the professional competence or professional conduct of a physician, dentist, or other health care practitioner.

Professional review activity - an activity of a health care entity with respect to an individual physician, dentist, or other health care practitioner:
- (1) to determine whether the physician, dentist, or other health care practitioner may have clinical privileges with respect to, or membership in, the entity;
- (2) to determine the scope or conditions of such privileges or membership; or
- (3) to change or modify such privileges or membership.

Professional society - an association of physicians or dentists that follows a formal peer review process for the purpose of furthering quality health care.

Query - a request for information submitted to the NPDB by an eligible entity or authorized agent.

Report - record of a medical malpractice payment or adverse action submitted to the NPDB by an eligible entity.

Secretary - the Secretary of Health and Human Services.

Section 1128E of the Social Security Act - enacted as Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. One of the three enabling statutes underlying the NPDB. Reports collected under Section 1128E are not included in this Data Analysis Tool.

Section 1921 of the Social Security Act - enacted as Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93. One of the three enabling statutes underlying the NPDB.

Self-query - a subject’s request for information contained in the NPDB about himself or herself.

State - the 50 States, the District of Columbia, Puerto Rico, the Armed Forces, and other territories. In this tool, state is defined as the reporting entity state for state licensure actions. For clinical privileges actions in Federal agencies, state is defined as the reporting entity state for non-Federal clinical privileges actions, state is defined as the reporting entity state. If work state is not available, then the practitioner’s home state is used. If both work state and home state are unavailable, then the practitioner’s license state is used.

State Licensing Board - a generic term used to refer to State medical and dental boards, as well as those bodies responsible for licensing, certifying, or otherwise authorizing physicians, dentists, or other health care practitioners to provide health care services. See also Board of Medical Examiners, State Licensing or Certification Authority, and State Medical or Dental Board.

State Licensing or Certification Agency - defined in NPDB regulations as "includes, but is not limited to, any authority of a state (or of a political subdivision thereof) responsible for the licensing or certification of health care practitioners (or any peer review organization or private accreditation entity reviewing the services provided by health care practitioners), health care entities, providers, or suppliers. Examples of such state agencies include Departments of Professional Regulation, Health, Social Services (including State Survey and Certification and Medicaid Single State agencies), Commerce, and Insurance."

State Licensing or Certification Authority - a State Government body that: licenses, certifies, registers, or otherwise authorizes health care practitioners, entities, providers, or suppliers to provide health care services; and/or certifies physicians, dentists, other health care practitioners, entities, providers, or suppliers for participation in a Federal or State health care program. Examples of such State agencies include departments of professional regulation, health, social services (including State survey and certification and Medicaid single State agencies), commerce, and insurance.

State Medical or Dental Board - a board of medical examiners.

Title IV - Title IV of the Health Care Quality Improvement Act of 1986, Public Law 99-660. One of the three enabling statutes underlying the NPDB.

Unique Practitioner - one practitioner can be counted in multiple types and in multiple states, which would cause a summation of either category to be greater than the actual unique practitioner count.

Year - Adverse Action Reports use the year the action was taken and Medical Malpractice Payment Reports use the year of the payment.

Additional Research & Data
- Public Use Data File
- State Licensing Board Compliance Results
Dear Oklahoma Medical Board and Members,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. The current rules as written, are too restrictive for PAs to operate efficiently and at the top of their license. Hospitalist PAs can write for schedule II for ongoing administration while patients are hospitalized. The same PA should be able to write for schedule II when the patient is discharged. We have guardrails in place to limit how much schedule II is prescribed, especially when it comes to narcotics. Preventing PAs from writing schedule II prescriptions on patients under their care is an archaic rule and should be changed, in my honest opinion. PAs pledge an oath to "do no harm", just as physicians do. PA education is modeled after the American Medical Association. This in itself should play a factor in PAs gaining full prescriptive authority in Oklahoma.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Larry Hytche MHA, PA-C
Core Clinical Partners Hospitalist
Hillcrest Health System
918-230-2422
Dear Oklahoma Medical Board,

I write to comment on the proposed revisions to the PA rules attached to the email sent 9/8/22. These revisions seem to favor hospital and corporations without mentioning private practice. It does not logically follow to allow hospitals, ERs, multi-specialty, federal or community clinics to have unlimited PAs under a small amount of oversight. It makes me think that the hospitals just want to hire a large group of PAs with one doctor. I do not think that is good medical care. It is impossible for one doctor to oversee a large group of PAs and actually know what they are doing or their practice style. I have precepted many nurse practitioner students and have had two nurse practitioners and one PA work with me at my office. The training varies widely and there would be no way I could adequately ensure optimal care because it would be impossible to spend enough time with more than a few physician extenders to be confident in the quality of care. PAs have even less training than nurse practitioners and even less than medical residents. This proposed oversight seems to mean they will practice independently with possibly remote physicians who are not involved in patient care. It looks like the physicians could even be an entirely different specialty than the patients being treated by the PA. These rule revisions appear to increase the scope of practice of PAs by decreasing the oversight by physicians while not increasing the education, training or skills knowledge of PAs. I would not support the rule revisions as currently written.

Sincerely,
Jessica Keller MD, FAAP, FCP
Pediatric and Adolescent Care, LLC
As a licensed pharmacist practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision.

Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants.

I value my relationship with the physicians and physician assistants that I work with, and believe that the supervising physicians with whom the PAs work should have the power and authority to determine how they practice.

I own a small retail pharmacy. My employees strive to perform "PMPs" on all of our patients that are getting C2-C5 Rxs. Our job is to help ensure patient safety, as well as prevent drug diversion, misuse, and abuse. We perform the same checks, regardless of the authorizing prescriber.

I fully believe that certified physician assistants are capable and competent in prescribing schedule 2 medications.

Thank you for your consideration

Sincerely,
Bev Bates, PharmD

Owner/Operator
Ada Apothecary
Ada, OK
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

I also would like to add as a PA who has served Oklahoma for 26 years while having practiced in rural and urban settings, that I am frustrated to know that my colleagues are not be able to appropriately treat acute surgical patients and their prescriptive needs at discharge from the hospital without interrupting their delegating and supervising physicians for an electronic prescription that could be filled the same way by their PA. It impedes work flow in large hospital settings and ultimately affects the patient who is already at the mercy of a busy healthcare system with waiting time and delays in getting their medications filled. Laws on how many tablets can be prescribed are already in place. Rural communities face these barriers with more limitations on access. It is time that Oklahoma updates PA law so that it can allow Oklahomans to receive the care they need from their PA and delegating physician. Thank you for your consideration.

--
Jeanine Smith, MS, PA-C
To whom it may concern,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Sincerely,

Jaclyn R Magee, MHS, PA-C
As a license physicians assistant practicing in the state of Oklahoma. I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma board of medical licensure and supervision
Sincerely
Angela McCauley-Young PA 2371

Sent from my iPhone
October 3, 2022

VIA email  bsmith@okmedicalboard.org

Oklahoma Board of Medical Licensure & Supervision
PO Box 18256
Oklahoma City, OK  73154

Re:  Oklahoma Hospital Association (OHA) public comment to proposed rule changes

Dear Board:

The OHA strongly supports the proposed changes to OAC 435:15-5-10 & 435:15-11-1. As you know the OHA has been very supportive of opioid abuse prevention legislation and actions to curb abuse in our hospitals. We believe that the proposed rule changes are consistent with current statute and was recently clarified by the Legislature in 2022. OHA’s position is consistent with the plain language of SB1322, wherein Physician Assistants may prescribe Schedule II drugs beginning November 1, 2022, if they have been: (1) approved by the medical staff committee of the facility; or (2) by a direct verbal order of the delegating physician.  See SB 1322; 59 O.S. § 519.6 ).  We are supportive of the proposed rules which mirror the statute regarding order writing by PAs for Schedule II drugs for immediate or ongoing administration on site.  59 O.S. § 519.6(E)(2) if it is permitted by the physician delegation agreement.

Respectfully,

Sandra B. Harrison

Sandra Benischek Harrison, JD, MPA
Vice President of Legal and Regulatory Affairs
sharrison@okoha.com
Dear Medical Board,

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Sincerely,
Abby Moeller, PA-C

Get Outlook for iOS
Hello,

As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Haley Perez PA-C
Hello,

My name is Diem Nguyenho. As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice.

I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

--
Diem Nguyenho PA-C
Imes Sleep Services
Sleep Medicine Physician Assistant
diemtnguyenho@gmail.com
As a licensed Physician Associate practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants.

Thank you for your consideration.

Bethany R. Sallee PA-C
MHS, RDCS, RVT, RDMS
405-203-8802
Hello,

My wife is a licensed PA practicing in the state of Oklahoma, and I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, my wife can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. My wife values her relationships with the physicians she works with, and believes the physicians she works with should have the power and authority to determine how she practices. I stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Thanks,
Zachary Perez
As a licensed PA-C practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.
From: Elizabeth Garone
To: Barbara J. Smith
Subject: [EXTERNAL] Support PA Rules As Proposed
Date: Monday, October 03, 2022 9:40:52 PM

As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Respectfully,
Elizabeth Garone MHS, PA-C
Edmond, OK
Hello,

As a licensed Physician Assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Lacey Jacobs, PA-C
To whom it may concern,

As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Mike Sanderson, PA-C
McBride Orthopedics
9600 Broadway Extension
Oklahoma City, OK 73114
405-230-9540 office
As a licensed PA practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Heather Thompson, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Mary Kay Daugherty, PA-C
As a licensed physician assistant practicing in the state of Oklahoma, I want to lend my support for the current proposed rules as drafted and being considered by the Oklahoma Board of Medical Licensure and Supervision. Furthermore, I can personally attest to the validity and necessity of adapting the rules to allow for a physician assistant to have full Schedule II prescriptive authority as outlined in their delegation agreement with their physician(s) and reforming ratio requirements, which serve as a barrier to the modern practice of both physicians and physician assistants. I value my relationship with the physicians I work with, and believe the physicians I work with should have the power and authority to determine how we practice. I am a member of and stand with the Oklahoma Academy of Physician Assistants. Thank you for your consideration.

Mike Pflughoft PA-C