

## CHAPTER 15. PHYSICIAN ASSISTANTS

### SUBCHAPTER 1. GENERAL PROVISIONS

#### 435:15-1-1.1. Definitions

(a) The following words and terms, as defined in 59 O.S. § 519.2, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

~~"Alternate supervising physician" means a physician who has been delegated the duties of a supervising physician pursuant to 435:15-3-13(e)~~

"Board" means the State Board of Medical Licensure and Supervision

"Clinically inactive" means a person that was issued a physician assistant license by any jurisdiction or was employed as a physician assistant by a federal employer and within the past twenty-four (24) months has not:

- (A) practiced as a physician assistant; or
- (B) been employed by an accredited physician assistant educational program.

"Committee" means the Physician Assistant Committee.

"Delegating physician" means an individual holding a license in good standing as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants and delegates decision making pursuant to the practice agreement;

"On-site" means the following as it relates to the usage of Schedule II drugs pursuant to 59 O.S. § 519.6(E)(2)

- (A) Hospital ~~in-patients~~ inpatients;
- (B) Emergency room or an emergency department of a hospital licensed by the State Health Department as defined in 63 O.S. § 1-7019(a)(5);
- (C) ~~Surgicenters~~ Ambulatory Surgery Center licensed by the State Health Department; ~~or as defined in 63 O.S. § 2657;~~
- (D) Medical clinics or offices in cases of emergency as defined by the ~~supervising~~ delegating physician;
- (E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy as defined in 72 O.S. § 202 et. seq.;
- (F) Nursing facility as defined in 63 O.S. § 1-1902;
- (G) Correctional facility;
- (H) Hospice program as defined in 63 O.S. § 1-860.2; or
- (I) Any other setting as authorized by the delegating physician.

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

~~(b) The terms defined under 59 O.S. § 519.2 shall apply to this chapter.~~

### SUBCHAPTER 3. LICENSURE OF PHYSICIAN ASSISTANTS

#### 435:15-3-1. Qualification; application

(a) **Qualifications.** No license shall be issued unless an applicant:

- (1) Submits an application and other information pursuant to subsections (b) and (c) and remits the required fee;
- (2) Has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs. The board may also issue a license to an applicant who does not meet the educational requirement specified in this section, but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;
- (3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;
- (4) Jurisprudence examination.
  - (A) Has responded correctly to seventy-five (75) percent or greater questions on a jurisprudence examination prepared by the board staff. The examination shall include:
    - (i) The Physician Assistant Act; and
    - (ii) Significant state statutes or rule impacting physician assistant practice.
  - (B) The board shall supply the applicant with a copy of the ~~statutes~~ statutes, rules, or other material from which the examination is based while the applicant is completing the examination.
  - (C) An applicant that does not meet the requirement under subsection (4)(A)(i) after three attempts shall meet with the secretary of the board to create a study plan prior to reexamination;
- (5) Does not hold a license or registration as a physician assistant that is currently under discipline, revocation, suspension, or probation relating to practice as a physician assistant. The board may waive this paragraph (6);

- (6) Pursuant to 59 O. S. § 519.4, be of good moral character; and
- (7) For a renewal application, has met the continuing medical education requirements pursuant to 435:15-3-17.

**(b) Application.**

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

(2) Pursuant to 59 O.S. § 519.62(9), the application practice agreement shall include involve the joint formulation, discussion, and agreement on methods of delegation and collaboration for diagnosis, consultation and treatment of medical conditions.

- ~~(A) A description of the physician's practice, and~~
- ~~(B) Methods of supervising and utilizing the physician assistant, and~~
- ~~(C) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.~~

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

- (A) All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed.
- (B) Practice agreements may be filed electronically.
- (C) The State Board of Medical Licensure and Supervision shall not charge a fee for filing or amendments of practice agreements.

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

~~(3)(5) Renewal.~~

- (A) An application for renewal shall include any changes from the most recent application submitted to the board not previously submitted.
- (B) An applicant for renewal shall submit the examination under subsection (a)(4).
- (C) An application for renewal shall be submitted not later than March 31 of each calendar year.
- (D) A license shall expire if a renewal application is not submitted by March 31.
- (E) A renewal application submitted between April 1 and May 31 must be accompanied by the late fee pursuant to 435:1-1-7(a)(2)(E).
- (F) An application after May 31 shall be considered an initial application.

(4)(6) Return to practice.

- (A) Application. This subsection (a)(4) shall apply to an applicant that is clinically inactive.
- (B) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:
  - (i) Complete a reentry plan approved by the board or a board designee; and
  - (ii) Comply with any practice conditions approved by the board.

**(c) Other information.** An applicant shall submit or make available any other information the board deems necessary to evaluate the applicant.

**435:15-3-13. Supervising physician; alternatives Delegating physician**

**(a) Qualifications.**

(1) Pursuant to 59 O.S. § 519.2, a supervising delegating physician must be licensed as a physician by either the:

- (A) State Board of Medical Licensure and Supervision, or
- (B) State Board of Osteopathic Examiners.

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

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

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

~~(c) Physician assistants supervised.~~

- ~~(1) A supervising physician shall not serve as the supervising physician for more than a total of six (6) physician assistants and/or advanced practice nurses regarding their prescriptive authority.~~
- ~~(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital.~~
- ~~(3) On the request of an applicant or supervising physician, the board may waive the requirement under subsection (c)(1).~~

~~(d)(c) A physician assistant may have more than one (1) supervising delegating physician.~~

~~(e) **Alternate supervising physician.** The duties of a primary supervising may be delegated to an alternate supervising physician that:—~~

- ~~(1) Meets the requirements of this section 435:15-3-13; and~~
- ~~(2) Has a practice that is reasonably similar to the primary supervising physician.~~

**435:15-3-17. Continuing education for renewal requirements and audit**

- (a) Applicants ~~must initially licensed as a physician assistant will be exempt from reporting Continuing Medical Education (CME) credits until one year after licensure, thereafter each applicant for renewal must provide evidence~~ certify that he or /she has successfully earned completed at least twenty (20) hours of Category I Continuing Medical Education (CME) hours during the preceding calendar year.
- (b) At least one (1) hour of Category I CME shall be earned each calendar year concerning the topic of substance abuse.
- (c) The Committee shall automatically accept all Category I CME hours sponsored or approved by the state and national associations. The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physician Assistants, Inc. The applicant shall bear the cost of this requirement.
- (d) Any applicant for renewal who does not meet the requirements for continuing education by December 31 of the previous calendar year ~~may shall not renew until deficient hours are obtained and verified. Additionally, within the next calendar year the licensee will be required to obtain forty (40) hours of Category I CME. Failure to meet these additional requirements will may~~ result in further disciplinary action.
- (e) Applicants initially licensed as a physician assistant will be exempt from reporting CME hours until one year after licensure.
- (f) Audit

- (1) The Board staff will, each year, randomly, or for cause, select licensees to be audited for verification that CME requirements have been met.
- (2) Licensees who are selected for audit will receive notification and have thirty (30) calendar days from the date of correspondence to submit proof of required CMEs.
- (3) The Board staff shall review the documentation of each individual for compliance.
- (4) Licensees found to be in compliance shall be notified electronically.
- (5) Licensees found not to be in compliance shall be notified, by certified mail, within five (5) business days following the determination of non-compliance. The notification of non-compliance shall contain specific information concerning areas of deficiency, and the documentation needed to bring them into compliance.
- (6) Penalties for failure to comply with CME requirements may be assessed after notice as required by law.

**435:15-3-19. Locum tenens [REVOKED]**

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

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

**SUBCHAPTER 5. REGULATION OF PRACTICE****435:15-5-10. Prescriptions**

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

- (1) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
- (2) Prescriptions for Schedules III, IV and V drugs may be issued for up to a 30-day supply with no refills. In order for a physician assistant to prescribe a controlled substance, the physician assistant must be currently registered with the federal Drug Enforcement Administration and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- (3) 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)(E)(2), "on-site" ~~shall mean a:~~ is defined in 435:15-1-1.1.
  - (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.~~
- (4) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients a patient.

**435:15-5-11. Discipline**

(a) **Prohibited acts.** No person shall:

- (1) fraudulently or deceptively obtain or attempt to obtain a license;
- (2) fraudulently or deceptively use a license;
- (3) act contrary to this chapter 15, the Physician Assistant Act, or other laws or regulations governing licensed health professionals or any stipulation or agreement of the board;
- (4) violate any provision of the Allopathic Medical Practice and Surgical Licensure and Supervision Act as defined in 59 O.S. § 480 et. seq., and the Physician Assistant Act as defined in 59 O.S. § 519.1 et. seq., or the rules promulgated by the Board.

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

- (1) acts contrary to subsection (a);
- (2) is convicted of a felony;
- (3) is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely practice as a physician assistant;
- (4) has been adjudicated as mentally incompetent;
- (5) is physically or mentally unable to engage safely in practice as a physician assistant;
- (6) is negligent in practice as a physician assistant or demonstrates professional incompetence;
- (7) violates patient confidentiality, except as required by law;
- (8) engages in conduct likely to deceive, defraud or harm the public;
- (9) engages in unprofessional or immoral conduct;
- (10) prescribes, sells, administers, distributes, orders or gives away any drug classified as a controlled substance for other than medically accepted therapeutic purposes;
- (11) has committed an act of moral turpitude;
- (12) is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as defined in this section;
- (13) fails to cooperate with an investigation conducted by the board; or
- (14) represents himself or herself as a physician-
- (15) engages in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient;
- (16) commits any act of sexual abuse, misconduct, or exploitation related or unrelated to the licensee's practice of medicine and surgery; or
- (17) engages in predatory sexual behavior.

(c) **Actions.** The board, on finding grounds exist under subsection (b) and pursuant to the Administrative Procedures Act, 75 O.S. § 250 et seq., may:

- (1) refuse to grant a license;
- (2) administer a public or private reprimand;
- (3) revoke, suspend, limit or otherwise restrict a license;
- (4) require a physician assistant to submit to the care or counseling or treatment of a health professional designated by the board;
- (5) impose corrective measures;
- (6) impose a civil penalty or fine;
- (7) suspend enforcement of its finding thereof and place the physician assistant on probation with the right to vacate the probationary order for noncompliance; or
- (8) restore or reissue, at its discretion, a license, and remove any disciplinary or corrective measure that it may have imposed.

(d) The board may prohibit a physician who willfully and knowingly allows or participates with a physician assistant who acted contrary to this chapter 15 from supervising delegating decision making to a physician assistant.

## SUBCHAPTER 11. PRESCRIPTIVE AND DISPENSING AUTHORITY

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

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising delegating physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue ~~written and oral~~ prescriptions, orders for home health pursuant to 63 O.S. §1-1961(4), and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising delegating physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

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

(c) Prescriptions for non-controlled medications may be written for up to a ~~30-100~~-day supply with ~~two (2)~~ three (3) refills of an

agent a prescription prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications may be written for up to a 30-day supply. ~~No refills~~ Up to two refills of the original prescription are allowed. Opioid prescriptions shall be written consistent with 63 O.S. Sec. 2-309(I). In order for a physician assistant to prescribe a controlled substance in an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site as defined in OAC 435:15-1-1.1. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising delegating physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising delegating physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

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

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

(h) (g) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with written policies established by the supervising delegating physician.

#### **435:15-11-2. Drug formulary**

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

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

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

(d) Inclusionary formulary

- (1) Antihistamine agents
- (2) Anti-infectives
- (3) Autonomic agents
- (4) Blood formation and coagulation agents
- (5) Cardiovascular agents
- (6) Central nervous system agents
- (7) Diagnostic agents
- (8) Electrolyte, caloric and water balance agents
- (9) Enzymes
- (10) Expectorants, antitussives and mucolytic agents
- (11) Eye, ear, nose and throat preparations
- (12) Gastrointestinal agents
- (13) Hormone and synthetic substitutes
- (14) Local anesthetics
- (15) Skin and mucous membrane agents
- (16) Smooth muscle relaxants
- (17) Vitamins
- (18) Miscellaneous therapeutic agents