TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 15. PHYSICIAN ASSISTANTS

SUBCHAPTER 1. GENERAL PROVISIONS

435:15-1-1.1. Definitions

The following words and terms, 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:

(1) practiced as a physician assistant; or

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

"Committee" means the Physician Assistant Committee.

"On-site" means the following as it relates to the usage of Schedule II drugs:

(A) Hospital in-patients;

(B) Emergency room;

(C) Surgicenters licensed by the State Health Department; or

(D) Medical clinics or offices in cases of emergency as defined by the supervising physician

(E) State-owned Veterans Administration long-term care facilities with an in-house pharmacy.

"**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. ~~Application for licensure~~Qualification; application.

~~(a) A Physician Assistant license shall only be issued by the Board upon application filed by the physician assistant.~~

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

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

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

~~(3) The applicant shall take and complete the jurisprudence examination prepared by the staff. Seventy-five percent (75%) or above shall be a passing grade. The examination shall~~

~~cover the Act and any other significant statute, rule or material related to practice as a Physician Assistant in this state. The applicant shall be provided a copy of all statutes, rules or other material from which the examination was created and may review such material while taking the jurisprudence examination. An applicant who fails the jurisprudence examination three (3) times shall be required to meet with the Secretary in order to devise a study plan prior to taking the jurisprudence examination again. The Board has determined that the jurisprudence examination is an integral part of the application process. A passing score on the jurisprudence examination is a requirement for licensure.~~

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

~~(5) Applicants must meet other requirements as determined by the Board.~~

(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.

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

(a) The Physician Assistant Act; and

(b) Significant state statutes or rule impacting physician assistant practice.

(ii)The board shall supply the applicant with a copy of the statues, rules, or other material from which the examination is based while the applicant is completing the examination.

(iii) An applicant that does not meet the requirement under subsection (4)(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. § 519.6, the application shall include:

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

(ii) Methods of supervising and utilizing the physician assistant, and
(iii) Names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.
(3) Renewal.
(i) An application for renewal shall include any changes from the most recent application submitted to the board not previously submitted.
(ii) An applicant for renewal shall submit the examination under subsection (a)(4).
(iii) An application for renewal shall be submitted not later than March 31 of each calendar year.
(iv) A license shall expire if a renewal application is not submitted by March 31.
(v) 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).
(vi) An application after May 31 shall be considered an initial application.
(4) Return to practice.
(i) Application.This subsection (a)(4) shall apply to an applicant that is clinically inactive.
(ii) In addition to complying with the provision of this section 435:15-3-1, an applicant under this subsection (a)(4) shall:
(A) Complete a reentry plan approved by the board or a board designee; and
(B) 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.

435:15-3-12. Review; Temporary authorization to practice

~~(a) The Secretary of the Board, after review of the initial application by the Physician Assistant Committee chairperson or designee, is authorized to grant temporary authorization for an individual who has passed the examination for physician assistants to practice as a physician assistant for a period not to exceed one (1) year from the date of initial application. Initial applications shall be reviewed at the next regularly scheduled meeting of the Board and may be approved, extended or rejected by the Board. If rejected, the temporary approval shall expire immediately and notification of such action shall be sent to the supervising physician by certified mail. Such temporary authorization shall assure that the physician assistant meets the requirements for licensure as specified in 435:15-3-1.~~
~~(b) A temporary authorization to practice as a physician assistant may not be renewed.~~
~~(c) Physician assistants practicing under a temporary authorization shall not be permitted to practice in remote patient care settings except when the application has been reviewed and approved by the Secretary of the Board and Physician Assistant Committee chairperson.~~
~~(d) The supervising physician shall review the care given to every patient seen by a physician assistant practicing under a temporary authorization and countersign every patient chart within 72 hours of the care being rendered except in remote patient care setting when the application has been reviewed and approved by the Secretary of the Board and Physician Assistant Committee chairperson.~~
(a) The chair or designee of the physician assistant committee shall review each application and information submitted in support of the application and shall promptly transmit a recommendation to the secretary of the board if the application should be temporarily approved.
(b) Based on the recommendation under subsection (a), the secretary of the board may

temporarily approve a license for an applicant meeting the requirements of this chapter 15 pursuant to 59 O.S. § 519.7. A temporarily approved license shall be reviewed at the next regular meeting of the board. A temporary approval of a license shall expire if the board rejects the application.
(c) The board shall issue a license to an applicant meeting the requirements of this chapter 15.]

435:15-3-13. ~~Application to practice~~ Supervising physician; alternatives.

~~(a) The physician assistant must hold valid licensure or temporary authorization to practice as a physician assistant.~~
~~(b) The supervising physician should hold an unrestricted license to practice medicine or osteopathic medicine. If the physician's license is restricted, the Committee shall individually review the application to practice to determine the nature of the restriction and whether it will prevent the physician's ability to properly supervise the physician assistant.~~
~~(c) No health care service can be performed by a physician assistant until a completed application to practice has been filed with the Board and signed by both the physician assistant and the primary supervising physician and, if applicable, the alternating supervising physician(s).~~
~~(d) The application shall specify the specialty and scope of practice of the primary supervising physician and documentation of both the physician assistant's and physician's agreement to abide by the regulation of practice as set out in Subchapter 5 of this Chapter.~~
~~(e) The supervising physician and physician assistant shall certify to the Board that the physician assistant has prior training in and is knowledgeable of the indications, contraindications, side effects and interactions of all medications which he/she shall prescribe, order, or administer on behalf of the supervising physician.~~
~~(f) The primary supervising physician shall be responsible for the performance of the physician assistant.~~
~~(g) A physician assistant may be approved to practice under more than one application to practice.~~
~~(h) An application to practice that includes the use of remote patient care setting(s), must meet the following additional requirements:~~
~~(1) The physician assistant must document:~~
~~(A) experience in providing a comprehensive range of primary care services, under responsible physician supervision for at least one year (12 months);~~
~~(B) education in advanced cardiac life support; and~~
~~(C) such other requirements as the Committee may recommend and the Board may require.~~
~~(2) The Board may waive the requirements in (1) of this subsection for those applicants possessing equivalent experience and training as recommended by the Committee.~~
~~(i) All applications to practice shall be subject to Board review and approval.~~

(a) Qualifications.
(1) Pursuant to 59 O.S. § 519.2, a supervising physician must be licensed as a physician by either the:
(i) State Board of Medical Licensure and Supervision, or
(ii) 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 physician to supervise a physician assistant.

(b) Review. A supervising 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 four (4) physician assistants practicing at any one time.

(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) A physician assistant may have more than one (1) supervising physician.
(e) Alternate supervising physician. The duties of a primary supervising physician 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.

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

~~(a) The Secretary of the Board is authorized to grant temporary approval for an application to practice once a licensed physician assistant and physician have submitted a complete application.~~
~~(b) The temporary approval shall be reviewed at the next regularly scheduled meeting of the Board and may be approved, ex-tended or rejected by the Board. If rejected, the temporary approval shall expire immediately and notification of such action shall be sent to the supervising physician by certified mail.~~]

435:15-3-15. Approval to supervise more than two PA's [REVOKED]

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

435:15-3-16. Alternate supervising physician [REVOKED]

~~(a) An application to practice may designate one or more alternate supervising physician(s) to supervise the physician assistant.~~
~~(b) The alternate supervising physician(s) shall agree to the regulation of practice as set out in Subchapter 5 of this Chapter.~~
~~(c) The application shall specify the specialty and scope of practice of the alternating supervising physician.~~
~~(d) The primary supervising physician may temporarily delegate supervision of the physician assistant to another alternate supervising physician upon execution of an agreement signed by the primary supervising physician, the physician assistant, and the alternate supervising physician(s) provided that:~~

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

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

~~approved by the Board.~~

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

435:15-3-18. License renewal period; reinstatement [REVOKED]

~~(a) Renewal of a Physician Assistant license is due on or before March 31 of each calendar year.~~
~~(b) Failure to renew by March 31 renders the license inactive and no health care services may be performed by a physician assistant.~~
~~(c) Between April 1 and May 31 of each year, renewal of a Physician Assistant license shall require the applicant to pay a late renewal fee as set by the Board in the Fee Schedule at OAC 435:1-1-7(a)(2)(E).~~
~~(d) After May 31 of each year, an appropriate application for reinstatement must be filed with and approved by the Board along with payment of an initial application processing fee.~~
~~(e) The renewal application shall require notification to the Board of any changes that have occurred in the application to practice during the previous calendar year.~~
~~(f) At the time of renewal, the applicant shall take and complete the jurisprudence examination prepared by the staff. Seventy-five percent (75%) or above shall be a passing grade. The examination shall cover the Act and any other significant statute, rule or material related to practice as a Physician Assistant in this state. The applicant shall be provided a copy of all statutes, rules or other material from which the examination was created and may review such material while taking the jurisprudence examination. The license will not be renewed until a successful score is received on the jurisprudence examination.~~

SUBCHAPTER 5. REGULATION OF PRACTICE

435:15-5-1. Supervision; physician responsibility; independent care prohibited [REVOKED]

~~(a) The health care services performed by a physician assistant shall be done under the supervision of a physician who retains responsibility for patient care, although the physician need not be physically present at each activity of the physician assistant nor be specifically consulted before each delegated task is performed.~~
~~(b) A physician assistant must function only under the supervision of a licensed physician. Nothing in the Physician Assistant Act shall be construed to permit physician assistants to provide health care services independent of physician supervision. Physician supervision shall be conducted in accordance with the following standards:~~

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

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

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

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

~~(5) In remote patient care settings, the supervising physician shall be present in the facility~~

at least one-half day each week the facility is in operation. The Committee may recommend that the physician be present more than one-half day each week the facility is in operation based upon the training and experience of the physician assistant and other factors the Committee shall review. This shall be subject to Board review and approval.

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

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

435:15-5-1.1. Health care services performed and prohibited [REVOKED]

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

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

(2) Assist the physician in conducting rounds in acute and long-term inpatient care settings, develop and implement patient management plans, record progress notes, and assist in the provision of continuity of care in other patient care settings.

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

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

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

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

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

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

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

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

(A) is within the physician assistant’s skill,

(B) forms a component of the physician’s scope of practice, and

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

(b) **Heath care services prohibited.**

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

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

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

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

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

435:15-5-2. Patient care setting [REVOKED]

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

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

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

(b) Applications for approval shall:

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

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

(3) Furnish job descriptions and duration of program.

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

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

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

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

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

A physician assistant education program 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 shall be considered approved for the purposes of the Physician Assistant Act.

435:15-5-10. Prescriptions

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

~~(b) 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 supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician.~~
~~(c) Written prescriptions shall be issued in the format and in accordance with the Physician Assistant Drug Formulary, listed in Subchapter 11 of this Chapter, as established by the Board in consultation with the Oklahoma State Board of Pharmacy.~~
~~(d) All written prescriptions and orders for drugs shall be written on the prescription blank of the supervising physician and must bear the name and phone number of the physician, the printed name and license number of the physician assistant, the original signature of the physician assistant, and any other information the Board may require. If more than one physician name appears on the prescription blank, the physician assistant shall indicate which is the supervising physician.~~
~~(e) A physician assistant may not issue prescriptions or orders for drugs and medical supplies that the physician is not permitted to prescribe.~~
~~(f) A physician assistant may not dispense drugs but may request, receive and sign for professional samples and may distribute professional samples to patients.~~
The following apply to a physician assistant who has been delegated prescriptive authority that has been approved by the board:
(a) A prescription or order for medical supplies and ancillary services issued by a physician assistant may be written, electronic, or oral.
(b) 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.
(c) 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:
(1) hospital,
(2) emergency room,
(3) surgicenter licensed by the department of health, or
(4) medical clinics or offices.
(5) state-owned Veterans Administration long-term care facilities with an in-house pharmacy.
(d) A physician assistant may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.

435:15-5-11. ~~Grounds for disciplinary action~~ Discipline

~~(a) The Board may reprimand or place on probation any holder of a physician assistant license, or may limit, suspend or revoke prescription privileges, or may revoke or suspend any license issued to a physician assistant for unprofessional conduct. Acts that constitute unprofessional conduct include, but are not limited to:~~
~~(1) Habitually uses intoxicating liquors or habit-forming drugs.~~
~~(2) Conviction of a felony or of a crime involving moral turpitude.~~
~~(3) Obtaining or attempting to obtain a certificate as a physician assistant by fraud or~~

~~deception.~~

~~(4) Negligent while in practice as a physician assistant or violating the Code of Professional Ethics adopted by the American Academy of Physician Assistants, Inc.~~

~~(5) Being adjudged mentally incompetent by a court of competent jurisdiction.~~

~~(6) Failing to timely make an application for renewal.~~

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

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

(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 Medical Practice Act 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.

(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 a physician assistant.

SUBCHAPTER 7. ADVISORY COMMITTEE [REVOKED]

435:15-7-1. Physician Assistant Advisory Committee [REVOKED]

~~(a) The Physician Assistant Committee shall be composed of those members defined by law to serve a term of five (5) years, except for the initial Committee appointed pursuant to law for staggered terms of less than five (5) years.~~
~~(b) The Committee will carry out the activities defined by law and submit recommendations to the Board for action.~~
~~(c) The Committee shall advise the Board on all matters pertaining to physician assistants including, but not limited to:~~
~~(1) Educational standards required to practice as a physician assistant.~~
~~(2) Licensure requirements required to practice as a physician assistant.~~
~~(3) Methods and requirements to assure the continued competence of physician assistants after licensure.~~
~~(4) The drugs and other medical supplies that physician assistants are permitted to issue prescriptions under the direction of their supervising physician as defined on the Physician Assistant Drug Formulary.~~
~~(5) The grounds for revocation or suspension of a license for a physician assistant.~~
~~(6) Assist and advise in all hearings involving physician assistants who are deemed to be in violation of Title 59 O.S., Sections 519 through 524 or the rules of the Board.~~
~~(7) Education and experience requirements to practice in remote patient care settings.~~
~~(8) All other matters which may pertain to the practice of physician assistants.~~
~~(d) The Committee shall meet at least quarterly prior to each regularly scheduled meet ing of the Board, and at such other times as the Board or Committee shall require.~~

SUBCHAPTER 9. GUIDELINES FOR THE UTILIZATION OF PHYSICIAN ASSISTANTS [REVOKED]

435:15-9-1. General responsibilities and obligations [REVOKED]

~~(a) The physician assistant is an agent of a specific licensed physician or group of physicians. The physician assistant is licensed only to perform health care services as authorized by law under the supervision and at the direction of the responsible physician or group of physicians.~~
~~(b) While licensure as a physician assistant under 59 O.S. 519 is the responsibility of the individual applicant, the approval to practice as a physician assistant is a joint act of the physician assistant and the responsible physician(s). This implies that each party agrees to the terms and provisions specified in the approval process.~~
~~(c) It is recognized that there are an infinite variety of acts, tasks and functions that might be delegated to a physician assistant, and an infinite variety of settings and circumstances under which these services might be performed. The sections which follow represent an attempt by the Board to clarify its understanding of the obligations of the licensed physician and his/her~~

~~physician assistant in several of the more common settings. This list is not intended to be all inclusive but merely representative of the current thoughts and policies of the Board. These understandings are considered as having been accepted by the physician assistant and supervising physician unless other-wise described in the approval to practice.~~

435:15-9-2. Supervision [REVOKED]

~~(a) Proper physician supervision of the physician assistant is essential. Supervision implies that the physician regularly and routinely reviews, and is involved in the health care services delivered by the physician assistant. Supervision also implies that the physician is directing the care delivered by the physician assistant. This may be done by establishing standards and protocols in advance of the care to be given, which the physician assistant will follow in delivering care; directly observing at the time the act or function is performed; or reviewing the care given through chart reviews and audits. While each type of supervision is important, the most essential aspect is that supervision is provided frequently and on an on-going basis. At the same time, it is important for the physician assistant to recognize his/her own limitations and to seek appropriate physician supervision and consultation whenever the physician assistant is unsure about a particular patient problem or treatment.~~

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

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

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

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

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

435:15-9-3. New patients [REVOKED]

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

~~(b) It is assumed by the Board that the physician will be actively involved in the initial care of any new patient seen in the practice. This means that, wherever possible, the physician will personally see the new patient at some point during the initial clinic visit. Where this is not possible, such as in remote patient care settings, the physician assistant shall make clear to the patient that he/she is a physician assistant and not a physician, and under whose supervision he/she is providing care. The physician assistant shall display identification on his or her person identifying him/herself as a "Physician Assistant" and shall keep his/her license available for inspection at the primary place of business. In addition, the patient shall be scheduled to see the physician at their next scheduled clinic appointment which shall conform to the following provision in law: "In patients with newly diagnosed chronic or complex illness, the physician~~

assistant shall contact the supervising physician within forty-eight (48) hours of the physician assistant's initial examination or treatment, and schedule the patient for appropriate evaluation by the supervising physician as directed by the physician." [Title 59 O.S., Section 519.6(C)]

435:15-9-4. Setting [REVOKED]

(a) **Office setting.**

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

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

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

(b) **Hospital setting.**

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

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

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

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

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

(4) Initial orders may be delegated to a physician assistant. These activities are very important in that they involve the function of others, such as the R.N. and L.P.N. assigned to the ward. Copies of all standing orders that the physician has delegated to the physician

assistant to order on his/her behalf should be on file in the hospital and available to the nurse accepting such orders as a means of assurance that these orders are emanating from the responsible physician and that they are within the authority which the physician has delegated to the physician assistant. All orders should be checked and countersigned by the responsible physician at his/ her next visit to the hospital, which should usually occur within 24 hours.

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

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

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

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

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

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

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

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

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

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

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

(10) The physician assistant working in the hospital setting might be delegated any of a

wide variety of procedures to be performed on patients under the care of the responsible physician. The delegation of these procedures implies that the physician is satisfied that the physician assistant has the requisite skill, and that the physician agrees with the technique and the safeguards under which the procedure is performed. The physician must not delegate tasks in which he/she is not capable of judging the quality of the skill and technique employed by the physician assistant.

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

(c) **Emergency room setting.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(f) **Anesthesia setting.**~~

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

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

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

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

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

435:15-9-5. Understanding and variance from guidelines [REVOKED]

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

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

SUBCHAPTER 11. PRESCRIPTIVE GUIDELINES AND DRUG FORMULARY

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 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 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 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 physician.

(c) Prescriptions for non-controlled medications may be written for up to a 30-day supply with two (2) refills of an agent 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 of the original prescription are allowed. 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. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising 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 physician. The supervising 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 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) 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 physician.
~~(i) Physician assistants practicing in patient care settings that are part of the State Department of Health, State Department of Mental Health, or other special patient care settings designated by the Board are permitted to dispense medications directly to patients as directed by the supervising physician in written protocol, standing or direct order. Except for samples, Physician assistants may not dispense drugs in any other practice care setting.~~

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 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 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).

(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

~~(e) Exclusions to the Drug Formulary~~

~~(1) Anti-infective agent - Chloramphenicol~~

~~(2) Anti-neoplastic agents - Anti-neoplastic agents used in the treatment of cancer are excluded except that a physician assistant whose supervising physician specializes in hematology/oncology may not originate a prescription for therapy but may be allowed to modify and continue previously established anti-neoplastic therapy.~~

~~(3) Eye agents~~

~~(A) Steroid-containing ophthalmic preparations~~
~~(B) Carbonic anhydrase inhibitors~~
~~(C) Miotics~~
~~(D) Mydriatics~~
~~(E) Physician assistants whose supervising physician's scope of practice includes eye care may prescribe the above eye agents.~~

~~(4) Hormone and synthetic substitutes~~

~~(A) Antithyroid agents~~
~~(B) Pituitary hormones and synthetics~~

~~(5) Oxytocics - All agents are excluded under the oxytocics category~~

~~(6) Skin and mucous membrane agents~~

~~(A) Cell stimulants and proliferants~~
~~(B) Keratolytic agents~~

(C) Keratoplastic agents
(D) Depigmenting and pigmenting agents
(E) Physician assistants whose supervising physician's scope of practice includes skin care may prescribe the above agents.

(7) Miscellaneous therapeutic agents - Physician assistants whose supervising physician's scope of practice includes disorders of connective tissues may prescribe disease-modifying anti-rheumatic drugs (DMARDs).

(8) All Schedule I controlled drugs are excluded.

APPENDIX A. PHYSICIAN ASSISTANT PROTOCOL [REVOKED]

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

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

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

Signed:_____MD/DO