

TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 10. PHYSICIANS AND SURGEONS
SUBCHAPTER 1. GENERAL PROVISIONS

435:10-1-4. Definitions [AMENDED]

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Act" means the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. §§ 480 **et seq.**

"APA" means either or both Article I and Article II, as applicable of the Administrative Procedures Act, 75 O.S.1991, §§ 250 **et seq.**, as amended.

"Applicant" means a person who applies for licensure from the Board.

"Board" means the Oklahoma Board of Medical Licensure and Supervision.

"Foreign applicant" means an applicant who is a graduate of a foreign medical school.

"Foreign medical school" means a medical school located outside of the United States.

"Originating site" means the location of the patient at the time the service being furnished via a telecommunications system occurs.

"Distant site" means the location of medical doctor providing care via telecommunications systems.

"Patient" means the patient and/or patient surrogate.

"Physician/patient relationship" means a relationship established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, actual face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules except as allowed in OAC 435:10-7-12 in this Subchapter. The act of scheduling an appointment, whether by a physician or by a physician's agent, for a future evaluation will not in and of itself be considered to establish a physician/patient relationship.

"Supervision and Control" means the physical presence of the supervising physician in the office or operating suite before, during and after the treatment or procedure and includes diagnosis, authorization and evaluation of the treatment or procedure with the physician/patient relationship remaining intact.

"Surrogate" means individuals closely involved in patients' medical decision-making and care and include:

- (A) spouses or partners;
- (B) parents;
- (C) guardian; and
- (D) other individuals involved in the care of and/or decision-making for the patient.

"Telemedicine" means the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telemedicine management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine (Oklahoma Statutes, Title 36, Sec. 6802). This definition excludes phone or Internet contact or prescribing and other forms of communication, such as web-based video, that might occur between parties but that does not

meet the equipment requirements as specified in OAC 435:10-7-13. Telemedicine physicians who meet the requirements of OAC 435:10-7-13 do not require a face to face encounter. Telemedicine does not include treatment of chronic pain or robotic surgery.

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 10. PHYSICIANS AND SURGEONS
SUBCHAPTER 7. REGULATION OF PHYSICIAN AND SURGEON PRACTICE**

435:10-7-12. Establishing a physician/patient relationship; exceptions [NEW]

A physician/patient relationship is established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules except the following providers are not subject to the face-to-face encounter:

- (1) providers covering the practice of another provider may approve refills of previously ordered medications if they have access to the medical file of the patient.
- (2) Hospice medical directors may initiate prescriptions based on requests from licensed health care providers and on information from Hospice records.
- (3) Providers ordering appropriate medications for persons with laboratory-proven, sexually transmitted diseases and persons who have been in contact with certain infectious diseases.
- (4) Telemedicine physicians who meet the criteria set out in OAC 435:10-7-13 of this Subchapter.
- (5) Licensed healthcare providers providing medical immunizations, which may be implemented by means of standing order(s) and/or policies.

435:10-7-13. Telemedicine [NEW]

a. Physicians treating patients in Oklahoma through telemedicine must be fully licensed to practice medicine in Oklahoma; and

b. Must practice telemedicine in compliance with standards established in these rules. In order to be exempt from the face-to-face meeting requirement set out in these rules, the telemedicine encounter must meet the following:

1. **Telemedicine encounters.** Telemedicine encounters require the distant site practitioner to perform an exam of a patient at a separate, remote originating site location. In order to accomplish this, and as a requirement of this rule, a licensed healthcare provider trained in the use of the equipment must be available at the originating site to “present” the patient, manage the cameras, and perform any physical activities to successfully complete the exam. A medical record must be kept and be accessible at both the distant and originating sites, preferably a shared Electronic Medical Record, that is full and complete and meets the standards as a valid medical record. There should be provisions for appropriate follow up care equivalent to that available to face-to-face patients. The information available to the distant site physician for the medical problem to be addressed is equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and meets all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and

initiating a treatment plan with appropriate discussion and informed consent.

2. Equipment and technical standards

A. Physicians providing telemedicine medical care must comply with all relevant safety laws, regulations, and codes for technology and technical safety. Organizations shall meet required published technical standards for safety and efficacy for devices that interact with patients or are integral to the diagnostic capabilities of the practitioner when and where applicable.

B. Telemedicine technology must be sufficient to provide the same information to the provider as if the exam has been performed face-to-face.

C. Telemedicine encounters must comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) security measures to ensure that all patient communications and records are secure and remain confidential.

3. Technology guidelines

A. Audio and video equipment must permit interactive, real-time communications.

B. Video screens must be of sufficient size, quality and resolution for the size and layout of the room at the originating site.

C. Video cameras must provide high quality resolution and clarity.

D. Audio equipment must provide clear and audible sound.

E. A network connection must have sufficient bandwidth so that no audio or video latency, jittering or artifacting exists.

F. Lighting must be sufficient for the size and layout of the room at the originating site.

G. Technology must be HIPAA compliant.