

Policy for Mid-Level Exception Requests

Policy Number:	OSBOE-P003
Adopted by Board:	September 18, 2025, <i>updated September 10, 2026</i>
To be Reviewed:	2028

Purpose:

This policy defines the requirements and process for requesting exceptions to the supervision rules established in the Oklahoma Administrative Code, Title 510.

Relevant Citations:

510:10-4-2. Definitions

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

"Board" means the State Board of Osteopathic Examiners.

"High-Risk Procedures" means a procedure that, due to its technical nature, the patient's health status, or potential complications, requires time-sensitive supervisory review by a physician.

"Mid-level practitioners" include physician assistants and advanced practice nurses.

"Primary Care Medicine" means the practice of medicine with emphasis on emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics and gynecology.

"Proper physician supervision" means the supervising physician **regularly** and **routinely reviews** the **prescriptive practices** and **patterns** of the mid-level practitioners. Proper physician supervision of mid level practitioners is essential.

510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permits.

- (2) Shall be trained and fully qualified in the field of the mid-level practitioners specialty.
- (b) A physician shall not supervise more than six (6) mid-level practitioners.
- (c) The Board may make an exception to any limit set herein upon written request of the physician. Exception requests for rural primary care shall be given priority by the Board.**
- (d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise up to seven (7) or more mid-level practitioners between regularly scheduled meetings of the Board.
- (e) Supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The physician shall report to the Board and any mid-level practitioner under their supervision of any changes to the supervising relationship within thirty (30) days and update the supervision agreement as necessary. The written agreement shall comply with Oklahoma law and should include to the extent necessary, the following:
- (1) Defining the oversight and acceptance of responsibility for the ordering and transmission of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies;
 - (2) Provisions for continuous availability of direct communication either in person or by electronic communication;
 - (3) A review process of prescribing patterns of the mid-level provider;
 - (4) The delegation of one or more alternative physicians in the absence of the supervising physician; and
 - (5) delineation of a plan for emergencies.
- (f) Supervising physicians who choose to charge for their time related to supervision, may charge a reasonable fee to provide supervision services. The fee should be negotiated considering fair market value hourly rate not to exceed the rate set in Board Policy. The fee shall be disclosed in the supervision agreement.
- (g) All supervising osteopathic physicians shall visit each location in which he or she supervises mid-level practitioners at least once a month.
- (h) The Board may make an exception to the monthly in person visit requirement at the request of the physician for a telemedicine exclusive practice in which the physician is located out of state at an unreasonable distance for monthly visits. Exception requests for rural primary care shall be given priority by the Board.

(i) To ensure appropriate levels of chart review of mid-level practice, all supervising osteopathic physicians shall ensure a physician shall review at least fifteen percent (15%) of patient charts recording treatment by the supervised mid-level practitioners each month. The supervising osteopathic physician, or their delegate, shall make a note in the chart attesting that it has been appropriately reviewed.

(j) To ensure appropriate levels of chart review, a supervising physician shall develop a list of High-risk procedures, for each mid-level practitioner. The performance of any of those procedures by the respective mid-level practitioner shall, in each instance, be reviewed by the physician within twenty-four (24) hours of treatment.

(k) A physician may not supervise a mid-level provider who is an immediate family member, however, this prohibition shall not apply to family members outside the second degree of consanguinity or affinity.

Procedure:

The Board requires that the written exception request explains the plan for supervision and demonstrates why such an exception is needed.

This packet shall be submitted by the physician to be presented to the Board at its next regularly scheduled meeting. The physician is to appear, in person or via Teams, to provide any additional information and answer questions of the Board before a determination is made. Each exception is made on a case-by-case basis. **If the physician is not requesting an exception to the limit of mid-levels being supervised, see “For Other Exception Requests” below.**

General Section of Packet

The general section of the packet shall include:

1. A statement as to where the physician and the mid-levels practice;
2. A statement as to whether the practice of each practitioner is rural;
3. A statement as to whether the practice of each practitioner is for primary care;
4. A statement that the mid-level is not an immediate family member of the supervising physician, 510:10-4-3; and
5. Attached to the packet must be copies of the physician's full and unrestricted Oklahoma license to practice osteopathic medicine, the physician's full and unrestricted Drug Enforcement Agency (DEA) permit(s), and the physician's full and unrestricted Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) permit(s).

Current Mid-Level Section of Packet

The section detailing the physician's current supervision of mid-levels shall include:

6. A list of all current mid-level practitioners. Each practitioner must be identified separately by name, practice hours, practice location(s), and type of general duties performed;
7. An outline for each mid-level on how the supervising physician **regularly** and **routinely** reviews the **prescriptive practices** and **clinical treatment patterns** of the mid-level practitioner;
8. An outline for each mid-level on how the supervising physician is trained and fully qualified in the field of the mid-level practitioner's specialty;
9. The frequency that the physician visits and directly observes the duties of each mid-level;
10. State the percentage of patient charts reviewed and the frequency of review of each mid-level;
11. A list of any High-risk procedures performed, by each midlevel practitioner; and
12. Attached to the packet must be the written agreement of each mid-level practitioner.

Proposed Mid-Level Section of Packet

The section detailing the physician's proposed supervision of mid-levels shall include:

13. A list of all proposed mid-level practitioners. Each practitioner must be identified separately by name, practice hours, practice location(s), and type of general duties performed;
14. An outline, for each proposed mid-level, on how the supervising physician will regularly and routinely review the prescriptive practices and clinical treatment patterns of the mid-level practitioners;
15. An outline, for each proposed mid-level, on how the supervising physician is trained and fully qualified in the field of the proposed mid-level practitioner's specialty;
16. State the frequency that the physician will visit and directly observe the duties of each mid-level;
17. State the percentage of patient charts reviewed and the frequency of review of each proposed mid-level;
18. A list of any High-risk procedures that will be performed, by each proposed mid-level practitioner;

While not required, it is recommended that the physician attach a chart showing the names and practice locations of each current and proposed mid-level.

For Other Exception Requests:

If the physician is making a request unrelated to mid-level supervision, the general section of the packet and a detailed explanation of the physician's request must be submitted with relevant documentation to support the request.