

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3965 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Marcus McEntire _____

Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 59th Legislature (2024)

3 PROPOSED COMMITTEE
4 SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 3965

By: McEntire

7 PROPOSED COMMITTEE SUBSTITUTE

8 An Act relating to physician assistants; amending 59
9 O.S. 2021, Section 353.1a, which relates to the
10 Oklahoma Pharmacy Act; clarifying which prescriptions
11 for controlled dangerous substances pharmacists may
12 dispense; amending 59 O.S. 2021, Sections 519.2,
13 519.3, 519.6, 519.11, as amended by Section 1,
14 Chapter 164, O.S.L. 2022, and 521.2 (59 O.S. Supp.
15 2023, Section 519.11), which relate to the Physician
16 Assistant Act; modifying definitions; increasing the
17 number of Physician Assistant Committee members;
18 clarifying certain requirements for the chair;
19 increasing member requirements for a quorum; adding
20 provisions regarding postgraduate clinical practice;
21 clarifying filing requirements for practice
22 agreements; clarifying language regarding practicing
23 medicine, prescribing drugs, and using medical
24 supplies under a practice agreement; modifying
25 billing and payment authority; amending 63 O.S. 2021,
26 Section 1-317, as amended by Section 1, Chapter 184,
27 O.S.L. 2022 (63 O.S. Supp. 2023, Section 1-317),
28 which relates to the Oklahoma Public Health Code;
29 clarifying the authority of physician assistants to
30 carry out certain functions; amending 63 O.S. 2021,
31 Sections 2-101, as last amended by Section 1, Chapter
32 375, O.S.L. 2023, and 2-312, as amended by Section 2,
33 Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2023,
34 Sections 2-101 and 2-312), which relate to the
35 Uniform Controlled Dangerous Substances Act;
36 modifying definitions related to physician
37 assistants; clarifying which physician assistants may
38 prescribe and administer certain controlled
39 substances; repealing 59 O.S. 2021, Section 521.4,

1 which relates to physician supervision and practice
2 agreements; and declaring an emergency.

3
4 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

5 SECTION 1. AMENDATORY 59 O.S. 2021, Section 353.1a, is
6 amended to read as follows:

7 Section 353.1a A. Prescribing authority shall be allowed,
8 under the medical direction of a supervising physician, for an
9 advanced practice nurse recognized by the Oklahoma Board of Nursing
10 in one of the following categories: advanced registered nurse
11 practitioners, clinical nurse specialists, or certified nurse-
12 midwives. The advanced practice nurse may write or sign, or
13 transmit by word of mouth, telephone or other means of communication
14 an order for drugs or medical supplies that is intended to be
15 filled, compounded, or dispensed by a pharmacist. The supervising
16 physician and the advanced practice nurse shall be identified at the
17 time of origination of the prescription and the name of the advanced
18 practice nurse shall be printed on the prescription label.

19 B. Pharmacists may dispense prescriptions for non-controlled
20 prescription drugs authorized by an advanced practice nurse or
21 physician assistant, not located in Oklahoma, provided that they are
22 licensed in the state in which they are actively prescribing.

23 C. Pharmacists may only dispense prescriptions for controlled
24 dangerous substances prescribed by ~~an~~ an:

1 1. An advanced practice nurse or physician assistant licensed
2 in the State of Oklahoma and supervised by an Oklahoma-licensed
3 practitioner; or

4 2. Physician assistant licensed in the State of Oklahoma and
5 supervised by an Oklahoma-licensed practitioner.

6 SECTION 2. AMENDATORY 59 O.S. 2021, Section 519.2, is
7 amended to read as follows:

8 Section 519.2 As used in the Physician Assistant Act:

9 1. "Board" means the State Board of Medical Licensure and
10 Supervision;

11 2. "Committee" means the Physician Assistant Committee;

12 3. "Practice of medicine" means services which require training
13 in the diagnosis, treatment and prevention of disease, including the
14 use and administration of drugs, and which are performed by
15 physician assistants so long as such services are within the
16 physician assistants' skill~~7~~. For a physician assistant required to
17 practice under supervision of a delegating physician, services form
18 a component of the physician's scope of practice, and are provided
19 with physician supervision, including authenticating by signature
20 any form that may be authenticated by the delegating physician's
21 signature with prior delegation by the physician;

22 4. ~~"Patient care setting" means and includes, but is not~~
23 ~~limited to, a physician's office, clinic, hospital, nursing home,~~
24 ~~extended care facility, patient's home, ambulatory surgical center,~~

1 ~~hospice facility or any other setting authorized by the delegating~~
2 ~~physician;~~

3 ~~5.~~ "Physician assistant" means a health care professional,
4 qualified by academic and clinical education and licensed by the
5 State Board of Medical Licensure and Supervision, to practice
6 medicine ~~with physician supervision~~ as a physician assistant;

7 ~~6.~~ 5. "Delegating physician" means an individual holding a
8 license in good standing as a physician from the State Board of
9 Medical Licensure and Supervision or the State Board of Osteopathic
10 Examiners, who supervises one or more physician assistants and
11 delegates decision making pursuant to the practice agreement;

12 ~~7.~~ 6. "Supervision" means overseeing or delegating the
13 activities of the medical services rendered by a physician assistant
14 through a practice agreement between a ~~medical doctor or osteopathic~~
15 delegating physician performing procedures or directly or indirectly
16 ~~involved with the treatment of a patient,~~ and the physician
17 assistant working jointly toward a common goal of providing
18 services. Delegation shall be defined by the practice agreement.
19 The physical presence of the delegating physician is not required as
20 long as the delegating physician and physician assistant are or can
21 be easily in contact with each other by telecommunication. At all
22 times a physician assistant required to practice under supervision
23 shall be considered an agent of the delegating physician;

24

1 ~~8.~~ 7. "Telecommunication" means the use of electronic
2 technologies to transmit words, sounds or images for interpersonal
3 communication, clinical care (telemedicine) and review of electronic
4 health records; and

5 ~~9.~~ 8. "Practice agreement" means a written agreement between a
6 physician assistant and ~~the~~ a delegating physician concerning the
7 scope of practice of the physician assistant to only be determined
8 by the delegating physician and the physician assistant based on the
9 education, training, skills and experience of the physician
10 assistant. The agreement shall involve the joint formulation,
11 discussion and agreement on the methods of supervision and
12 collaboration for diagnosis, consultation and treatment of medical
13 conditions and shall include the scope of and any limitations on
14 prescribing. A practice agreement is required for a physician
15 assistant described in subsection C of Section 4 of this act.

16 SECTION 3. AMENDATORY 59 O.S. 2021, Section 519.3, is
17 amended to read as follows:

18 Section 519.3 A. There is hereby created the Physician
19 Assistant Committee, which shall be composed of ~~seven (7)~~ nine (9)
20 members. ~~Three~~ Five members of the Committee shall be physician
21 assistants appointed by the State Board of Medical Licensure and
22 Supervision from a list of qualified individuals submitted by the
23 Oklahoma Academy of Physician Assistants. One member shall be a
24 physician appointed by the Board from its membership. One member

1 shall be a physician appointed by the Board from a list of qualified
2 individuals submitted by the Oklahoma State Medical Association and
3 who is not a member of the Board. One member shall be a physician
4 appointed by the State Board of Osteopathic Examiners from its
5 membership. One member shall be a physician appointed by the State
6 Board of Osteopathic Examiners from a list of qualified individuals
7 submitted by the Oklahoma Osteopathic Association and who is not a
8 member of said board.

9 B. The term of office for each member of the Committee shall be
10 five (5) years.

11 C. The Committee shall meet at least quarterly. At the initial
12 meeting of each calendar year, the Committee members shall elect a
13 chair from the physician assistant members. The chair or his or her
14 designee shall represent the Committee at all meetings of the Board.
15 ~~Four~~ Five members shall constitute a quorum for the purpose of
16 conducting official business of the Committee.

17 D. The State Board of Medical Licensure and Supervision is
18 hereby granted the power and authority to promulgate rules, which
19 are in accordance with the provisions of Section 519.1 et seq. of
20 this title, governing the requirements for licensure as a physician
21 assistant, as well as to establish standards for training, approve
22 institutions for training, and regulate the standards of practice of
23 a physician assistant after licensure, including the power of
24 revocation of a license.

1 E. The State Board of Medical Licensure and Supervision is
2 hereby granted the power and authority to investigate all
3 complaints, hold hearings, subpoena witnesses and initiate
4 prosecution concerning violations of Section 519.1 et seq. of this
5 title. When such complaints involve physicians licensed by the
6 State Board of Osteopathic Examiners, the State Board of Osteopathic
7 Examiners shall be officially notified of such complaints.

8 F. 1. The Committee shall advise the Board on all matters
9 pertaining to the practice of physician assistants.

10 2. The Committee shall review and make recommendations to the
11 Board on all applications for licensure as a physician assistant and
12 all applications to practice which shall be approved by the Board.
13 When considering applicants for licensure, to establish standards of
14 training or approve institutions for training, the Committee shall
15 include the Director, or designee, of all Physician Assistant
16 educational programs conducted by institutions of higher education
17 in the state as members.

18 3. The Committee shall assist and advise the Board in all
19 hearings involving physician assistants who are deemed to be in
20 violation of Section 519.1 et seq. of this title or the rules of the
21 Board.

22 SECTION 4. AMENDATORY 59 O.S. 2021, Section 519.6, is
23 amended to read as follows:

24

1 Section 519.6 A. No health care services may be performed by a
2 physician assistant unless a current license is on file with and
3 approved by the State Board of Medical Licensure and Supervision.

4 B. A physician assistant with six thousand two hundred forty
5 (6,240) or more hours of postgraduate clinical practice experience
6 who has reported those hours to the Board shall not be required to
7 practice under the supervision of a delegating physician.

8 1. A physician assistant may report the completion of
9 postgraduate clinical practice experience to the Board at any time
10 after completion of at least six thousand two hundred forty (6,240)
11 such hours.

12 2. Hours earned prior to the enactment of this subsection shall
13 be counted towards the six thousand two hundred forty (6,240) hours.

14 3. The Board shall maintain, make available, and keep updated,
15 on the Internet website of the Board, a list of physician assistants
16 who have reported completion of six thousand two hundred forty
17 (6,240) or more postgraduate clinical practice experience hours.

18 4. The Board shall, within ninety (90) days of enactment,
19 prescribe a form for reporting postgraduate clinical practice
20 experience by a physician assistant. The Board shall make available
21 and keep updated on the Internet website of the Board the prescribed
22 form. This reporting form may be filed electronically. The Board
23 shall not charge a fee for reporting hours or filing of the
24 prescribed form.

1 5. Nothing in this subsection shall prohibit a physician
2 assistant from maintaining a practice agreement; however, such an
3 agreement is not required for a physician assistant with the
4 reported six thousand two hundred forty (6,240) hours of
5 postgraduate clinical practice experience. Provided any practice
6 agreements are subject to the requirements of paragraphs 1, 2, 3,
7 and 4 of subsection C of this section.

8 6. Nothing in this subsection shall restrict the ability of the
9 Board to require supervision as a part of disciplinary action
10 against the license of a physician assistant.

11 C. A physician assistant with less than six thousand two
12 hundred forty (6,240) hours of postgraduate clinical practice
13 experience or who has completed six thousand two hundred forty
14 (6,240) hours but has not reported those hours to the Board shall
15 practice under the supervision of a delegating physician with the
16 following requirements:

17 1. All practice agreements and any amendments shall be filed
18 with the State Board of Medical Licensure and Supervision within ten
19 (10) business days of being executed. Practice agreements may be
20 filed electronically. The State Board of Medical Licensure and
21 Supervision shall not charge a fee for filing practice agreements or
22 amendments of practice agreements-;

23 ~~B.~~ 2. A physician assistant may have practice agreements with
24 multiple allopathic or osteopathic physicians. Each physician shall

1 be in good standing with the State Board of Medical Licensure and
2 Supervision or the State Board of Osteopathic Examiners;

3 ~~6.~~ 3. The delegating physician need not be physically present
4 nor be specifically consulted before each delegated patient care
5 service is performed by a physician assistant, so long as the
6 delegating physician and physician assistant are or can be easily in
7 contact with one another by means of telecommunication. ~~In all~~
8 ~~patient care settings, the~~ The delegating physician shall provide
9 appropriate methods of participating in health care services
10 provided by the physician assistant including:

- 11 a. being responsible for the formulation or approval of
12 all orders and protocols, whether standing orders,
13 direct orders or any other orders or protocols, which
14 direct the delivery of health care services provided
15 by a physician assistant, and periodically reviewing
16 such orders and protocols,
 - 17 b. regularly reviewing the health care services provided
18 by the physician assistant and any problems or
19 complications encountered,
 - 20 c. being available physically or through telemedicine or
21 direct telecommunications for consultation, assistance
22 with medical emergencies or patient referral,
 - 23 d. reviewing a sample of outpatient medical records.
- 24 Such reviews shall take place at a site agreed upon

1 between the delegating physician and physician
2 assistant in the practice agreement which may also
3 occur using electronic or virtual conferencing, and
4 e. that it remains clear that the physician assistant is
5 an agent of the delegating physician; but, in no event
6 shall the delegating physician be an employee of the
7 physician assistant-;

8 ~~D.~~ 4. In patients with newly diagnosed complex illnesses, the
9 physician assistant shall contact the delegating physician within
10 forty-eight (48) hours of the physician assistant's initial
11 examination or treatment and schedule the patient for appropriate
12 evaluation by the delegating physician as directed by the physician.
13 The delegating physician shall determine which conditions qualify as
14 complex illnesses based on the clinical setting and the skill and
15 experience of the physician assistant.

16 ~~E.~~ ~~1. D.~~ A physician assistant ~~under the direction of a~~
17 ~~delegating physician~~ not practicing under a practice agreement may
18 prescribe written and oral prescriptions and orders. The physician
19 assistant not practicing under a practice agreement may prescribe
20 medical supplies, services, and drugs, including controlled
21 medications in Schedules ~~II~~ III through V pursuant to Section 2-312
22 of Title 63 of the Oklahoma Statutes, ~~and medical supplies and~~
23 ~~services as delegated by the delegating physician and as approved by~~
24 ~~the State Board of Medical Licensure and Supervision after~~

1 ~~consultation with the State Board of Pharmacy on the Physician~~
2 ~~Assistant Drug Formulary. Physician assistants not practicing under~~
3 ~~a practice agreement may not dispense drugs, but may request,~~
4 ~~receive, and sign for professional samples and may distribute~~
5 ~~professional samples to patients.~~

6 ~~2. A physician assistant may write an order for a Schedule II~~
7 ~~drug for immediate or ongoing administration on site. Prescriptions~~
8 ~~and orders for Schedule II drugs written by a physician assistant~~
9 ~~must be included on a written protocol determined by the delegating~~
10 ~~physician and approved by the medical staff committee of the~~
11 ~~facility or by direct verbal order of the delegating physician.~~
12 ~~Physician assistants may not dispense drugs, but may request,~~
13 ~~receive, and sign for professional samples and may distribute~~
14 ~~professional samples to patients.~~

15 ~~F. E. A physician assistant may perform health care services in~~
16 ~~patient care settings as authorized by the delegating physician~~
17 ~~practicing under a practice agreement may prescribe written and oral~~
18 ~~prescriptions and orders. The physician assistant practicing under~~
19 ~~a practice agreement may prescribe medical supplies, services, and~~
20 ~~drugs, including controlled medications in Schedules II through V~~
21 ~~pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes,~~
22 ~~written and oral prescriptions and orders only as delegated by the~~
23 ~~delegating physician and prescriptions and orders for Schedule II~~
24 ~~drugs written by such physician assistant shall be included on a~~

1 written protocol determined by the delegating physician. Physician
2 assistants practicing under a practice agreement may not dispense
3 drugs, but may request, receive, and sign for professional samples
4 and may distribute professional samples to patients. Provided that
5 a physician assistant practicing under a practice agreement may not
6 prescribe any controlled medications in a Schedule that the
7 delegating physician is not registered to prescribe.

8 ~~G.~~ F. Each physician assistant licensed under the Physician
9 Assistant Act shall keep his or her license available for inspection
10 at the primary place of business and shall, when engaged in
11 professional activities, identify himself or herself as a physician
12 assistant.

13 ~~H.~~ G. A physician assistant shall be bound by the provisions
14 contained in Sections 725.1 through 725.5 of ~~Title 59 of the~~
15 ~~Oklahoma Statutes~~ this title.

16 SECTION 5. AMENDATORY 59 O.S. 2021, Section 519.11, as
17 amended by Section 1, Chapter 164, O.S.L. 2022 (59 O.S. Supp. 2023,
18 Section 519.11), is amended to read as follows:

19 Section 519.11 A. Nothing in the Physician Assistant Act shall
20 be construed to prevent or restrict the practice, services or
21 activities of any persons of other licensed professions or personnel
22 supervised by licensed professions in this state from performing
23 work incidental to the practice of their profession or occupation,
24

1 if that person does not represent himself or herself as a physician
2 assistant.

3 B. Nothing stated in the Physician Assistant Act shall prevent
4 any hospital from requiring the physician assistant or the
5 delegating physician to meet and maintain certain staff appointment
6 and credentialing qualifications for the privilege of practicing as,
7 or utilizing, a physician assistant in the hospital.

8 ~~C. Nothing in the Physician Assistant Act shall be construed to~~
9 ~~permit a physician assistant to practice medicine or prescribe drugs~~
10 ~~and medical supplies in this state except when such actions are~~
11 ~~performed under the supervision and at the direction of a physician~~
12 ~~or physicians approved by the State Board of Medical Licensure and~~
13 ~~Supervision.~~

14 ~~D.~~ Nothing herein shall be construed to require licensure under
15 the Physician Assistant Act of a physician assistant student
16 enrolled in a physician assistant educational program accredited by
17 the Accreditation Review Commission on Education for the Physician
18 Assistant.

19 ~~E.~~ D. Notwithstanding any other provision of law, no one who is
20 not a physician licensed to practice medicine in this state may
21 perform acts restricted to such physicians pursuant to the
22 provisions of Section 1-731 of Title 63 of the Oklahoma Statutes.
23 This paragraph is inseverable.

24

1 ~~F.~~ E. Nothing in the Physician Assistant Act shall limit the
2 activities of a physician assistant in the performance of their
3 duties if the physician assistant is employed by or under contract
4 with the United States Department of Veterans Affairs or if the
5 physician assistant is employed by, under contract with, or
6 commissioned by one of the uniformed services; provided, the
7 physician assistant must be currently licensed in this state or any
8 other state or currently credentialed as a physician assistant by
9 the United States Department of Veterans Affairs or the applicable
10 uniformed service. Any physician assistant who is employed by or
11 under contract with the United States Department of Veterans Affairs
12 or is employed by, under contract with, or commissioned by one of
13 the uniformed services and practices outside of such employment,
14 contract, or commission shall be subject to the Physician Assistant
15 Act while practicing outside of such employment, contract, or
16 commission. As used in this subsection, "uniformed services" shall
17 have the same meaning as provided by Title 10 of the U.S. Code.

18 SECTION 6. AMENDATORY 59 O.S. 2021, Section 521.2, is
19 amended to read as follows:

20 Section 521.2 A. Payment for services within the physician
21 assistant's scope of practice by a health insurance plan shall be
22 made when ordered or performed by the physician assistant, if the
23 same service would have been covered if ordered or performed by a
24 physician. ~~An in-network~~ A physician assistant shall be authorized

1 to bill for and receive direct payment for the medically necessary
2 services the physician assistant delivers.

3 B. To ensure accountability and transparency for patients,
4 payers and the health care system, ~~an in-network~~ a physician
5 assistant shall be identified as the rendering professional in the
6 billing and claims process when the physician assistant delivers
7 medical or surgical services to patients.

8 C. No insurance company or third-party payer shall impose a
9 practice, education, or collaboration requirement that is
10 inconsistent with or more restrictive than existing physician
11 assistant state laws or regulations.

12 SECTION 7. AMENDATORY 63 O.S. 2021, Section 1-317, as
13 amended by Section 1, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2023,
14 Section 1-317), is amended to read as follows:

15 Section 1-317. A. A death certificate for each death which
16 occurs in this state shall be filed with the State Department of
17 Health, within three (3) days after such death.

18 B. The funeral director shall personally sign the death
19 certificate and shall be responsible for filing the death
20 certificate. If the funeral director is not available, the person
21 acting as such who first assumes custody of a dead body in
22 accordance with Section 1158 of Title 21 of the Oklahoma Statutes
23 shall personally sign and file the death certificate. The personal
24 data shall be obtained from the next of kin or the best qualified

1 person or source available. The certificate shall be completed as
2 to personal data and delivered to the attending physician or the
3 medical examiner responsible for completing the medical
4 certification portion of the certificate of death within twenty-four
5 (24) hours after the death. No later than July 1, 2012, the
6 personal data, and no later than July 1, 2017, the medical
7 certificate portion, shall be entered into the prescribed electronic
8 system provided by the State Registrar of Vital Statistics and the
9 information submitted to the State Registrar of Vital Statistics.
10 The resultant certificate produced by the electronic system shall be
11 provided to the physician or medical examiner for medical
12 certification within twenty-four (24) hours after the death.

13 C. The medical certification shall be completed and signed
14 within forty-eight (48) hours after death by the physician,
15 physician assistant, or advanced practice registered nurse in charge
16 of the patient's care for the illness or condition which resulted in
17 death, except when inquiry as to the cause of death is required by
18 Section 938 of this title. No later than July 1, 2017, the medical
19 certification portion of certificate data shall be entered into the
20 prescribed electronic system provided by the State Registrar of
21 Vital Statistics and the information submitted to the State
22 Registrar of Vital Statistics.

23 D. In the event that the physician, physician assistant, or
24 advanced practice registered nurse in charge of the patient's care

1 for the illness or condition which resulted in death is not in
2 attendance at the time of death, the medical certification shall be
3 completed and signed within forty-eight (48) hours after death by
4 the physician, physician assistant, or advanced practice registered
5 nurse in attendance at the time of death, except:

6 1. When the patient is under hospice care at the time of death,
7 the medical certification may be signed by the hospice's medical
8 director; and

9 2. When inquiry as to the cause of death is required by Section
10 938 of this title.

11 Provided, that such certification, if signed by other than the
12 attending physician, physician assistant, or advanced practice
13 registered nurse, shall note on the face the name of the attending
14 physician, physician assistant, or advanced practice registered
15 nurse and that the information shown is only as reported.

16 E. A certifier completing cause of death on a certificate of
17 death who knows that a lethal drug, overdose or other means of
18 assisting suicide within the meaning of Sections 3141.2 through
19 3141.4 of this title caused or contributed to the death shall list
20 that means among the chain of events under cause of death or list it
21 in the box that describes how the injury occurred. If such means is
22 in the chain of events under cause of death or in the box that
23 describes how the injury occurred, the certifier shall indicate
24 "suicide" as the manner of death.

1 F. The authority of a physician assistant subject to subsection
2 C of Section 4 of this act to carry out the functions described in
3 this section shall be governed by the practice agreement as provided
4 by Section 519.6 of Title 59 of the Oklahoma Statutes.

5 SECTION 8. AMENDATORY 63 O.S. 2021, Section 2-101, as
6 last amended by Section 1, Chapter 375, O.S.L. 2023 (63 O.S. Supp.
7 2023, Section 2-101), is amended to read as follows:

8 Section 2-101. As used in the Uniform Controlled Dangerous
9 Substances Act:

10 1. "Administer" means the direct application of a controlled
11 dangerous substance, whether by injection, inhalation, ingestion or
12 any other means, to the body of a patient, animal or research
13 subject by:

14 a. a practitioner (or, in the presence of the
15 practitioner, by the authorized agent of the
16 practitioner), or

17 b. the patient or research subject at the direction and
18 in the presence of the practitioner;

19 2. "Agent" means a peace officer appointed by and who acts on
20 behalf of the Director of the Oklahoma State Bureau of Narcotics and
21 Dangerous Drugs Control or an authorized person who acts on behalf
22 of or at the direction of a person who manufactures, distributes,
23 dispenses, prescribes, administers or uses for scientific purposes
24 controlled dangerous substances but does not include a common or

1 contract carrier, public warehouser or employee thereof, or a person
2 required to register under the Uniform Controlled Dangerous
3 Substances Act;

4 3. "Board" means the Advisory Board to the Director of the
5 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

6 4. "Bureau" means the Oklahoma State Bureau of Narcotics and
7 Dangerous Drugs Control;

8 5. "Coca leaves" includes cocaine and any compound,
9 manufacture, salt, derivative, mixture or preparation of coca
10 leaves, except derivatives of coca leaves which do not contain
11 cocaine or ecgonine;

12 6. "Commissioner" or "Director" means the Director of the
13 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

14 7. "Control" means to add, remove or change the placement of a
15 drug, substance or immediate precursor under the Uniform Controlled
16 Dangerous Substances Act;

17 8. "Controlled dangerous substance" means a drug, substance or
18 immediate precursor in Schedules I through V of the Uniform
19 Controlled Dangerous Substances Act or any drug, substance or
20 immediate precursor listed either temporarily or permanently as a
21 federally controlled substance. Any conflict between state and
22 federal law with regard to the particular schedule in which a
23 substance is listed shall be resolved in favor of state law;

24

1 9. "Counterfeit substance" means a controlled substance which,
2 or the container or labeling of which without authorization, bears
3 the trademark, trade name or other identifying marks, imprint,
4 number or device or any likeness thereof of a manufacturer,
5 distributor or dispenser other than the person who in fact
6 manufactured, distributed or dispensed the substance;

7 10. "Deliver" or "delivery" means the actual, constructive or
8 attempted transfer from one person to another of a controlled
9 dangerous substance or drug paraphernalia, whether or not there is
10 an agency relationship;

11 11. "Dispense" means to deliver a controlled dangerous
12 substance to an ultimate user or human research subject by or
13 pursuant to the lawful order of a practitioner, including the
14 prescribing, administering, packaging, labeling or compounding
15 necessary to prepare the substance for such distribution.

16 "Dispenser" is a practitioner who delivers a controlled dangerous
17 substance to an ultimate user or human research subject;

18 12. "Distribute" means to deliver other than by administering
19 or dispensing a controlled dangerous substance;

20 13. "Distributor" means a commercial entity engaged in the
21 distribution or reverse distribution of narcotics and dangerous
22 drugs and who complies with all regulations promulgated by the
23 federal Drug Enforcement Administration and the Oklahoma State
24 Bureau of Narcotics and Dangerous Drugs Control;

1 14. "Drug" means articles:

- 2 a. recognized in the official United States Pharmacopeia,
3 official Homeopathic Pharmacopoeia of the United
4 States, or official National Formulary, or any
5 supplement to any of them,
6 b. intended for use in the diagnosis, cure, mitigation,
7 treatment or prevention of disease in man or other
8 animals,
9 c. other than food, intended to affect the structure or
10 any function of the body of man or other animals, and
11 d. intended for use as a component of any article
12 specified in this paragraph;

13 provided, however, the term drug does not include devices or their
14 components, parts or accessories;

15 15. "Drug-dependent person" means a person who is using a
16 controlled dangerous substance and who is in a state of psychic or
17 physical dependence, or both, arising from administration of that
18 controlled dangerous substance on a continuous basis. Drug
19 dependence is characterized by behavioral and other responses which
20 include a strong compulsion to take the substance on a continuous
21 basis in order to experience its psychic effects, or to avoid the
22 discomfort of its absence;

23 16. "Home care agency" means any sole proprietorship,
24 partnership, association, corporation, or other organization which

1 administers, offers, or provides home care services, for a fee or
2 pursuant to a contract for such services, to clients in their place
3 of residence;

4 17. "Home care services" means skilled or personal care
5 services provided to clients in their place of residence for a fee;

6 18. "Hospice" means a centrally administered, nonprofit or for-
7 profit, medically directed, nurse-coordinated program which provides
8 a continuum of home and inpatient care for the terminally ill
9 patient and the patient's family. Such term shall also include a
10 centrally administered, nonprofit or for-profit, medically directed,
11 nurse-coordinated program if such program is licensed pursuant to
12 the provisions of the Uniform Controlled Dangerous Substances Act.
13 A hospice program offers palliative and supportive care to meet the
14 special needs arising out of the physical, emotional and spiritual
15 stresses which are experienced during the final stages of illness
16 and during dying and bereavement. This care is available twenty-
17 four (24) hours a day, seven (7) days a week, and is provided on the
18 basis of need, regardless of ability to pay. "Class A" Hospice
19 refers to Medicare-certified hospices. "Class B" refers to all
20 other providers of hospice services;

21 19. "Imitation controlled substance" means a substance that is
22 not a controlled dangerous substance, which by dosage unit
23 appearance, color, shape, size, markings or by representations made,
24 would lead a reasonable person to believe that the substance is a

1 controlled dangerous substance. In the event the appearance of the
2 dosage unit is not reasonably sufficient to establish that the
3 substance is an imitation controlled substance, the court or
4 authority concerned should consider, in addition to all other
5 factors, the following factors as related to "representations made"
6 in determining whether the substance is an imitation controlled
7 substance:

- 8 a. statements made by an owner or by any other person in
9 control of the substance concerning the nature of the
10 substance, or its use or effect,
- 11 b. statements made to the recipient that the substance
12 may be resold for inordinate profit,
- 13 c. whether the substance is packaged in a manner normally
14 used for illicit controlled substances,
- 15 d. evasive tactics or actions utilized by the owner or
16 person in control of the substance to avoid detection
17 by law enforcement authorities,
- 18 e. prior convictions, if any, of an owner, or any other
19 person in control of the object, under state or
20 federal law related to controlled substances or fraud,
21 and
- 22 f. the proximity of the substances to controlled
23 dangerous substances;

24

1 20. "Immediate precursor" means a substance which the Director
2 has found to be and by regulation designates as being the principal
3 compound commonly used or produced primarily for use, and which is
4 an immediate chemical intermediary used, or likely to be used, in
5 the manufacture of a controlled dangerous substance, the control of
6 which is necessary to prevent, curtail or limit such manufacture;

7 21. "Laboratory" means a laboratory approved by the Director as
8 proper to be entrusted with the custody of controlled dangerous
9 substances and the use of controlled dangerous substances for
10 scientific and medical purposes and for purposes of instruction;

11 22. "Manufacture" means the production, preparation,
12 propagation, compounding or processing of a controlled dangerous
13 substance, either directly or indirectly by extraction from
14 substances of natural or synthetic origin, or independently by means
15 of chemical synthesis or by a combination of extraction and chemical
16 synthesis. "Manufacturer" includes any person who packages,
17 repackages or labels any container of any controlled dangerous
18 substance, except practitioners who dispense or compound
19 prescription orders for delivery to the ultimate consumer;

20 23. "Marijuana" means all parts of the plant Cannabis sativa
21 L., whether growing or not; the seeds thereof; the resin extracted
22 from any part of such plant; and every compound, manufacture, salt,
23 derivative, mixture or preparation of such plant, its seeds or
24 resin, but shall not include:

- 1 a. the mature stalks of such plant or fiber produced from
2 such stalks,
- 3 b. oil or cake made from the seeds of such plant,
4 including cannabidiol derived from the seeds of the
5 marijuana plant,
- 6 c. any other compound, manufacture, salt, derivative,
7 mixture or preparation of such mature stalks (except
8 the resin extracted therefrom), including cannabidiol
9 derived from mature stalks, fiber, oil or cake,
- 10 d. the sterilized seed of such plant which is incapable
11 of germination,
- 12 e. for any person participating in a clinical trial to
13 administer cannabidiol for the treatment of severe
14 forms of epilepsy pursuant to Section 2-802 of this
15 title, a drug or substance approved by the federal
16 Food and Drug Administration for use by those
17 participants,
- 18 f. for any person or the parents, legal guardians or
19 caretakers of the person who have received a written
20 certification from a physician licensed in this state
21 that the person has been diagnosed by a physician as
22 having Lennox-Gastaut syndrome, Dravet syndrome, also
23 known as severe myoclonic epilepsy of infancy, or any
24 other severe form of epilepsy that is not adequately

1 treated by traditional medical therapies, spasticity
2 due to multiple sclerosis or due to paraplegia,
3 intractable nausea and vomiting, appetite stimulation
4 with chronic wasting diseases, the substance
5 cannabidiol, a nonpsychoactive cannabinoid, found in
6 the plant Cannabis sativa L. or any other preparation
7 thereof, that has a tetrahydrocannabinol concentration
8 not more than three-tenths of one percent (0.3%) and
9 that is delivered to the patient in the form of a
10 liquid,

11 g. any federal Food-and-Drug-Administration-approved drug
12 or substance, or

13 h. industrial hemp, from the plant Cannabis sativa L. and
14 any part of such plant, whether growing or not, with a
15 delta-9 tetrahydrocannabinol concentration not more
16 than three-tenths of one percent (0.3%) on a dry-
17 weight basis which shall only be grown pursuant to the
18 Oklahoma Industrial Hemp Program and may be shipped
19 intrastate and interstate;

20 24. "Medical purpose" means an intention to utilize a
21 controlled dangerous substance for physical or mental treatment, for
22 diagnosis, or for the prevention of a disease condition not in
23 violation of any state or federal law and not for the purpose of
24 satisfying physiological or psychological dependence or other abuse;

1 25. "Mid-level practitioner" means an Advanced Practice
2 Registered Nurse as defined and within parameters specified in
3 Section 567.3a of Title 59 of the Oklahoma Statutes, or a certified
4 animal euthanasia technician as defined in Section 698.2 of Title 59
5 of the Oklahoma Statutes, or an animal control officer registered by
6 the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control
7 under subsection B of Section 2-301 of this title within the
8 parameters of such officer's duties under Sections 501 through 508
9 of Title 4 of the Oklahoma Statutes;

10 26. "Narcotic drug" means any of the following, whether
11 produced directly or indirectly by extraction from substances of
12 vegetable origin, or independently by means of chemical synthesis,
13 or by a combination of extraction and chemical synthesis:

- 14 a. opium, coca leaves and opiates,
- 15 b. a compound, manufacture, salt, derivative or
16 preparation of opium, coca leaves or opiates,
- 17 c. cocaine, its salts, optical and geometric isomers, and
18 salts of isomers,
- 19 d. ecgonine, its derivatives, their salts, isomers and
20 salts of isomers, and
- 21 e. a substance, and any compound, manufacture, salt,
22 derivative or preparation thereof, which is chemically
23 identical with any of the substances referred to in
24 subparagraphs a through d of this paragraph, except

1 that the words narcotic drug as used in Section 2-101
2 et seq. of this title shall not include decocainized
3 coca leaves or extracts of coca leaves, which extracts
4 do not contain cocaine or ecgonine;

5 27. "Opiate" or "opioid" means any Schedule II, III, IV or V
6 substance having an addiction-forming or addiction-sustaining
7 liability similar to morphine or being capable of conversion into a
8 drug having such addiction-forming or addiction-sustaining
9 liability. The terms do not include, unless specifically designated
10 as controlled under the Uniform Controlled Dangerous Substances Act,
11 the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its
12 salts (dextromethorphan). The terms do include the racemic and
13 levorotatory forms;

14 28. "Opium poppy" means the plant of the species *Papaver*
15 *somniferum* L., except the seeds thereof;

16 29. "Peace officer" means a police officer, sheriff, deputy
17 sheriff, district attorney's investigator, investigator from the
18 Office of the Attorney General, or any other person elected or
19 appointed by law to enforce any of the criminal laws of this state
20 or of the United States;

21 30. "Person" means an individual, corporation, government or
22 governmental subdivision or agency, business trust, estate, trust,
23 partnership or association, or any other legal entity;

1 31. "Poppy straw" means all parts, except the seeds, of the
2 opium poppy, after mowing;

3 32. "Practitioner" means:

- 4 a. (1) a medical doctor or osteopathic physician,
5 (2) a dentist,
6 (3) a podiatrist,
7 (4) an optometrist,
8 (5) a veterinarian,
9 (6) ~~a physician assistant or~~ an Advanced Practice
10 Registered Nurse under the supervision of a
11 licensed medical doctor or osteopathic physician;
12 or a physician assistant,
13 (7) a scientific investigator, or
14 (8) any other person,
15 licensed, registered or otherwise permitted to
16 prescribe, distribute, dispense, conduct research with
17 respect to, use for scientific purposes or administer
18 a controlled dangerous substance in the course of
19 professional practice or research in this state, or
20 b. a pharmacy, hospital, laboratory or other institution
21 licensed, registered or otherwise permitted to
22 distribute, dispense, conduct research with respect
23 to, use for scientific purposes or administer a
24

1 controlled dangerous substance in the course of
2 professional practice or research in this state;

3 33. "Production" includes the manufacture, planting,
4 cultivation, growing or harvesting of a controlled dangerous
5 substance;

6 34. "State" means the State of Oklahoma or any other state of
7 the United States;

8 35. "Ultimate user" means a person who lawfully possesses a
9 controlled dangerous substance for the person's own use or for the
10 use of a member of the person's household or for administration to
11 an animal owned by the person or by a member of the person's
12 household;

13 36. "Drug paraphernalia" means all equipment, products and
14 materials of any kind which are used, intended for use, or fashioned
15 specifically for use in planting, propagating, cultivating, growing,
16 harvesting, manufacturing, compounding, converting, producing,
17 processing, preparing, testing, analyzing, packaging, repackaging,
18 storing, containing, concealing, injecting, ingesting, inhaling or
19 otherwise introducing into the human body, a controlled dangerous
20 substance in violation of the Uniform Controlled Dangerous
21 Substances Act including, but not limited to:

22 a. kits used, intended for use, or fashioned specifically
23 for use in planting, propagating, cultivating, growing
24 or harvesting of any species of plant which is a

- 1 controlled dangerous substance or from which a
2 controlled dangerous substance can be derived,
- 3 b. kits used, intended for use, or fashioned specifically
4 for use in manufacturing, compounding, converting,
5 producing, processing or preparing controlled
6 dangerous substances,
- 7 c. isomerization devices used, intended for use, or
8 fashioned specifically for use in increasing the
9 potency of any species of plant which is a controlled
10 dangerous substance,
- 11 d. testing equipment used, intended for use, or fashioned
12 specifically for use in identifying, or in analyzing
13 the strength, effectiveness or purity of controlled
14 dangerous substances,
- 15 e. scales and balances used, intended for use, or
16 fashioned specifically for use in weighing or
17 measuring controlled dangerous substances,
- 18 f. diluents and adulterants, such as quinine
19 hydrochloride, mannitol, mannite, dextrose and
20 lactose, used, intended for use, or fashioned
21 specifically for use in cutting controlled dangerous
22 substances,
- 23 g. separation gins and sifters used, intended for use, or
24 fashioned specifically for use in removing twigs and

1 seeds from, or in otherwise cleaning or refining,
2 marijuana,

3 h. blenders, bowls, containers, spoons and mixing devices
4 used, intended for use, or fashioned specifically for
5 use in compounding controlled dangerous substances,

6 i. capsules, balloons, envelopes and other containers
7 used, intended for use, or fashioned specifically for
8 use in packaging small quantities of controlled
9 dangerous substances,

10 j. containers and other objects used, intended for use,
11 or fashioned specifically for use in parenterally
12 injecting controlled dangerous substances into the
13 human body,

14 k. hypodermic syringes, needles and other objects used,
15 intended for use, or fashioned specifically for use in
16 parenterally injecting controlled dangerous substances
17 into the human body,

18 l. objects used, intended for use, or fashioned
19 specifically for use in ingesting, inhaling or
20 otherwise introducing marijuana, cocaine, hashish or
21 hashish oil into the human body, such as:

22 (1) metal, wooden, acrylic, glass, stone, plastic or
23 ceramic pipes with or without screens, permanent
24 screens, hashish heads or punctured metal bowls,

- 1 (2) water pipes,
- 2 (3) carburetion tubes and devices,
- 3 (4) smoking and carburetion masks,
- 4 (5) roach clips, meaning objects used to hold burning
- 5 material, such as a marijuana cigarette, that has
- 6 become too small or too short to be held in the
- 7 hand,
- 8 (6) miniature cocaine spoons and cocaine vials,
- 9 (7) chamber pipes,
- 10 (8) carburetor pipes,
- 11 (9) electric pipes,
- 12 (10) air-driven pipes,
- 13 (11) chillums,
- 14 (12) bongs, or
- 15 (13) ice pipes or chillers,
- 16 m. all hidden or novelty pipes, and
- 17 n. any pipe that has a tobacco bowl or chamber of less
- 18 than one-half (1/2) inch in diameter in which there is
- 19 any detectable residue of any controlled dangerous
- 20 substance as defined in this section or any other
- 21 substances not legal for possession or use;
- 22 provided, however, the term drug paraphernalia shall not include
- 23 separation gins intended for use in preparing tea or spice, clamps
- 24 used for constructing electrical equipment, water pipes designed for

1 ornamentation in which no detectable amount of an illegal substance
2 is found or pipes designed and used solely for smoking tobacco,
3 traditional pipes of an American Indian tribal religious ceremony,
4 antique pipes that are thirty (30) years of age or older, or drug
5 testing strips possessed by a person for purposes of determining the
6 presence of fentanyl or a fentanyl-related compound;

7 37. a. "Synthetic controlled substance" means a substance:

- 8 (1) the chemical structure of which is substantially
9 similar to the chemical structure of a controlled
10 dangerous substance in Schedule I or II,
11 (2) which has a stimulant, depressant, or
12 hallucinogenic effect on the central nervous
13 system that is substantially similar to or
14 greater than the stimulant, depressant or
15 hallucinogenic effect on the central nervous
16 system of a controlled dangerous substance in
17 Schedule I or II, or
18 (3) with respect to a particular person, which such
19 person represents or intends to have a stimulant,
20 depressant, or hallucinogenic effect on the
21 central nervous system that is substantially
22 similar to or greater than the stimulant,
23 depressant, or hallucinogenic effect on the
24

1 central nervous system of a controlled dangerous
2 substance in Schedule I or II.

3 b. The designation of gamma butyrolactone or any other
4 chemical as a precursor, pursuant to Section 2-322 of
5 this title, does not preclude a finding pursuant to
6 subparagraph a of this paragraph that the chemical is
7 a synthetic controlled substance.

8 c. "Synthetic controlled substance" does not include:

9 (1) a controlled dangerous substance,

10 (2) any substance for which there is an approved new
11 drug application,

12 (3) with respect to a particular person any
13 substance, if an exemption is in effect for
14 investigational use, for that person under the
15 provisions of Section 505 of the Federal Food,
16 Drug and Cosmetic Act, Title 21 of the United
17 States Code, Section 355, to the extent conduct
18 with respect to such substance is pursuant to
19 such exemption, or

20 (4) any substance to the extent not intended for
21 human consumption before such an exemption takes
22 effect with respect to that substance.

23 d. Prima facie evidence that a substance containing
24 salvia divinorum has been enhanced, concentrated or

1 chemically or physically altered shall give rise to a
2 rebuttable presumption that the substance is a
3 synthetic controlled substance;

4 38. "Tetrahydrocannabinols" means all substances that have been
5 chemically synthesized to emulate the tetrahydrocannabinols of
6 marijuana, specifically including any tetrahydrocannabinols derived
7 from industrial hemp;

8 39. "Isomer" means the optical isomer, except as used in
9 subsections C and F of Section 2-204 of this title and paragraph 4
10 of subsection A of Section 2-206 of this title. As used in
11 subsections C and F of Section 2-204 of this title, isomer means the
12 optical, positional or geometric isomer. As used in paragraph 4 of
13 subsection A of Section 2-206 of this title, the term isomer means
14 the optical or geometric isomer;

15 40. "Hazardous materials" means materials, whether solid,
16 liquid or gas, which are toxic to human, animal, aquatic or plant
17 life, and the disposal of which materials is controlled by state or
18 federal guidelines;

19 41. "Anhydrous ammonia" means any substance that exhibits
20 cryogenic evaporative behavior and tests positive for ammonia;

21 42. "Acute pain" means pain, whether resulting from disease,
22 accidental or intentional trauma or other cause, that the
23 practitioner reasonably expects to last only a short period of time.
24 Acute pain does not include chronic pain, pain being treated as part

1 of cancer care, hospice or other end-of-life care, or pain being
2 treated as part of palliative care;

3 43. "Chronic pain" means pain that persists beyond the usual
4 course of an acute disease or healing of an injury. Chronic pain
5 may or may not be associated with an acute or chronic pathologic
6 process that causes continuous or intermittent pain over months or
7 years;

8 44. "Initial prescription" means a prescription issued to a
9 patient who:

- 10 a. has never previously been issued a prescription for
11 the drug or its pharmaceutical equivalent in the past
12 year, or
13 b. requires a prescription for the drug or its
14 pharmaceutical equivalent due to a surgical procedure
15 or new acute event and has previously had a
16 prescription for the drug or its pharmaceutical
17 equivalent within the past year.

18 When determining whether a patient was previously issued a
19 prescription for a drug or its pharmaceutical equivalent, the
20 practitioner shall consult with the patient and review the medical
21 record and prescription monitoring information of the patient;

22 45. "Patient-provider agreement" means a written contract or
23 agreement that is executed between a practitioner and a patient,
24

1 prior to the commencement of treatment for chronic pain using an
2 opioid drug as a means to:

- 3 a. explain the possible risk of development of physical
4 or psychological dependence in the patient and prevent
5 the possible development of addiction,
- 6 b. document the understanding of both the practitioner
7 and the patient regarding the patient-provider
8 agreement of the patient,
- 9 c. establish the rights of the patient in association
10 with treatment and the obligations of the patient in
11 relation to the responsible use, discontinuation of
12 use, and storage of opioid drugs, including any
13 restrictions on the refill of prescriptions or the
14 acceptance of opioid prescriptions from practitioners,
- 15 d. identify the specific medications and other modes of
16 treatment, including physical therapy or exercise,
17 relaxation or psychological counseling, that are
18 included as a part of the patient-provider agreement,
- 19 e. specify the measures the practitioner may employ to
20 monitor the compliance of the patient including, but
21 not limited to, random specimen screens and pill
22 counts, and
- 23 f. delineate the process for terminating the agreement,
24 including the consequences if the practitioner has

1 reason to believe that the patient is not complying
2 with the terms of the agreement. Compliance with the
3 "consent items" shall constitute a valid, informed
4 consent for opioid therapy. The practitioner shall be
5 held harmless from civil litigation for failure to
6 treat pain if the event occurs because of nonadherence
7 by the patient with any of the provisions of the
8 patient-provider agreement;

9 46. "Serious illness" means a medical illness or physical
10 injury or condition that substantially affects quality of life for
11 more than a short period of time. Serious illness includes, but is
12 not limited to, Alzheimer's disease or related dementias, lung
13 disease, cancer, heart failure, renal failure, liver failure or
14 chronic, unremitting or intractable pain such as neuropathic pain;
15 and

16 47. "Surgical procedure" means a procedure that is performed
17 for the purpose of structurally altering the human body by incision
18 or destruction of tissues as part of the practice of medicine. This
19 term includes the diagnostic or therapeutic treatment of conditions
20 or disease processes by use of instruments such as lasers,
21 ultrasound, ionizing, radiation, scalpels, probes or needles that
22 cause localized alteration or transportation of live human tissue by
23 cutting, burning, vaporizing, freezing, suturing, probing or
24 manipulating by closed reduction for major dislocations or

1 fractures, or otherwise altering by any mechanical, thermal, light-
2 based, electromagnetic or chemical means.

3 SECTION 9. AMENDATORY 63 O.S. 2021, Section 2-312, as
4 amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2023,
5 Section 2-312), is amended to read as follows:

6 Section 2-312. A. A physician, podiatrist, optometrist or a
7 dentist who has complied with the registration requirements of the
8 Uniform Controlled Dangerous Substances Act, in good faith and in
9 the course of such person's professional practice only, may
10 prescribe and administer controlled dangerous substances, or may
11 cause the same to be administered by medical or paramedical
12 personnel acting under the direction and supervision of the
13 physician, podiatrist, optometrist or dentist, and only may dispense
14 controlled dangerous substances pursuant to the provisions of
15 Sections 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

16 B. A veterinarian who has complied with the registration
17 requirements of the Uniform Controlled Dangerous Substances Act, in
18 good faith and in the course of the professional practice of the
19 veterinarian only, and not for use by a human being, may prescribe,
20 administer, and dispense controlled dangerous substances and may
21 cause them to be administered by an assistant or orderly under the
22 direction and supervision of the veterinarian.

23 C. An advanced practice nurse who is recognized to prescribe by
24 the Oklahoma Board of Nursing as an advanced registered nurse

1 practitioner, clinical nurse specialist or certified nurse-midwife,
2 who is subject to medical direction by a supervising physician,
3 pursuant to Section 567.3a of Title 59 of the Oklahoma Statutes, and
4 who has complied with the registration requirements of the Uniform
5 Controlled Dangerous Substances Act, in good faith and in the course
6 of professional practice only, may prescribe and administer Schedule
7 III, IV and V controlled dangerous substances.

8 D. An advanced practice nurse who is recognized to order,
9 select, obtain and administer drugs by the Oklahoma Board of Nursing
10 as a certified registered nurse anesthetist pursuant to Section
11 353.1b of Title 59 of the Oklahoma Statutes and who has complied
12 with the registration requirements of the Uniform Controlled
13 Dangerous Substances Act, in good faith and in the course of such
14 practitioner's professional practice only, may order, select, obtain
15 and administer Schedules II through V controlled dangerous
16 substances in a preanesthetic preparation or evaluation; anesthesia
17 induction, maintenance or emergence; or postanesthesia care setting
18 only. A certified registered nurse anesthetist may order, select,
19 obtain and administer such drugs only during the perioperative or
20 periobstetrical period.

21 E. A physician assistant who is recognized to prescribe by the
22 State Board of Medical Licensure and Supervision under ~~the medical~~
23 ~~direction of a supervising physician, pursuant to~~ Section 519.6 of
24 Title 59 of the Oklahoma Statutes, and who has complied with the

1 registration requirements of the Uniform Controlled Dangerous
2 Substances Act, in good faith and in the course of professional
3 practice only, may prescribe and administer Schedule II through V
4 controlled dangerous substances subject to the restrictions in
5 Section 519.6 of Title 59 of the Oklahoma Statutes.

6 SECTION 10. REPEALER 59 O.S. 2021, Section 521.4, is
7 hereby repealed.

8 SECTION 11. It being immediately necessary for the preservation
9 of the public peace, health or safety, an emergency is hereby
10 declared to exist, by reason whereof this act shall take effect and
11 be in full force from and after its passage and approval.

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