

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES

State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB2584 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By deleting the content of the entire measure, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Amendment submitted by: Kyle Hilbert

Adopted: _____

Reading Clerk

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

PROPOSED OVERSIGHT
COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 2584

By: Hilbert

PROPOSED OVERSIGHT COMMITTEE SUBSTITUTE

An Act relating to physician assistants; amending 59 O.S. 2021, Section 353.1a, which relates to the Oklahoma Pharmacy Act; clarifying which prescriptions for controlled dangerous substances pharmacists may dispense; amending 59 O.S. 2021, Sections 519.2, 519.3, 519.6, and 519.11, as amended by Section 1, Chapter 164, O.S.L. 2022 (59 O.S. Supp. 2024, Section 519.11), which relate to the Physician Assistant Act; modifying definitions; increasing the number of Physician Assistant Committee members; clarifying certain requirements for the chair; increasing member requirements for a quorum; adding provisions regarding postgraduate clinical practice; clarifying filing requirements for practice agreements; clarifying language regarding practicing medicine, prescribing drugs, and using medical supplies under a practice agreement; modifying billing and payment authority; amending 63 O.S. 2021, Section 1-317, as last amended by Section 133, Chapter 452, O.S.L. 2024 (63 O.S. Supp. 2024, Section 1-317), which relates to the Oklahoma Public Health Code; clarifying the authority of physician assistants to carry out certain functions; amending 63 O.S. 2021, Sections 2-101, as last amended by Section 1, Chapter 308, O.S.L. 2024, and 2-312, as amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2024, Sections 2-101 and 2-312), which relate to the Uniform Controlled Dangerous Substances Act; modifying definitions related to physician assistants; clarifying which physician assistants may prescribe and administer certain controlled

1 substances; repealing 59 O.S. 2021, Section 521.4,
2 which relates to physician supervision and practice
3 agreements; and declaring an emergency.
4

5 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

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

20 B. Pharmacists may dispense prescriptions for non-controlled
21 prescription drugs authorized by an advanced practice nurse or
22 physician assistant, not located in Oklahoma, provided that they are
23 licensed in the state in which they are actively prescribing.
24

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

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

6 2. A physician assistant licensed in the State of Oklahoma ~~and~~
7 ~~supervised by an Oklahoma-licensed practitioner.~~

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

10 Section 519.2 As used in the Physician Assistant Act:

11 1. "Board" means the State Board of Medical Licensure and
12 Supervision;

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

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

1 4. ~~"Patient care setting" means and includes, but is not~~
2 ~~limited to, a physician's office, clinic, hospital, nursing home,~~
3 ~~extended care facility, patient's home, ambulatory surgical center,~~
4 ~~hospice facility or any other setting authorized by the delegating~~
5 ~~physician;~~

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

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

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

1 times a physician assistant required to practice under supervision
2 shall be considered an agent of the delegating physician;

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

7 ~~9.~~ 8. "Practice agreement" means a written agreement between a
8 physician assistant and ~~the~~ a delegating physician concerning the
9 scope of practice of the physician assistant to only be determined
10 by the delegating physician and the physician assistant based on the
11 education, training, skills and experience of the physician
12 assistant. The agreement shall involve the joint formulation,
13 discussion and agreement on the methods of supervision and
14 collaboration for diagnosis, consultation and treatment of medical
15 conditions and shall include the scope of and any limitations on
16 prescribing. A practice agreement is required for a physician
17 assistant as described in subsection C of Section 519.6 of this
18 title.

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

21 Section 519.3 A. There is hereby created the Physician
22 Assistant Committee, which shall be composed of ~~seven (7)~~ nine (9)
23 members. ~~Three~~ Five members of the Committee shall be physician
24 assistants appointed by the State Board of Medical Licensure and

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

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

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

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

1 institutions for training, and regulate the standards of practice of
2 a physician assistant after licensure, including the power of
3 revocation of a license.

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

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

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

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

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

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

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

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

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

16 3. The Board shall maintain, make available, and keep updated,
17 on the Internet website of the Board, a list of physician assistants
18 who have reported completion of six thousand two hundred forty
19 (6,240) or more postgraduate clinical practice experience hours.

20 4. The Board shall, within ninety (90) days of enactment,
21 prescribe a form for reporting postgraduate clinical practice
22 experience by a physician assistant. The Board shall make available
23 and keep updated on the Internet website of the Board the prescribed
24 form. This reporting form may be filed electronically. The Board

1 shall not charge a fee for reporting hours or filing of the
2 prescribed form.

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

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

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

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

1 ~~B.~~ 2. A physician assistant may have practice agreements with
2 multiple allopathic or osteopathic physicians. Each physician shall
3 be in good standing with the State Board of Medical Licensure and
4 Supervision or the State Board of Osteopathic Examiners~~;~~;

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

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

d. reviewing a sample of outpatient medical records.

Such reviews shall take place at a site agreed upon between the delegating physician and physician assistant in the practice agreement which may also occur using electronic or virtual conferencing, and

e. that it remains clear that the physician assistant is an agent of the delegating physician; but, in no event shall the delegating physician be an employee of the physician assistant-;

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

~~E.~~ 1. D. A physician assistant ~~under the direction of a delegating physician not practicing under a practice agreement~~ may prescribe written and oral prescriptions and orders. The physician assistant not practicing under a practice agreement may prescribe medical supplies, services, and drugs, including controlled medications in Schedules ~~II~~ III through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, ~~and medical supplies and~~

1 ~~services as delegated by the delegating physician and as approved by~~
2 ~~the State Board of Medical Licensure and Supervision after~~
3 ~~consultation with the State Board of Pharmacy on the Physician~~
4 ~~Assistant Drug Formulary. Physician assistants not practicing under~~
5 ~~a practice agreement may not dispense drugs, but may request,~~
6 ~~receive, and sign for professional samples and may distribute~~
7 ~~professional samples to patients.~~

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

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

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

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

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

18 SECTION 5. AMENDATORY 59 O.S. 2021, Section 519.11, as
19 amended by Section 1, Chapter 164, O.S.L. 2022 (59 O.S. Supp. 2024,
20 Section 519.11), is amended to read as follows:

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

1 work incidental to the practice of their profession or occupation,
2 if that person does not represent himself or herself as a physician
3 assistant.

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

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

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

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

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.~~ United
18 States Code.

19 SECTION 6. AMENDATORY 63 O.S. 2021, Section 1-317, as
20 last amended by Section 133, Chapter 452, O.S.L. 2024 (63 O.S. Supp.
21 2024, Section 1-317), is amended to read as follows:

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

1 B. The funeral director shall personally sign the death
2 certificate and shall be responsible for filing the death
3 certificate. If the funeral director is not available, the person
4 acting as such who first assumes custody of a dead body in
5 accordance with Section 1158 of Title 21 of the Oklahoma Statutes
6 shall personally sign and file the death certificate. The personal
7 data shall be obtained from the next of kin or the best qualified
8 person or source available. The funeral director or person acting
9 as such shall notify the person providing the personal data that it
10 is a felony to knowingly provide false data or misrepresent any
11 person's relationship to the decedent. The certificate shall be
12 completed as to personal data and delivered to the attending
13 physician or the medical examiner responsible for completing the
14 medical certification portion of the certificate of death within
15 twenty-four (24) hours after the death. No later than July 1, 2012,
16 the personal data, and no later than July 1, 2017, the medical
17 certificate portion, shall be entered into the prescribed electronic
18 system provided by the State Registrar of Vital Statistics and the
19 information submitted to the State Registrar of Vital Statistics.
20 The resultant certificate produced by the electronic system shall be
21 provided to the physician or medical examiner for medical
22 certification within twenty-four (24) hours after the death.

23 C. The medical certification shall be completed and signed
24 within forty-eight (48) hours after death by the physician,

1 physician assistant, or advanced practice registered nurse in charge
2 of the patient's care for the illness or condition which resulted in
3 death, except when inquiry as to the cause of death is required by
4 Section 938 of this title. No later than July 1, 2017, the medical
5 certification portion of certificate data shall be entered into the
6 prescribed electronic system provided by the State Registrar of
7 Vital Statistics and the information submitted to the State
8 Registrar of Vital Statistics.

9 D. In the event that the physician, physician assistant, or
10 advanced practice registered nurse in charge of the patient's care
11 for the illness or condition which resulted in death is not in
12 attendance at the time of death, the medical certification shall be
13 completed and signed within forty-eight (48) hours after death by
14 the physician, physician assistant, or advanced practice registered
15 nurse in attendance at the time of death, except:

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

19 2. When inquiry as to the cause of death is required by Section
20 938 of this title.

21 Provided, that such certification, if signed by other than the
22 attending physician, physician assistant, or advanced practice
23 registered nurse, shall note on the face the name of the attending
24

1 physician, physician assistant, or advanced practice registered
2 nurse and that the information shown is only as reported.

3 E. A certifier completing cause of death on a certificate of
4 death who knows that a lethal drug, overdose or other means of
5 assisting suicide within the meaning of Sections 3141.2 through
6 3141.4 of this title caused or contributed to the death shall list
7 that means among the chain of events under cause of death or list it
8 in the box that describes how the injury occurred. If such means is
9 in the chain of events under cause of death or in the box that
10 describes how the injury occurred, the certifier shall indicate
11 "suicide" as the manner of death.

12 F. The authority of a physician assistant subject to subsection
13 C of Section 519.6 of Title 59 of the Oklahoma Statutes to carry out
14 the functions described in this section shall be governed by the
15 practice agreement as provided by Section 519.6 of Title 59 of the
16 Oklahoma Statutes.

17 SECTION 7. AMENDATORY 63 O.S. 2021, Section 2-101, as
18 last amended by Section 1, Chapter 308, O.S.L. 2024 (63 O.S. Supp.
19 2024, Section 2-101), is amended to read as follows:

20 Section 2-101. As used in the Uniform Controlled Dangerous
21 Substances Act:

22 1. "Acute pain" means pain, whether resulting from disease,
23 accidental trauma, intentional trauma, or other cause that the
24 practitioner reasonably expects to last only a short period of time.

1 Acute pain does not include chronic pain, pain being treated as part
2 of cancer care, hospice or other end-of-life care, or pain being
3 treated as part of palliative care;

4 2. "Administer" means the direct application of a controlled
5 dangerous substance, whether by injection, inhalation, ingestion or
6 any other means, to the body of a patient, animal or research
7 subject by:

8 a. a practitioner (or, in the presence of the
9 practitioner, by the authorized agent of the
10 practitioner), or

11 b. the patient or research subject at the direction and
12 in the presence of the practitioner;

13 3. "Agent" means a peace officer appointed by and who acts on
14 behalf of the Director of the Oklahoma State Bureau of Narcotics and
15 Dangerous Drugs Control or an authorized person who acts on behalf
16 of or at the direction of a person who manufactures, distributes,
17 dispenses, prescribes, administers or uses for scientific purposes
18 controlled dangerous substances but does not include a common or
19 contract carrier, public warehouseman or employee thereof, or a person
20 required to register under the Uniform Controlled Dangerous
21 Substances Act;

22 4. "Anhydrous ammonia" means any substance that exhibits
23 cryogenic evaporative behavior and tests positive for ammonia;
24

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

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

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

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

14 9. "Commissioner" or "Director" means the Director of the
15 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

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

19 11. "Controlled dangerous substance" means a drug, substance or
20 immediate precursor in Schedules I through V of the Uniform
21 Controlled Dangerous Substances Act or any drug, substance or
22 immediate precursor listed either temporarily or permanently as a
23 federally controlled substance. Any conflict between state and
24

1 federal law with regard to the particular schedule in which a
2 substance is listed shall be resolved in favor of state law;

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

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

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

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

20 15. "Distribute" means to deliver other than by administering
21 or dispensing a controlled dangerous substance;

22 16. "Distributor" means a commercial entity engaged in the
23 distribution or reverse distribution of narcotics and dangerous
24 drugs and who complies with all regulations promulgated by the

1 federal Drug Enforcement Administration and the Oklahoma State
2 Bureau of Narcotics and Dangerous Drugs Control;

3 17. "Drug" means articles:

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

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

17 18. "Drug paraphernalia" means all equipment, products, and
18 materials of any kind which are used, intended for use, or fashioned
19 specifically for use in planting, propagating, cultivating, growing,
20 harvesting, manufacturing, compounding, converting, producing,
21 processing, preparing, testing, analyzing, packaging, repackaging,
22 storing, containing, concealing, injecting, ingesting, inhaling, or
23 otherwise introducing into the human body, a controlled dangerous
24

1 substance in violation of the Uniform Controlled Dangerous
2 Substances Act including, but not limited to:

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

- 1 lactose used, intended for use, or fashioned
2 specifically for use in cutting controlled dangerous
3 substances,
- 4 g. separation gins and sifters used, intended for use, or
5 fashioned specifically for use in removing twigs and
6 seeds from, or in otherwise cleaning or refining,
7 marijuana,
- 8 h. blenders, bowls, containers, spoons, and mixing
9 devices used, intended for use, or fashioned
10 specifically for use in compounding controlled
11 dangerous substances,
- 12 i. capsules, balloons, envelopes, and other containers
13 used, intended for use, or fashioned specifically for
14 use in packaging small quantities of controlled
15 dangerous substances,
- 16 j. containers and other objects used, intended for use,
17 or fashioned specifically for use in parenterally
18 injecting controlled dangerous substances into the
19 human body,
- 20 k. hypodermic syringes, needles, and other objects used,
21 intended for use, or fashioned specifically for use in
22 parenterally injecting controlled dangerous substances
23 into the human body, except as authorized by Section
24 2-1101 of this title,

1. objects used, intended for use, or fashioned specifically for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such as:
- (1) metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls,
 - (2) water pipes,
 - (3) carburetion tubes and devices,
 - (4) smoking and carburetion masks,
 - (5) roach clips, meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand,
 - (6) miniature cocaine spoons and cocaine vials,
 - (7) chamber pipes,
 - (8) carburetor pipes,
 - (9) electric pipes,
 - (10) air-driven pipes,
 - (11) chillums,
 - (12) bongs, or
 - (13) ice pipes or chillers,
- m. all hidden or novelty pipes, and

1 n. any pipe that has a tobacco bowl or chamber of less
2 than one-half (1/2) inch in diameter in which there is
3 any detectable residue of any controlled dangerous
4 substance as defined in this section or any other
5 substances not legal for possession or use;

6 provided, however, the term drug paraphernalia shall not include
7 separation gins intended for use in preparing tea or spice, clamps
8 used for constructing electrical equipment, water pipes designed for
9 ornamentation in which no detectable amount of an illegal substance
10 is found or pipes designed and used solely for smoking tobacco,
11 traditional pipes of an American Indian tribal religious ceremony,
12 antique pipes that are thirty (30) years of age or older, or drug
13 testing strips possessed by a person for purposes of determining the
14 presence of fentanyl or a fentanyl-related compound;

15 19. "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 20. "Harm-reduction services" means programs established to:
24

- a. reduce the spread of infectious diseases related to injection drug use,
- b. reduce drug dependency, overdose deaths, and associated complications, and
- c. increase safe recovery and disposal of used syringes and sharp waste;

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

22. "Home care agency" means any sole proprietorship, partnership, association, corporation, or other organization which administers, offers, or provides home care services, for a fee or pursuant to a contract for such services, to clients in their place of residence;

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

24. "Hospice" means a centrally administered, nonprofit or for-profit, medically directed, nurse-coordinated program which provides a continuum of home and inpatient care for the terminally ill patient and the patient's family. Such term shall also include a centrally administered, nonprofit or for-profit, medically directed, nurse-coordinated program if such program is licensed pursuant to the provisions of the Uniform Controlled Dangerous Substances Act.

1 A hospice program offers palliative and supportive care to meet the
2 special needs arising out of the physical, emotional and spiritual
3 stresses which are experienced during the final stages of illness
4 and during dying and bereavement. This care is available twenty-
5 four (24) hours a day, seven (7) days a week, and is provided on the
6 basis of need, regardless of ability to pay. "Class A" Hospice
7 refers to Medicare-certified hospices. "Class B" refers to all
8 other providers of hospice services;

9 25. "Imitation controlled substance" means a substance that is
10 not a controlled dangerous substance, which by dosage unit
11 appearance, color, shape, size, markings or by representations made,
12 would lead a reasonable person to believe that the substance is a
13 controlled dangerous substance, or is a drug intended solely for
14 veterinary purposes that is not a controlled dangerous substance and
15 is being used outside of the scope of practice or normal course of
16 business, as defined by the State Board of Veterinary Medical
17 Examiners, or is a federal Food and Drug Administration-approved
18 drug that is not a controlled dangerous substance and is being used
19 outside the scope of approval for illicit purposes such as
20 adulterating or lacing other controlled dangerous substances. In
21 the event the appearance of the dosage unit or use is not reasonably
22 sufficient to establish that the substance is an imitation
23 controlled substance, the court or authority concerned should
24 consider, in addition to all other factors, the following factors:

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

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

27. "Initial prescription" means a prescription issued to a patient who:

- 1 a. has never previously been issued a prescription for
2 the drug or its pharmaceutical equivalent in the past
3 year, or
- 4 b. requires a prescription for the drug or its
5 pharmaceutical equivalent due to a surgical procedure
6 or new acute event and has previously had a
7 prescription for the drug or its pharmaceutical
8 equivalent within the past year.

9 When determining whether a patient was previously issued a
10 prescription for a drug or its pharmaceutical equivalent, the
11 practitioner shall consult with the patient and review the medical
12 record and prescription monitoring information of the patient;

13 28. "Isomer" means the optical isomer, except as used in
14 subsections C and F of Section 2-204 of this title and paragraph 4
15 of subsection A of Section 2-206 of this title. As used in
16 subsections C and F of Section 2-204 of this title, isomer means the
17 optical, positional, or geometric isomer. As used in paragraph 4 of
18 subsection A of Section 2-206 of this title, the term isomer means
19 the optical or geometric isomer;

20 29. "Laboratory" means a laboratory approved by the Director as
21 proper to be entrusted with the custody of controlled dangerous
22 substances and the use of controlled dangerous substances for
23 scientific and medical purposes and for purposes of instruction;

1 30. "Manufacture" means the production, preparation,
2 propagation, compounding or processing of a controlled dangerous
3 substance, either directly or indirectly by extraction from
4 substances of natural or synthetic origin, or independently by means
5 of chemical synthesis or by a combination of extraction and chemical
6 synthesis. "Manufacturer" includes any person who packages,
7 repackages or labels any container of any controlled dangerous
8 substance, except practitioners who dispense or compound
9 prescription orders for delivery to the ultimate consumer;

10 31. "Marijuana" means all parts of the plant *Cannabis sativa*
11 L., whether growing or not; the seeds thereof; the resin extracted
12 from any part of such plant; and every compound, manufacture, salt,
13 derivative, mixture or preparation of such plant, its seeds or
14 resin, but shall not include:

- 15 a. the mature stalks of such plant or fiber produced from
16 such stalks,
- 17 b. oil or cake made from the seeds of such plant,
18 including cannabidiol derived from the seeds of the
19 marijuana plant,
- 20 c. any other compound, manufacture, salt, derivative,
21 mixture or preparation of such mature stalks (except
22 the resin extracted therefrom), including cannabidiol
23 derived from mature stalks, fiber, oil or cake,

- 1 d. the sterilized seed of such plant which is incapable
2 of germination,
- 3 e. for any person participating in a clinical trial to
4 administer cannabidiol for the treatment of severe
5 forms of epilepsy pursuant to Section 2-802 of this
6 title, a drug or substance approved by the federal
7 Food and Drug Administration for use by those
8 participants,
- 9 f. for any person or the parents, legal guardians or
10 caretakers of the person who have received a written
11 certification from a physician licensed in this state
12 that the person has been diagnosed by a physician as
13 having Lennox-Gastaut syndrome, Dravet syndrome, also
14 known as severe myoclonic epilepsy of infancy, or any
15 other severe form of epilepsy that is not adequately
16 treated by traditional medical therapies, spasticity
17 due to multiple sclerosis or due to paraplegia,
18 intractable nausea and vomiting, appetite stimulation
19 with chronic wasting diseases, the substance
20 cannabidiol, a nonpsychoactive cannabinoid, found in
21 the plant *Cannabis sativa* L. or any other preparation
22 thereof, that has a tetrahydrocannabinol concentration
23 not more than three-tenths of one percent (0.3%) and
24

1 that is delivered to the patient in the form of a
2 liquid,

3 g. any federal Food and Drug Administration-approved drug
4 or substance, or

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

12 32. "Medical purpose" means an intention to utilize a
13 controlled dangerous substance for physical or mental treatment, for
14 diagnosis, or for the prevention of a disease condition not in
15 violation of any state or federal law and not for the purpose of
16 satisfying physiological or psychological dependence or other abuse;

17 33. "Mid-level practitioner" means an Advanced Practice
18 Registered Nurse as defined and within parameters specified in
19 Section 567.3a of Title 59 of the Oklahoma Statutes, or a certified
20 animal euthanasia technician as defined in Section 698.2 of Title 59
21 of the Oklahoma Statutes, or an animal control officer registered by
22 the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control
23 under subsection B of Section 2-301 of this title within the
24

1 parameters of such officer's duties under Sections 501 through 508
2 of Title 4 of the Oklahoma Statutes;

3 34. "Narcotic drug" means any of the following, whether
4 produced directly or indirectly by extraction from substances of
5 vegetable origin, or independently by means of chemical synthesis,
6 or by a combination of extraction and chemical synthesis:

- 7 a. opium, coca leaves and opiates,
- 8 b. a compound, manufacture, salt, derivative or
9 preparation of opium, coca leaves or opiates,
- 10 c. cocaine, its salts, optical and geometric isomers, and
11 salts of isomers,
- 12 d. ecgonine, its derivatives, their salts, isomers and
13 salts of isomers, and
- 14 e. a substance, and any compound, manufacture, salt,
15 derivative or preparation thereof, which is chemically
16 identical with any of the substances referred to in
17 subparagraphs a through d of this paragraph, except
18 that the words narcotic drug as used in Section 2-101
19 et seq. of this title shall not include decocainized
20 coca leaves or extracts of coca leaves, which extracts
21 do not contain cocaine or ecgonine;

22 35. "Opiate" or "opioid" means any Schedule II, III, IV or V
23 substance having an addiction-forming or addiction-sustaining
24 liability similar to morphine or being capable of conversion into a

1 drug having such addiction-forming or addiction-sustaining
2 liability. The terms do not include, unless specifically designated
3 as controlled under the Uniform Controlled Dangerous Substances Act,
4 the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its
5 salts (dextromethorphan). The terms do include the racemic and
6 levorotatory forms;

7 36. "Opium poppy" means the plant of the species *Papaver*
8 *somniferum* L., except the seeds thereof;

9 37. "Palliative care" means a specialized medical service for
10 people of any age and at any stage of a serious illness or life-
11 altering medical event that focuses on navigating complex medical
12 decisions while providing patient autonomy and access to
13 information. Utilizing a holistic and interdisciplinary team
14 approach, palliative care addresses physical, intellectual,
15 emotional, social, and spiritual needs. Palliative care may be
16 provided in the inpatient, outpatient, or home care setting and
17 strives to improve quality of life for both the patient and the
18 family;

19 38. "Patient-provider agreement" means a written contract or
20 agreement that is executed between a practitioner and a patient
21 prior to the commencement of treatment for chronic pain using an
22 opioid drug as a means to:

23

24

- a. explain the possible risk of development of physical or psychological dependence in the patient and prevent the possible development of addiction,
- b. document the understanding of both the practitioner and the patient regarding the patient-provider agreement of the patient,
- c. establish the rights of the patient in association with treatment and the obligations of the patient in relation to the responsible use, discontinuation of use, and storage of opioid drugs, including any restrictions on the refill of prescriptions or the acceptance of opioid prescriptions from practitioners,
- d. identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation, or psychological counseling, that are included as a part of the patient-provider agreement,
- e. specify the measures the practitioner may employ to monitor the compliance of the patient including, but not limited to, random specimen screens and pill counts, and
- f. delineate the process for terminating the agreement, including the consequences if the practitioner has reason to believe that the patient is not complying with the terms of the agreement. Compliance with the

1 consent items described in this paragraph shall
2 constitute a valid, informed consent for opioid
3 therapy. The practitioner shall be held harmless from
4 civil litigation for failure to treat pain if the
5 event occurs because of nonadherence by the patient
6 with any of the provisions of the patient-provider
7 agreement;

8 39. "Peace officer" means a police officer, sheriff, deputy
9 sheriff, district attorney's investigator, investigator from the
10 Office of the Attorney General, or any other person elected or
11 appointed by law to enforce any of the criminal laws of this state
12 or of the United States;

13 40. "Person" means an individual, corporation, government or
14 governmental subdivision or agency, business trust, estate, trust,
15 partnership or association, or any other legal entity;

16 41. "Poppy straw" means all parts, except the seeds, of the
17 opium poppy, after mowing;

18 42. "Practitioner" means:

- 19 a. (1) a medical doctor or osteopathic physician,
20 (2) a dentist,
21 (3) a podiatrist,
22 (4) an optometrist,
23 (5) a veterinarian,
24

1 (6) ~~a physician assistant or~~ an Advanced Practice

2 Registered Nurse under the supervision of a

3 licensed medical doctor or osteopathic physician,

4 or a physician assistant,

5 (7) a scientific investigator, or

6 (8) any other person,

7 licensed, registered or otherwise permitted to

8 prescribe, distribute, dispense, conduct research with

9 respect to, use for scientific purposes or administer

10 a controlled dangerous substance in the course of

11 professional practice or research in this state, or

12 b. a pharmacy, hospital, laboratory or other institution

13 licensed, registered or otherwise permitted to

14 distribute, dispense, conduct research with respect

15 to, use for scientific purposes or administer a

16 controlled dangerous substance in the course of

17 professional practice or research in this state;

18 43. "Production" includes the manufacture, planting,

19 cultivation, growing or harvesting of a controlled dangerous

20 substance;

21 44. "Serious illness" means a medical illness or physical

22 injury or condition that substantially affects quality of life for

23 more than a short period of time. Serious illness includes, but is

24 not limited to, Alzheimer's disease or related dementias, lung

1 disease, cancer, heart failure, renal failure, liver failure, or
2 chronic, unremitting, or intractable pain such as neuropathic pain;

3 45. "State" means the State of Oklahoma or any other state of
4 the United States;

5 46. "Straw person" or "straw party", also known as a "front",
6 means a third party who:

7 a. is put up in name only to take part in a transaction
8 or otherwise is a nominal party to a transaction with
9 no actual control,

10 b. acts on behalf of another person to obtain title to
11 property and executes documents and instruments the
12 principal may direct respecting property, or

13 c. purchases property for another for the purpose of
14 concealing the identity of the real purchaser or to
15 accomplish some purpose otherwise in violation of the
16 Oklahoma Statutes;

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

1 manipulating by closed reduction for major dislocations or
2 fractures, or otherwise altering by any mechanical, thermal, light-
3 based, electromagnetic, or chemical means;

4 48. a. "Synthetic controlled substance" means a substance:

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

23 b. The designation of gamma-butyrolactone or any other
24 chemical as a precursor, pursuant to Section 2-322 of

1 this title, does not preclude a finding pursuant to
2 subparagraph a of this paragraph that the chemical is
3 a synthetic controlled substance.

4 c. Synthetic controlled substance does not include:

- 5 (1) a controlled dangerous substance,
6 (2) any substance for which there is an approved new
7 drug application,
8 (3) with respect to a particular person any
9 substance, if an exemption is in effect for
10 investigational use, for that person under the
11 provisions of Section 505 of the Federal Food,
12 Drug, and Cosmetic Act, 21 U.S.C., Section 355,
13 to the extent conduct with respect to such
14 substance is pursuant to such exemption, or
15 (4) any substance to the extent not intended for
16 human consumption before such an exemption takes
17 effect with respect to that substance.

18 d. Prima facie evidence that a substance containing
19 salvia divinorum has been enhanced, concentrated, or
20 chemically or physically altered shall give rise to a
21 rebuttable presumption that the substance is a
22 synthetic controlled substance;

23 49. "Tetrahydrocannabinols" means all substances that have been
24 chemically synthesized to emulate the tetrahydrocannabinols of

1 marijuana, specifically including any tetrahydrocannabinols derived
2 from industrial hemp; and

3 50. "Ultimate user" means a person who lawfully possesses a
4 controlled dangerous substance for the person's own use or for the
5 use of a member of the person's household or for administration to
6 an animal owned by the person or by a member of the person's
7 household.

8 SECTION 8. AMENDATORY 63 O.S. 2021, Section 2-312, as
9 amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2024,
10 Section 2-312), is amended to read as follows:

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

21 B. A veterinarian who has complied with the registration
22 requirements of the Uniform Controlled Dangerous Substances Act, in
23 good faith and in the course of the professional practice of the
24 veterinarian only, and not for use by a human being, may prescribe,

1 administer, and dispense controlled dangerous substances and may
2 cause them to be administered by an assistant or orderly under the
3 direction and supervision of the veterinarian.

4 C. An advanced practice nurse who is recognized to prescribe by
5 the Oklahoma Board of Nursing as an advanced registered nurse
6 practitioner, clinical nurse specialist or certified nurse-midwife,
7 who is subject to medical direction by a supervising physician,
8 pursuant to Section 567.3a of Title 59 of the Oklahoma Statutes, and
9 who has complied with the registration requirements of the Uniform
10 Controlled Dangerous Substances Act, in good faith and in the course
11 of professional practice only, may prescribe and administer Schedule
12 III, IV and V controlled dangerous substances.

13 D. An advanced practice nurse who is recognized to order,
14 select, obtain and administer drugs by the Oklahoma Board of Nursing
15 as a certified registered nurse anesthetist pursuant to Section
16 353.1b of Title 59 of the Oklahoma Statutes and who has complied
17 with the registration requirements of the Uniform Controlled
18 Dangerous Substances Act, in good faith and in the course of such
19 practitioner's professional practice only, may order, select, obtain
20 and administer Schedules II through V controlled dangerous
21 substances in a preanesthetic preparation or evaluation; anesthesia
22 induction, maintenance or emergence; or postanesthesia care setting
23 only. A certified registered nurse anesthetist may order, select,
24

1 obtain and administer such drugs only during the perioperative or
2 periobstetrical period.

3 E. A physician assistant who is recognized to prescribe by the
4 State Board of Medical Licensure and Supervision under ~~the medical~~
5 ~~direction of a supervising physician, pursuant to~~ Section 519.6 of
6 Title 59 of the Oklahoma Statutes, and who has complied with the
7 registration requirements of the Uniform Controlled Dangerous
8 Substances Act, in good faith and in the course of professional
9 practice only, may prescribe and administer Schedule II through V
10 controlled dangerous substances subject to the restrictions in
11 Section 519.6 of Title 59 of the Oklahoma Statutes.

12 SECTION 9. REPEALER 59 O.S. 2021, Section 521.4, is
13 hereby repealed.

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

18
19 60-1-13161 TKR 03/05/25
20
21
22
23
24