

**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: Jon Echols

\_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

STATE OF OKLAHOMA

2nd Session of the 59th Legislature (2024)

PROPOSED COMMITTEE  
SUBSTITUTE  
FOR  
HOUSE BILL NO. 3965

By: Echols

PROPOSED 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, 519.11, as amended by Section 1, Chapter 164, O.S.L. 2022, and 521.2 (59 O.S. Supp. 2023, 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 post-graduate clinical practice; clarifying which prescriptions and orders may be written and delegated; clarifying language regarding practicing medicine, prescribing drugs, and using medical supplies; modifying billing and payment authority; amending 63 O.S. 2021, Section 1-317, as amended by Section 1, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2023, 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 375, O.S.L. 2023 and 2-312, as amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2023, Section 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 substances; repealing 59 O.S. 2021, Section 521.4, which relates to physician

1 supervision and practice agreements; and providing an  
2 effective date.

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, and, for a physician assistant required  
17 to practice under supervision, form a component of the physician's  
18 scope of practice, and are provided with physician supervision,  
19 including authenticating by signature any form that may be  
20 authenticated by the delegating physician's signature with prior  
21 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 ~~physician performing procedures or directly or indirectly involved~~  
16 ~~with the treatment of a patient~~ delegating physician, and the  
17 physician assistant working jointly toward a common goal of  
18 providing services. Delegation shall be defined by the practice  
19 agreement. The physical presence of the delegating physician is not  
20 required as long as the delegating physician and physician assistant  
21 are or can be easily in contact with each other by  
22 telecommunication. At all times a physician assistant required to  
23 practice under supervision shall be considered an agent of the  
24 delegating physician;

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 B of Section 3 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 post-graduate 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 post-  
9 graduate clinical practice experience to the Board at any time after  
10 completion of at least six thousand two hundred forty (6,240) such  
11 hours.

12 2. Hours earned prior to the adoption 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 post-graduate clinical practice experience hours.

18 4. The Board shall, within ninety (90) days of enactment,  
19 prescribe a form for reporting post-graduate clinical practice  
20 experience by a physician assistant. This reporting form may be  
21 filed electronically. The Board shall not charge a fee for  
22 reporting hours.

23 5. Nothing in this subsection shall prohibit a physician  
24 assistant from maintaining a practice agreement; however, such an

1 agreement is not required for a physician assistant with the  
2 reported six thousand two hundred forty (6,240) hours of post-  
3 graduate clinical practice experience.

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

7 C. A physician assistant with less than six thousand two  
8 hundred forty (6,240) hours of post-graduate clinical practice  
9 experience or who has completed six thousand two hundred forty  
10 (6,240) hours but has not reported those hours to the Board shall  
11 practice under the supervision of a delegating physician with the  
12 following requirements:

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

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

23 ~~C.~~ 3. The delegating physician need not be physically present  
24 nor be specifically consulted before each delegated patient care

1 service is performed by a physician assistant, so long as the  
2 delegating physician and physician assistant are or can be easily in  
3 contact with one another by means of telecommunication. ~~In all~~  
4 ~~patient care settings, the~~ The delegating physician shall provide  
5 appropriate methods of participating in health care services  
6 provided by the physician assistant including:

- 7 a. being responsible for the formulation or approval of  
8 all orders and protocols, whether standing orders,  
9 direct orders or any other orders or protocols, which  
10 direct the delivery of health care services provided  
11 by a physician assistant, and periodically reviewing  
12 such orders and protocols,
- 13 b. regularly reviewing the health care services provided  
14 by the physician assistant and any problems or  
15 complications encountered,
- 16 c. being available physically or through telemedicine or  
17 direct telecommunications for consultation, assistance  
18 with medical emergencies or patient referral,
- 19 d. reviewing a sample of outpatient medical records.

20 Such reviews shall take place at a site agreed upon  
21 between the delegating physician and physician  
22 assistant in the practice agreement which may also  
23 occur using electronic or virtual conferencing, and  
24

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

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

13 ~~E.~~ D. 1. A physician assistant ~~under the direction of a~~  
14 ~~delegating physician~~ may prescribe written and oral prescriptions  
15 and orders. The physician assistant may prescribe medical supplies,  
16 services, and drugs, including controlled medications in Schedules  
17 II through V pursuant to Section 2-312 of Title 63 of the Oklahoma  
18 Statutes, ~~and medical supplies and services as delegated by the~~  
19 ~~delegating physician and as approved by the State Board of Medical~~  
20 ~~Licensure and Supervision after consultation with the State Board of~~  
21 ~~Pharmacy on the Physician Assistant Drug Formulary~~ and if a  
22 physician assistant is required to be supervised, in accordance with  
23 their practice agreement.

1       2. ~~A physician assistant may write an order for a Schedule II~~  
2 ~~drug for immediate or ongoing administration on site. Prescriptions~~  
3 ~~and orders for Schedule II drugs written by a physician assistant~~  
4 ~~must be included on a written protocol determined by the delegating~~  
5 ~~physician and approved by the medical staff committee of the~~  
6 ~~facility or by direct verbal order of the delegating physician.~~

7 Physician assistants may not dispense drugs, but may request,  
8 receive, and sign for professional samples and may distribute  
9 professional samples to patients.

10       ~~F. E.~~ A physician assistant ~~may perform health care services in~~  
11 ~~patient care settings as authorized by the delegating physician~~  
12 required to practice under the supervision of a delegating physician  
13 may prescribe Schedules II through V written and oral prescriptions  
14 and orders only as delegated by the delegating physician and  
15 prescriptions and orders for Schedule II drugs written by such  
16 physician assistant shall be included on a written protocol  
17 determined by the delegating physician.

18       ~~G. F.~~ Each physician assistant licensed under the Physician  
19 Assistant Act shall keep his or her license available for inspection  
20 at the primary place of business and shall, when engaged in  
21 professional activities, identify himself or herself as a physician  
22 assistant.

1        ~~H.~~ G. A physician assistant shall be bound by the provisions  
2 contained in Sections 725.1 through 725.5 of Title 59 of the  
3 Oklahoma Statutes.

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

7        Section 519.11 A. Nothing in the Physician Assistant Act shall  
8 be construed to prevent or restrict the practice, services or  
9 activities of any persons of other licensed professions or personnel  
10 supervised by licensed professions in this state from performing  
11 work incidental to the practice of their profession or occupation,  
12 if that person does not represent himself or herself as a physician  
13 assistant.

14        B. Nothing stated in the Physician Assistant Act shall prevent  
15 any hospital from requiring the physician assistant or the  
16 delegating physician to meet and maintain certain staff appointment  
17 and credentialing qualifications for the privilege of practicing as,  
18 or utilizing, a physician assistant in the hospital.

19        ~~C. Nothing in the Physician Assistant Act shall be construed to~~  
20 ~~permit a physician assistant to practice medicine or prescribe drugs~~  
21 ~~and medical supplies in this state except when such actions are~~  
22 ~~performed under the supervision and at the direction of a physician~~  
23 ~~or physicians approved by the State Board of Medical Licensure and~~  
24 ~~Supervision.~~

1       ~~D.~~ Nothing herein shall be construed to require licensure under  
2 the Physician Assistant Act of a physician assistant student  
3 enrolled in a physician assistant educational program accredited by  
4 the Accreditation Review Commission on Education for the Physician  
5 Assistant.

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

11       ~~F.~~ E. Nothing in the Physician Assistant Act shall limit the  
12 activities of a physician assistant in the performance of their  
13 duties if the physician assistant is employed by or under contract  
14 with the United States Department of Veterans Affairs or if the  
15 physician assistant is employed by, under contract with, or  
16 commissioned by one of the uniformed services; provided, the  
17 physician assistant must be currently licensed in this state or any  
18 other state or currently credentialed as a physician assistant by  
19 the United States Department of Veterans Affairs or the applicable  
20 uniformed service. Any physician assistant who is employed by or  
21 under contract with the United States Department of Veterans Affairs  
22 or is employed by, under contract with, or commissioned by one of  
23 the uniformed services and practices outside of such employment,  
24 contract, or commission shall be subject to the Physician Assistant

1 Act while practicing outside of such employment, contract, or  
2 commission. As used in this subsection, "uniformed services" shall  
3 have the same meaning as provided by Title 10 of the U.S. Code.

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

6 Section 521.2 A. Payment for services within the physician  
7 assistant's scope of practice by a health insurance plan shall be  
8 made when ordered or performed by the physician assistant, if the  
9 same service would have been covered if ordered or performed by a  
10 physician. ~~An in-network~~ A physician assistant shall be authorized  
11 to bill for and receive direct payment for the medically necessary  
12 services the physician assistant delivers.

13 B. To ensure accountability and transparency for patients,  
14 payers and the health care system, ~~an in-network~~ a physician  
15 assistant shall be identified as the rendering professional in the  
16 billing and claims process when the physician assistant delivers  
17 medical or surgical services to patients.

18 C. No insurance company or third-party payer shall impose a  
19 practice, education, or collaboration requirement that is  
20 inconsistent with or more restrictive than existing physician  
21 assistant state laws or regulations.

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



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

4 B. The funeral director shall personally sign the death  
5 certificate and shall be responsible for filing the death  
6 certificate. If the funeral director is not available, the person  
7 acting as such who first assumes custody of a dead body in  
8 accordance with Section 1158 of Title 21 of the Oklahoma Statutes  
9 shall personally sign and file the death certificate. The personal  
10 data shall be obtained from the next of kin or the best qualified  
11 person or source available. The certificate shall be completed as  
12 to personal data and delivered to the attending physician or the  
13 medical examiner responsible for completing the medical  
14 certification portion of the certificate of death within twenty-four  
15 (24) hours after the death. No later than July 1, 2012, the  
16 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 4 of this act to carry out the functions described in  
14 this section shall be governed by the practice agreement as provided  
15 by Section 519.6 of Title 59 of the Oklahoma Statutes.

16 SECTION 8. AMENDATORY 63 O.S. 2021, Section 2-101, as  
17 last amended by Section 1, Chapter 375, O.S.L. 2023 (63 O.S. Supp.  
18 2023, Section 2-101), is amended to read as follows:

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

21 1. "Administer" means the direct application of a controlled  
22 dangerous substance, whether by injection, inhalation, ingestion or  
23 any other means, to the body of a patient, animal or research  
24 subject by:

1 a. a practitioner (or, in the presence of the  
2 practitioner, by the authorized agent of the  
3 practitioner), or

4 b. the patient or research subject at the direction and  
5 in the presence of the practitioner;

6 2. "Agent" means a peace officer appointed by and who acts on  
7 behalf of the Director of the Oklahoma State Bureau of Narcotics and  
8 Dangerous Drugs Control or an authorized person who acts on behalf  
9 of or at the direction of a person who manufactures, distributes,  
10 dispenses, prescribes, administers or uses for scientific purposes  
11 controlled dangerous substances but does not include a common or  
12 contract carrier, public warehouse or employee thereof, or a person  
13 required to register under the Uniform Controlled Dangerous  
14 Substances Act;

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

17 4. "Bureau" means the Oklahoma State Bureau of Narcotics and  
18 Dangerous Drugs Control;

19 5. "Coca leaves" includes cocaine and any compound,  
20 manufacture, salt, derivative, mixture or preparation of coca  
21 leaves, except derivatives of coca leaves which do not contain  
22 cocaine or ecgonine;

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

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

4       8. "Controlled dangerous substance" means a drug, substance or  
5 immediate precursor in Schedules I through V of the Uniform  
6 Controlled Dangerous Substances Act or any drug, substance or  
7 immediate precursor listed either temporarily or permanently as a  
8 federally controlled substance. Any conflict between state and  
9 federal law with regard to the particular schedule in which a  
10 substance is listed shall be resolved in favor of state law;

11       9. "Counterfeit substance" means a controlled substance which,  
12 or the container or labeling of which without authorization, bears  
13 the trademark, trade name or other identifying marks, imprint,  
14 number or device or any likeness thereof of a manufacturer,  
15 distributor or dispenser other than the person who in fact  
16 manufactured, distributed or dispensed the substance;

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

21       11. "Dispense" means to deliver a controlled dangerous  
22 substance to an ultimate user or human research subject by or  
23 pursuant to the lawful order of a practitioner, including the  
24 prescribing, administering, packaging, labeling or compounding

1 necessary to prepare the substance for such distribution.

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

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

6 13. "Distributor" means a commercial entity engaged in the  
7 distribution or reverse distribution of narcotics and dangerous  
8 drugs and who complies with all regulations promulgated by the  
9 federal Drug Enforcement Administration and the Oklahoma State  
10 Bureau of Narcotics and Dangerous Drugs Control;

11 14. "Drug" means articles:

12 a. recognized in the official United States Pharmacopeia,  
13 official Homeopathic Pharmacopoeia of the United  
14 States, or official National Formulary, or any  
15 supplement to any of them,

16 b. intended for use in the diagnosis, cure, mitigation,  
17 treatment or prevention of disease in man or other  
18 animals,

19 c. other than food, intended to affect the structure or  
20 any function of the body of man or other animals, and

21 d. intended for use as a component of any article  
22 specified in this paragraph;

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

1       15. "Drug-dependent person" means a person who is using a  
2 controlled dangerous substance and who is in a state of psychic or  
3 physical dependence, or both, arising from administration of that  
4 controlled dangerous substance on a continuous basis. Drug  
5 dependence is characterized by behavioral and other responses which  
6 include a strong compulsion to take the substance on a continuous  
7 basis in order to experience its psychic effects, or to avoid the  
8 discomfort of its absence;

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

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

16       18. "Hospice" means a centrally administered, nonprofit or for-  
17 profit, medically directed, nurse-coordinated program which provides  
18 a continuum of home and inpatient care for the terminally ill  
19 patient and the patient's family. Such term shall also include a  
20 centrally administered, nonprofit or for-profit, medically directed,  
21 nurse-coordinated program if such program is licensed pursuant to  
22 the provisions of the Uniform Controlled Dangerous Substances Act.  
23 A hospice program offers palliative and supportive care to meet the  
24 special needs arising out of the physical, emotional and spiritual

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

7 19. "Imitation controlled substance" means a substance that is  
8 not a controlled dangerous substance, which by dosage unit  
9 appearance, color, shape, size, markings or by representations made,  
10 would lead a reasonable person to believe that the substance is a  
11 controlled dangerous substance. In the event the appearance of the  
12 dosage unit is not reasonably sufficient to establish that the  
13 substance is an imitation controlled substance, the court or  
14 authority concerned should consider, in addition to all other  
15 factors, the following factors as related to "representations made"  
16 in determining whether the substance is an imitation controlled  
17 substance:

- 18 a. statements made by an owner or by any other person in  
19 control of the substance concerning the nature of the  
20 substance, or its use or effect,
- 21 b. statements made to the recipient that the substance  
22 may be resold for inordinate profit,
- 23 c. whether the substance is packaged in a manner normally  
24 used for illicit controlled substances,



- 1           d.    evasive tactics or actions utilized by the owner or  
2                    person in control of the substance to avoid detection  
3                    by law enforcement authorities,  
4           e.    prior convictions, if any, of an owner, or any other  
5                    person in control of the object, under state or  
6                    federal law related to controlled substances or fraud,  
7                    and  
8           f.    the proximity of the substances to controlled  
9                    dangerous substances;

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

16           21. "Laboratory" means a laboratory approved by the Director as  
17 proper to be entrusted with the custody of controlled dangerous  
18 substances and the use of controlled dangerous substances for  
19 scientific and medical purposes and for purposes of instruction;

20           22. "Manufacture" means the production, preparation,  
21 propagation, compounding or processing of a controlled dangerous  
22 substance, either directly or indirectly by extraction from  
23 substances of natural or synthetic origin, or independently by means  
24 of chemical synthesis or by a combination of extraction and chemical

1 synthesis. "Manufacturer" includes any person who packages,  
2 repackages or labels any container of any controlled dangerous  
3 substance, except practitioners who dispense or compound  
4 prescription orders for delivery to the ultimate consumer;

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

- 10 a. the mature stalks of such plant or fiber produced from  
11 such stalks,
- 12 b. oil or cake made from the seeds of such plant,  
13 including cannabidiol derived from the seeds of the  
14 marijuana plant,
- 15 c. any other compound, manufacture, salt, derivative,  
16 mixture or preparation of such mature stalks (except  
17 the resin extracted therefrom), including cannabidiol  
18 derived from mature stalks, fiber, oil or cake,
- 19 d. the sterilized seed of such plant which is incapable  
20 of germination,
- 21 e. for any person participating in a clinical trial to  
22 administer cannabidiol for the treatment of severe  
23 forms of epilepsy pursuant to Section 2-802 of this  
24 title, a drug or substance approved by the federal

1 Food and Drug Administration for use by those  
2 participants,

3 f. for any person or the parents, legal guardians or  
4 caretakers of the person who have received a written  
5 certification from a physician licensed in this state  
6 that the person has been diagnosed by a physician as  
7 having Lennox-Gastaut syndrome, Dravet syndrome, also  
8 known as severe myoclonic epilepsy of infancy, or any  
9 other severe form of epilepsy that is not adequately  
10 treated by traditional medical therapies, spasticity  
11 due to multiple sclerosis or due to paraplegia,  
12 intractable nausea and vomiting, appetite stimulation  
13 with chronic wasting diseases, the substance  
14 cannabidiol, a nonpsychoactive cannabinoid, found in  
15 the plant Cannabis sativa L. or any other preparation  
16 thereof, that has a tetrahydrocannabinol concentration  
17 not more than three-tenths of one percent (0.3%) and  
18 that is delivered to the patient in the form of a  
19 liquid,

20 g. any federal Food-and-Drug-Administration-approved drug  
21 or substance, or

22 h. industrial hemp, from the plant Cannabis sativa L. and  
23 any part of such plant, whether growing or not, with a  
24 delta-9 tetrahydrocannabinol concentration not more

1 than three-tenths of one percent (0.3%) on a dry-  
2 weight basis which shall only be grown pursuant to the  
3 Oklahoma Industrial Hemp Program and may be shipped  
4 intrastate and interstate;

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

10 25. "Mid-level practitioner" means an Advanced Practice  
11 Registered Nurse as defined and within parameters specified in  
12 Section 567.3a of Title 59 of the Oklahoma Statutes, or a certified  
13 animal euthanasia technician as defined in Section 698.2 of Title 59  
14 of the Oklahoma Statutes, or an animal control officer registered by  
15 the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control  
16 under subsection B of Section 2-301 of this title within the  
17 parameters of such officer's duties under Sections 501 through 508  
18 of Title 4 of the Oklahoma Statutes;

19 26. "Narcotic drug" means any of the following, whether  
20 produced directly or indirectly by extraction from substances of  
21 vegetable origin, or independently by means of chemical synthesis,  
22 or by a combination of extraction and chemical synthesis:

23 a. opium, coca leaves and opiates,  
24

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

15          27. "Opiate" or "opioid" means any Schedule II, III, IV or V  
16          substance having an addiction-forming or addiction-sustaining  
17          liability similar to morphine or being capable of conversion into a  
18          drug having such addiction-forming or addiction-sustaining  
19          liability. The terms do not include, unless specifically designated  
20          as controlled under the Uniform Controlled Dangerous Substances Act,  
21          the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its  
22          salts (dextromethorphan). The terms do include the racemic and  
23          levorotatory forms;

1 28. "Opium poppy" means the plant of the species Papaver  
2 somniferum L., except the seeds thereof;

3 29. "Peace officer" means a police officer, sheriff, deputy  
4 sheriff, district attorney's investigator, investigator from the  
5 Office of the Attorney General, or any other person elected or  
6 appointed by law to enforce any of the criminal laws of this state  
7 or of the United States;

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

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

13 32. "Practitioner" means:

- 14 a. (1) a medical doctor or osteopathic physician,  
15 (2) a dentist,  
16 (3) a podiatrist,  
17 (4) an optometrist,  
18 (5) a veterinarian,  
19 (6) ~~a physician assistant or~~ an Advanced Practice  
20 Registered Nurse under the supervision of a  
21 licensed medical doctor or osteopathic physician;  
22 or a physician assistant,  
23 (7) a scientific investigator, or  
24 (8) any other person,

1 licensed, registered or otherwise permitted to  
2 prescribe, distribute, dispense, conduct research with  
3 respect to, use for scientific purposes or administer  
4 a controlled dangerous substance in the course of  
5 professional practice or research in this state, or

6 b. a pharmacy, hospital, laboratory or other institution  
7 licensed, registered or otherwise permitted to  
8 distribute, dispense, conduct research with respect  
9 to, use for scientific purposes or administer a  
10 controlled dangerous substance in the course of  
11 professional practice or research in this state;

12 33. "Production" includes the manufacture, planting,  
13 cultivation, growing or harvesting of a controlled dangerous  
14 substance;

15 34. "State" means the State of Oklahoma or any other state of  
16 the United States;

17 35. "Ultimate user" means a person who lawfully possesses a  
18 controlled dangerous substance for the person's own use or for the  
19 use of a member of the person's household or for administration to  
20 an animal owned by the person or by a member of the person's  
21 household;

22 36. "Drug paraphernalia" means all equipment, products and  
23 materials of any kind which are used, intended for use, or fashioned  
24 specifically for use in planting, propagating, cultivating, growing,

1 harvesting, manufacturing, compounding, converting, producing,  
2 processing, preparing, testing, analyzing, packaging, repackaging,  
3 storing, containing, concealing, injecting, ingesting, inhaling or  
4 otherwise introducing into the human body, a controlled dangerous  
5 substance in violation of the Uniform Controlled Dangerous  
6 Substances Act including, but not limited to:

- 7       a. kits used, intended for use, or fashioned specifically  
8       for use in planting, propagating, cultivating, growing  
9       or harvesting of any species of plant which is a  
10       controlled dangerous substance or from which a  
11       controlled dangerous substance can be derived,
- 12       b. kits used, intended for use, or fashioned specifically  
13       for use in manufacturing, compounding, converting,  
14       producing, processing or preparing controlled  
15       dangerous substances,
- 16       c. isomerization devices used, intended for use, or  
17       fashioned specifically for use in increasing the  
18       potency of any species of plant which is a controlled  
19       dangerous substance,
- 20       d. testing equipment used, intended for use, or fashioned  
21       specifically for use in identifying, or in analyzing  
22       the strength, effectiveness or purity of controlled  
23       dangerous substances,

24



- 1 e. scales and balances used, intended for use, or  
2 fashioned specifically for use in weighing or  
3 measuring controlled dangerous substances,  
4 f. diluents and adulterants, such as quinine  
5 hydrochloride, mannitol, mannite, dextrose and  
6 lactose, used, intended for use, or fashioned  
7 specifically for use in cutting controlled dangerous  
8 substances,  
9 g. separation gins and sifters used, intended for use, or  
10 fashioned specifically for use in removing twigs and  
11 seeds from, or in otherwise cleaning or refining,  
12 marijuana,  
13 h. blenders, bowls, containers, spoons and mixing devices  
14 used, intended for use, or fashioned specifically for  
15 use in compounding controlled dangerous substances,  
16 i. capsules, balloons, envelopes and other containers  
17 used, intended for use, or fashioned specifically for  
18 use in packaging small quantities of controlled  
19 dangerous substances,  
20 j. containers and other objects used, intended for use,  
21 or fashioned specifically for use in parenterally  
22 injecting controlled dangerous substances into the  
23 human body,  
24

- 1 k. hypodermic syringes, needles and other objects used,  
2 intended for use, or fashioned specifically for use in  
3 parenterally injecting controlled dangerous substances  
4 into the human body,
- 5 l. objects used, intended for use, or fashioned  
6 specifically for use in ingesting, inhaling or  
7 otherwise introducing marijuana, cocaine, hashish or  
8 hashish oil into the human body, such as:
- 9 (1) metal, wooden, acrylic, glass, stone, plastic or  
10 ceramic pipes with or without screens, permanent  
11 screens, hashish heads or punctured metal bowls,
  - 12 (2) water pipes,
  - 13 (3) carburetion tubes and devices,
  - 14 (4) smoking and carburetion masks,
  - 15 (5) roach clips, meaning objects used to hold burning  
16 material, such as a marijuana cigarette, that has  
17 become too small or too short to be held in the  
18 hand,
  - 19 (6) miniature cocaine spoons and cocaine vials,
  - 20 (7) chamber pipes,
  - 21 (8) carburetor pipes,
  - 22 (9) electric pipes,
  - 23 (10) air-driven pipes,
  - 24 (11) chillums,

1 (12) bong, or

2 (13) ice pipes or chillers,

3 m. all hidden or novelty pipes, and

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

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

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

19 (1) the chemical structure of which is substantially  
20 similar to the chemical structure of a controlled  
21 dangerous substance in Schedule I or II,

22 (2) which has a stimulant, depressant, or  
23 hallucinogenic effect on the central nervous  
24 system that is substantially similar to or

1 greater than the stimulant, depressant or  
2 hallucinogenic effect on the central nervous  
3 system of a controlled dangerous substance in  
4 Schedule I or II, or

5 (3) with respect to a particular person, which such  
6 person represents or intends to have a stimulant,  
7 depressant, or hallucinogenic effect on the  
8 central nervous system that is substantially  
9 similar to or greater than the stimulant,  
10 depressant, or hallucinogenic effect on the  
11 central nervous system of a controlled dangerous  
12 substance in Schedule I or II.

13 b. The designation of gamma butyrolactone or any other  
14 chemical as a precursor, pursuant to Section 2-322 of  
15 this title, does not preclude a finding pursuant to  
16 subparagraph a of this paragraph that the chemical is  
17 a synthetic controlled substance.

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

- 19 (1) a controlled dangerous substance,  
20 (2) any substance for which there is an approved new  
21 drug application,  
22 (3) with respect to a particular person any  
23 substance, if an exemption is in effect for  
24 investigational use, for that person under the

1 provisions of Section 505 of the Federal Food,  
2 Drug and Cosmetic Act, Title 21 of the United  
3 States Code, Section 355, to the extent conduct  
4 with respect to such substance is pursuant to  
5 such exemption, or

6 (4) any substance to the extent not intended for  
7 human consumption before such an exemption takes  
8 effect with respect to that substance.

9 d. Prima facie evidence that a substance containing  
10 salvia divinorum has been enhanced, concentrated or  
11 chemically or physically altered shall give rise to a  
12 rebuttable presumption that the substance is a  
13 synthetic controlled substance;

14 38. "Tetrahydrocannabinols" means all substances that have been  
15 chemically synthesized to emulate the tetrahydrocannabinols of  
16 marijuana, specifically including any tetrahydrocannabinols derived  
17 from industrial hemp;

18 39. "Isomer" means the optical isomer, except as used in  
19 subsections C and F of Section 2-204 of this title and paragraph 4  
20 of subsection A of Section 2-206 of this title. As used in  
21 subsections C and F of Section 2-204 of this title, isomer means the  
22 optical, positional or geometric isomer. As used in paragraph 4 of  
23 subsection A of Section 2-206 of this title, the term isomer means  
24 the optical or geometric isomer;

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

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

7       42. "Acute pain" means pain, whether resulting from disease,  
8 accidental or intentional trauma or other cause, that the  
9 practitioner reasonably expects to last only a short period of time.  
10 Acute pain does not include chronic pain, pain being treated as part  
11 of cancer care, hospice or other end-of-life care, or pain being  
12 treated as part of palliative care;

13       43. "Chronic pain" means pain that persists beyond the usual  
14 course of an acute disease or healing of an injury. Chronic pain  
15 may or may not be associated with an acute or chronic pathologic  
16 process that causes continuous or intermittent pain over months or  
17 years;

18       44. "Initial prescription" means a prescription issued to a  
19 patient who:

- 20           a. has never previously been issued a prescription for  
21           the drug or its pharmaceutical equivalent in the past  
22           year, or  
23           b. requires a prescription for the drug or its  
24           pharmaceutical equivalent due to a surgical procedure

1 or new acute event and has previously had a  
2 prescription for the drug or its pharmaceutical  
3 equivalent within the past year.

4 When determining whether a patient was previously issued a  
5 prescription for a drug or its pharmaceutical equivalent, the  
6 practitioner shall consult with the patient and review the medical  
7 record and prescription monitoring information of the patient;

8 45. "Patient-provider agreement" means a written contract or  
9 agreement that is executed between a practitioner and a patient,  
10 prior to the commencement of treatment for chronic pain using an  
11 opioid drug as a means to:

- 12 a. explain the possible risk of development of physical  
13 or psychological dependence in the patient and prevent  
14 the possible development of addiction,
- 15 b. document the understanding of both the practitioner  
16 and the patient regarding the patient-provider  
17 agreement of the patient,
- 18 c. establish the rights of the patient in association  
19 with treatment and the obligations of the patient in  
20 relation to the responsible use, discontinuation of  
21 use, and storage of opioid drugs, including any  
22 restrictions on the refill of prescriptions or the  
23 acceptance of opioid prescriptions from practitioners,  
24

- 1 d. identify the specific medications and other modes of  
2 treatment, including physical therapy or exercise,  
3 relaxation or psychological counseling, that are  
4 included as a part of the patient-provider agreement,
- 5 e. specify the measures the practitioner may employ to  
6 monitor the compliance of the patient including, but  
7 not limited to, random specimen screens and pill  
8 counts, and
- 9 f. delineate the process for terminating the agreement,  
10 including the consequences if the practitioner has  
11 reason to believe that the patient is not complying  
12 with the terms of the agreement. Compliance with the  
13 "consent items" shall constitute a valid, informed  
14 consent for opioid therapy. The practitioner shall be  
15 held harmless from civil litigation for failure to  
16 treat pain if the event occurs because of nonadherence  
17 by the patient with any of the provisions of the  
18 patient-provider agreement;

19 46. "Serious illness" means a medical illness or physical  
20 injury or condition that substantially affects quality of life for  
21 more than a short period of time. Serious illness includes, but is  
22 not limited to, Alzheimer's disease or related dementias, lung  
23 disease, cancer, heart failure, renal failure, liver failure or  
24



1 chronic, unremitting or intractable pain such as neuropathic pain;  
2 and

3 47. "Surgical procedure" means a procedure that is performed  
4 for the purpose of structurally altering the human body by incision  
5 or destruction of tissues as part of the practice of medicine. This  
6 term includes the diagnostic or therapeutic treatment of conditions  
7 or disease processes by use of instruments such as lasers,  
8 ultrasound, ionizing, radiation, scalpels, probes or needles that  
9 cause localized alteration or transportation of live human tissue by  
10 cutting, burning, vaporizing, freezing, suturing, probing or  
11 manipulating by closed reduction for major dislocations or  
12 fractures, or otherwise altering by any mechanical, thermal, light-  
13 based, electromagnetic or chemical means.

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

17 Section 2-312. A. A physician, podiatrist, optometrist or a  
18 dentist who has complied with the registration requirements of the  
19 Uniform Controlled Dangerous Substances Act, in good faith and in  
20 the course of such person's professional practice only, may  
21 prescribe and administer controlled dangerous substances, or may  
22 cause the same to be administered by medical or paramedical  
23 personnel acting under the direction and supervision of the  
24 physician, podiatrist, optometrist or dentist, and only may dispense

1 controlled dangerous substances pursuant to the provisions of  
2 Sections 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

3 B. A veterinarian who has complied with the registration  
4 requirements of the Uniform Controlled Dangerous Substances Act, in  
5 good faith and in the course of the professional practice of the  
6 veterinarian only, and not for use by a human being, may prescribe,  
7 administer, and dispense controlled dangerous substances and may  
8 cause them to be administered by an assistant or orderly under the  
9 direction and supervision of the veterinarian.

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

19 D. An advanced practice nurse who is recognized to order,  
20 select, obtain and administer drugs by the Oklahoma Board of Nursing  
21 as a certified registered nurse anesthetist pursuant to Section  
22 353.1b of Title 59 of the Oklahoma Statutes and who has complied  
23 with the registration requirements of the Uniform Controlled  
24 Dangerous Substances Act, in good faith and in the course of such

1 practitioner's professional practice only, may order, select, obtain  
2 and administer Schedules II through V controlled dangerous  
3 substances in a preanesthetic preparation or evaluation; anesthesia  
4 induction, maintenance or emergence; or postanesthesia care setting  
5 only. A certified registered nurse anesthetist may order, select,  
6 obtain and administer such drugs only during the perioperative or  
7 periobstetrical period.

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

16 SECTION 10. REPEALER 59 O.S. 2021, Section 521.4, is  
17 hereby repealed.

18 SECTION 11. This act shall become effective November 1, 2024.

19  
20 59-2-9961 SW 02/07/24  
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