

**FLOOR AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend amendment number 1 to 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: Carl Newton

\_\_\_\_\_

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

1 STATE OF OKLAHOMA

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

3 FLOOR SUBSTITUTE  
4 FOR

5 HOUSE BILL NO. 3965

6 By: McEntire of the House

7 and

8 Stanley of the Senate

9 FLOOR SUBSTITUTE

10 An Act relating to physician assistants; amending 59  
11 O.S. 2021, Section 353.1a, which relates to the  
12 Oklahoma Pharmacy Act; clarifying which prescriptions  
13 for controlled dangerous substances pharmacists may  
14 dispense; amending 59 O.S. 2021, Sections 519.2,  
15 519.3, 519.6, 519.11, as amended by Section 1,  
16 Chapter 164, O.S.L. 2022, and 521.2 (59 O.S. Supp.  
17 2023, Section 519.11), which relate to the Physician  
18 Assistant Act; modifying definitions; increasing the  
19 number of Physician Assistant Committee members;  
20 clarifying certain requirements for the chair;  
21 increasing member requirements for a quorum; adding  
22 provisions regarding postgraduate clinical practice;  
23 clarifying filing requirements for practice  
24 agreements; clarifying language regarding physician  
assistants 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 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, Sections 2-101 and 2-312),  
which relate to the Uniform Controlled Dangerous  
Substances Act; modifying definitions related to

1 physician assistants; clarifying which physician  
2 assistants may prescribe and administer certain  
3 controlled substances; requiring malpractice  
4 insurance for licensed practitioners; modifying the  
5 schedule of controlled substances that physician  
6 assistants may prescribe; requiring malpractice  
7 insurance for licensed practitioners; repealing 59  
8 O.S. 2021, Section 521.4, which relates to physician  
9 supervision and practice agreements; providing for  
10 codification; and declaring an emergency.

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

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

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

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

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

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

10 2. A physician assistant licensed in the State of Oklahoma and  
11 supervised by an Oklahoma-licensed practitioner.

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

14 Section 519.2 As used in the Physician Assistant Act:

15 1. "Board" means the State Board of Medical Licensure and  
16 Supervision;

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

18 3. "Practice of medicine" means services which require training  
19 in the diagnosis, treatment and prevention of disease, including the  
20 use and administration of drugs, and which are performed by  
21 physician assistants so long as such services are within the  
22 physician assistants' skill~~7~~. For a physician assistant required to  
23 practice under supervision of a delegating physician, services form  
24 a component of the physician's scope of practice, and are provided

1 with physician supervision, including authenticating by signature  
2 any form that may be authenticated by the delegating physician's  
3 signature with prior delegation by the physician;

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

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

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

18 7. 6. "Supervision" means overseeing or delegating the  
19 activities of the medical services rendered by a physician assistant  
20 through a practice agreement between a ~~medical doctor or osteopathic~~  
21 delegating physician performing procedures or directly or indirectly  
22 ~~involved with the treatment of a patient~~, and the physician  
23 assistant working jointly toward a common goal of providing  
24 services. Delegation shall be defined by the practice agreement.

1 The physical presence of the delegating physician is not required as  
2 long as the delegating physician and physician assistant are or can  
3 be easily in contact with each other by telecommunication. At all  
4 times a physician assistant required to practice under supervision  
5 shall be considered an agent of the delegating physician;

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

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

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

23 Section 519.3 A. There is hereby created the Physician  
24 Assistant Committee, which shall be composed of ~~seven (7)~~ nine (9)

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

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

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

22 D. The State Board of Medical Licensure and Supervision is  
23 hereby granted the power and authority to promulgate rules, which  
24 are in accordance with the provisions of Section 519.1 et seq. of

1 this title, governing the requirements for licensure as a physician  
2 assistant, as well as to establish standards for training, approve  
3 institutions for training, and regulate the standards of practice of  
4 a physician assistant after licensure, including the power of  
5 revocation of a license.

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

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

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

23 3. The Committee shall assist and advise the Board in all  
24 hearings involving physician assistants who are deemed to be in



1 violation of Section 519.1 et seq. of this title or the rules of the  
2 Board.

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

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

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

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

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

18 3. The Board shall maintain, make available, and keep updated,  
19 on the Internet website of the Board, a list of physician assistants  
20 who have reported completion of six thousand two hundred forty  
21 (6,240) or more postgraduate clinical practice experience hours.

22 4. The Board shall, within ninety (90) days of enactment,  
23 prescribe a form for reporting postgraduate clinical practice  
24 experience by a physician assistant. The Board shall make available

1 and keep updated on the Internet website of the Board the prescribed  
2 form. This reporting form may be filed electronically. The Board  
3 shall not charge a fee for reporting hours or filing of the  
4 prescribed form.

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

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

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

21 1. All practice agreements and any amendments shall be filed  
22 with the State Board of Medical Licensure and Supervision within ten  
23 (10) business days of being executed. Practice agreements may be  
24 filed electronically. The State Board of Medical Licensure and

1 Supervision shall not charge a fee for filing practice agreements or  
2 amendments of practice agreements~~;~~;

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

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

- 15 a. being responsible for the formulation or approval of  
16 all orders and protocols, whether standing orders,  
17 direct orders or any other orders or protocols, which  
18 direct the delivery of health care services provided  
19 by a physician assistant, and periodically reviewing  
20 such orders and protocols,
- 21 b. regularly reviewing the health care services provided  
22 by the physician assistant and any problems or  
23 complications encountered,

24

1 c. being available physically or through telemedicine or  
2 direct telecommunications for consultation, assistance  
3 with medical emergencies or patient referral,

4 d. reviewing a sample of outpatient medical records.

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

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

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

21 ~~E. 1. D.~~ D. A physician assistant ~~under the direction of a~~  
22 ~~delegating physician~~ not practicing under a practice agreement may  
23 prescribe written and oral prescriptions and orders. The physician  
24 assistant not practicing under a practice agreement may prescribe

1 medical supplies, services, and drugs, including controlled  
2 medications in Schedules ~~II~~ III through V pursuant to Section 2-312  
3 of Title 63 of the Oklahoma Statutes, ~~and medical supplies and~~  
4 ~~services as delegated by the delegating physician and as approved by~~  
5 ~~the State Board of Medical Licensure and Supervision after~~  
6 ~~consultation with the State Board of Pharmacy on the Physician~~  
7 ~~Assistant Drug Formulary. Physician assistants not practicing under~~  
8 ~~a practice agreement may not dispense drugs, but may request,~~  
9 ~~receive, and sign for professional samples and may distribute~~  
10 ~~professional samples to patients.~~

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

20 ~~F. E. A physician assistant may perform health care services in~~  
21 ~~patient care settings as authorized by the delegating physician~~  
22 ~~practicing under a practice agreement may prescribe written and oral~~  
23 ~~prescriptions and orders. The physician assistant practicing under~~  
24 ~~a practice agreement may prescribe medical supplies, services, and~~

1 drugs, including controlled medications in Schedules III through V  
2 pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and  
3 written and oral prescriptions and orders only as delegated by the  
4 delegating physician. Physician assistants practicing under a  
5 practice agreement may not dispense drugs, but may request, receive,  
6 and sign for professional samples and may distribute professional  
7 samples to patients. Provided that a physician assistant practicing  
8 under a practice agreement may not prescribe any controlled  
9 medications in a Schedule that the delegating physician is not  
10 registered to prescribe.

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

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

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

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

1 supervised by licensed professions in this state from performing  
2 work incidental to the practice of their profession or occupation,  
3 if that person does not represent himself or herself as a physician  
4 assistant.

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

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

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

21 ~~E.~~ D. Notwithstanding any other provision of law, no one who is  
22 not a physician licensed to practice medicine in this state may  
23 perform acts restricted to such physicians pursuant to the  
24

1 provisions of Section 1-731 of Title 63 of the Oklahoma Statutes.

2 This paragraph is inseverable.

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

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

22 Section 521.2 A. Payment for services within the physician  
23 assistant's scope of practice by a health insurance plan shall be  
24 made when ordered or performed by the physician assistant, if the



1 same service would have been covered if ordered or performed by a  
2 physician. ~~An in-network~~ A physician assistant shall be authorized  
3 to bill for and receive direct payment for the medically necessary  
4 services the physician assistant delivers.

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

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

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

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

20 B. The funeral director shall personally sign the death  
21 certificate and shall be responsible for filing the death  
22 certificate. If the funeral director is not available, the person  
23 acting as such who first assumes custody of a dead body in  
24 accordance with Section 1158 of Title 21 of the Oklahoma Statutes

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

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

1 D. In the event that the physician, physician assistant, or  
2 advanced practice registered nurse in charge of the patient's care  
3 for the illness or condition which resulted in death is not in  
4 attendance at the time of death, the medical certification shall be  
5 completed and signed within forty-eight (48) hours after death by  
6 the physician, physician assistant, or advanced practice registered  
7 nurse in attendance at the time of death, except:

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

11 2. When inquiry as to the cause of death is required by Section  
12 938 of this title.

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

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

1 describes how the injury occurred, the certifier shall indicate  
2 "suicide" as the manner of death.

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

7 SECTION 8. AMENDATORY 63 O.S. 2021, Section 2-101, as  
8 last amended by Section 1, Chapter 375, O.S.L. 2023 (63 O.S. Supp.  
9 2023, Section 2-101), is amended to read as follows:

10 Section 2-101. As used in the Uniform Controlled Dangerous  
11 Substances Act:

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

16 a. a practitioner (or, in the presence of the  
17 practitioner, by the authorized agent of the  
18 practitioner), or

19 b. the patient or research subject at the direction and  
20 in the presence of the practitioner;

21 2. "Agent" means a peace officer appointed by and who acts on  
22 behalf of the Director of the Oklahoma State Bureau of Narcotics and  
23 Dangerous Drugs Control or an authorized person who acts on behalf  
24 of or at the direction of a person who manufactures, distributes,

1 dispenses, prescribes, administers or uses for scientific purposes  
2 controlled dangerous substances but does not include a common or  
3 contract carrier, public warehouse or employee thereof, or a person  
4 required to register under the Uniform Controlled Dangerous  
5 Substances Act;

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

8 4. "Bureau" means the Oklahoma State Bureau of Narcotics and  
9 Dangerous Drugs Control;

10 5. "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 6. "Commissioner" or "Director" means the Director of the  
15 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

16 7. "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 8. "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 9. "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 10. "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 11. "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 12. "Distribute" means to deliver other than by administering  
21 or dispensing a controlled dangerous substance;

22 13. "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 14. "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 15. "Drug-dependent person" means a person who is using a  
18 controlled dangerous substance and who is in a state of psychic or  
19 physical dependence, or both, arising from administration of that  
20 controlled dangerous substance on a continuous basis. Drug  
21 dependence is characterized by behavioral and other responses which  
22 include a strong compulsion to take the substance on a continuous  
23 basis in order to experience its psychic effects, or to avoid the  
24 discomfort of its absence;

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

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

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

23 19. "Imitation controlled substance" means a substance that is  
24 not a controlled dangerous substance, which by dosage unit



1 appearance, color, shape, size, markings or by representations made,  
2 would lead a reasonable person to believe that the substance is a  
3 controlled dangerous substance. In the event the appearance of the  
4 dosage unit is not reasonably sufficient to establish that the  
5 substance is an imitation controlled substance, the court or  
6 authority concerned should consider, in addition to all other  
7 factors, the following factors as related to "representations made"  
8 in determining whether the substance is an imitation controlled  
9 substance:

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

24

1 f. the proximity of the substances to controlled  
2 dangerous substances;

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

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

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

22 23. "Marijuana" means all parts of the plant *Cannabis sativa*  
23 L., whether growing or not; the seeds thereof; the resin extracted  
24 from any part of such plant; and every compound, manufacture, salt,

1 derivative, mixture or preparation of such plant, its seeds or  
2 resin, but shall not include:

- 3 a. the mature stalks of such plant or fiber produced from  
4 such stalks,
- 5 b. oil or cake made from the seeds of such plant,  
6 including cannabidiol derived from the seeds of the  
7 marijuana plant,
- 8 c. any other compound, manufacture, salt, derivative,  
9 mixture or preparation of such mature stalks (except  
10 the resin extracted therefrom), including cannabidiol  
11 derived from mature stalks, fiber, oil or cake,
- 12 d. the sterilized seed of such plant which is incapable  
13 of germination,
- 14 e. for any person participating in a clinical trial to  
15 administer cannabidiol for the treatment of severe  
16 forms of epilepsy pursuant to Section 2-802 of this  
17 title, a drug or substance approved by the federal  
18 Food and Drug Administration for use by those  
19 participants,
- 20 f. for any person or the parents, legal guardians or  
21 caretakers of the person who have received a written  
22 certification from a physician licensed in this state  
23 that the person has been diagnosed by a physician as  
24 having Lennox-Gastaut syndrome, Dravet syndrome, also

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

13 g. any federal Food-and-Drug-Administration-approved drug  
14 or substance, or

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

22 24. "Medical purpose" means an intention to utilize a  
23 controlled dangerous substance for physical or mental treatment, for  
24 diagnosis, or for the prevention of a disease condition not in

1 violation of any state or federal law and not for the purpose of  
2 satisfying physiological or psychological dependence or other abuse;

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

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

- 16 a. opium, coca leaves and opiates,
- 17 b. a compound, manufacture, salt, derivative or  
18 preparation of opium, coca leaves or opiates,
- 19 c. cocaine, its salts, optical and geometric isomers, and  
20 salts of isomers,
- 21 d. ecgonine, its derivatives, their salts, isomers and  
22 salts of isomers, and
- 23 e. a substance, and any compound, manufacture, salt,  
24 derivative or preparation thereof, which is chemically

1 identical with any of the substances referred to in  
2 subparagraphs a through d of this paragraph, except  
3 that the words narcotic drug as used in Section 2-101  
4 et seq. of this title shall not include decocainized  
5 coca leaves or extracts of coca leaves, which extracts  
6 do not contain cocaine or ecgonine;

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

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

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

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

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

6 32. "Practitioner" means:

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

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

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

8 34. "State" means the State of Oklahoma or any other state of  
9 the United States;

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

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



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

1 specifically for use in cutting controlled dangerous  
2 substances,

3 g. separation gins and sifters used, intended for use, or  
4 fashioned specifically for use in removing twigs and  
5 seeds from, or in otherwise cleaning or refining,  
6 marijuana,

7 h. blenders, bowls, containers, spoons and mixing devices  
8 used, intended for use, or fashioned specifically for  
9 use in compounding controlled dangerous substances,

10 i. capsules, balloons, envelopes and other containers  
11 used, intended for use, or fashioned specifically for  
12 use in packaging small quantities of controlled  
13 dangerous substances,

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

18 k. hypodermic syringes, needles and other objects used,  
19 intended for use, or fashioned specifically for use in  
20 parenterally injecting controlled dangerous substances  
21 into the human body,

22 l. objects used, intended for use, or fashioned  
23 specifically for use in ingesting, inhaling or  
24

1 otherwise introducing marijuana, cocaine, hashish or  
2 hashish oil into the human body, such as:

3 (1) metal, wooden, acrylic, glass, stone, plastic or  
4 ceramic pipes with or without screens, permanent  
5 screens, hashish heads or punctured metal bowls,

6 (2) water pipes,

7 (3) carburetion tubes and devices,

8 (4) smoking and carburetion masks,

9 (5) roach clips, meaning objects used to hold burning  
10 material, such as a marijuana cigarette, that has  
11 become too small or too short to be held in the  
12 hand,

13 (6) miniature cocaine spoons and cocaine vials,

14 (7) chamber pipes,

15 (8) carburetor pipes,

16 (9) electric pipes,

17 (10) air-driven pipes,

18 (11) chillums,

19 (12) bonges, or

20 (13) ice pipes or chillers,

21 m. all hidden or novelty pipes, and

22 n. any pipe that has a tobacco bowl or chamber of less  
23 than one-half (1/2) inch in diameter in which there is  
24 any detectable residue of any controlled dangerous

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

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

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

1 depressant, or hallucinogenic effect on the  
2 central nervous system that is substantially  
3 similar to or greater than the stimulant,  
4 depressant, or hallucinogenic effect on the  
5 central nervous system of a controlled dangerous  
6 substance in Schedule I or II.

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

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

13 (1) a controlled dangerous substance,

14 (2) any substance for which there is an approved new  
15 drug application,

16 (3) with respect to a particular person any  
17 substance, if an exemption is in effect for  
18 investigational use, for that person under the  
19 provisions of Section 505 of the Federal Food,  
20 Drug and Cosmetic Act, Title 21 of the United  
21 States Code, Section 355, to the extent conduct  
22 with respect to such substance is pursuant to  
23 such exemption, or  
24

1 (4) any substance to the extent not intended for  
2 human consumption before such an exemption takes  
3 effect with respect to that substance.

4 d. Prima facie evidence that a substance containing  
5 salvia divinorum has been enhanced, concentrated or  
6 chemically or physically altered shall give rise to a  
7 rebuttable presumption that the substance is a  
8 synthetic controlled substance;

9 38. "Tetrahydrocannabinols" means all substances that have been  
10 chemically synthesized to emulate the tetrahydrocannabinols of  
11 marijuana, specifically including any tetrahydrocannabinols derived  
12 from industrial hemp;

13 39. "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 40. "Hazardous materials" means materials, whether solid,  
21 liquid or gas, which are toxic to human, animal, aquatic or plant  
22 life, and the disposal of which materials is controlled by state or  
23 federal guidelines;

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

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

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

14       44. "Initial prescription" means a prescription issued to a  
15 patient who:

- 16           a. has never previously been issued a prescription for  
17           the drug or its pharmaceutical equivalent in the past  
18           year, or  
19           b. requires a prescription for the drug or its  
20           pharmaceutical equivalent due to a surgical procedure  
21           or new acute event and has previously had a  
22           prescription for the drug or its pharmaceutical  
23           equivalent within the past year.

24

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

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

- 9       a. explain the possible risk of development of physical  
10           or psychological dependence in the patient and prevent  
11           the possible development of addiction,
- 12       b. document the understanding of both the practitioner  
13           and the patient regarding the patient-provider  
14           agreement of the patient,
- 15       c. establish the rights of the patient in association  
16           with treatment and the obligations of the patient in  
17           relation to the responsible use, discontinuation of  
18           use, and storage of opioid drugs, including any  
19           restrictions on the refill of prescriptions or the  
20           acceptance of opioid prescriptions from practitioners,
- 21       d. identify the specific medications and other modes of  
22           treatment, including physical therapy or exercise,  
23           relaxation or psychological counseling, that are  
24           included as a part of the patient-provider agreement,



1 e. specify the measures the practitioner may employ to  
2 monitor the compliance of the patient including, but  
3 not limited to, random specimen screens and pill  
4 counts, and

5 f. delineate the process for terminating the agreement,  
6 including the consequences if the practitioner has  
7 reason to believe that the patient is not complying  
8 with the terms of the agreement. Compliance with the  
9 "consent items" shall constitute a valid, informed  
10 consent for opioid therapy. The practitioner shall be  
11 held harmless from civil litigation for failure to  
12 treat pain if the event occurs because of nonadherence  
13 by the patient with any of the provisions of the  
14 patient-provider agreement;

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

22 47. "Surgical procedure" means a procedure that is performed  
23 for the purpose of structurally altering the human body by incision  
24 or destruction of tissues as part of the practice of medicine. This

1 term includes the diagnostic or therapeutic treatment of conditions  
2 or disease processes by use of instruments such as lasers,  
3 ultrasound, ionizing, radiation, scalpels, probes or needles that  
4 cause localized alteration or transportation of live human tissue by  
5 cutting, burning, vaporizing, freezing, suturing, probing or  
6 manipulating by closed reduction for major dislocations or  
7 fractures, or otherwise altering by any mechanical, thermal, light-  
8 based, electromagnetic or chemical means.

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

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

22 B. A veterinarian who has complied with the registration  
23 requirements of the Uniform Controlled Dangerous Substances Act, in  
24 good faith and in the course of the professional practice of the

1 veterinarian only, and not for use by a human being, may prescribe,  
2 administer, and dispense controlled dangerous substances and may  
3 cause them to be administered by an assistant or orderly under the  
4 direction and supervision of the veterinarian.

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

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

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~~ III through  
10 V controlled dangerous substances subject to the restrictions in  
11 Section 519.6 of Title 59 of the Oklahoma Statutes.

12 SECTION 10. NEW LAW A new section of law to be codified  
13 in the Oklahoma Statutes as Section 521.5 of Title 59, unless there  
14 is created a duplication in numbering, reads as follows:

15 A licensed practitioner, or the employer of the licensed  
16 practitioner on his or her behalf, shall carry malpractice insurance  
17 or demonstrate proof of financial responsibility in a minimum amount  
18 of One Million Dollars (\$1,000,000.00) per occurrence and Three  
19 Million Dollars (\$3,000,000.00) in the aggregate per year.

20 SECTION 11. REPEALER 59 O.S. 2021, Section 521.4, is  
21 hereby repealed.

22 SECTION 12. It being immediately necessary for the preservation  
23 of the public peace, health or safety, an emergency is hereby  
24

1 declared to exist, by reason whereof this act shall take effect and  
2 be in full force from and after its passage and approval.

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