

ENGROSSED HOUSE AMENDMENT
TO
ENGROSSED SENATE BILL NO. 32

By: Robinson of the Senate

and

Erwin of the House

(Physical Therapy Practice Act - definitions -
effective date)

AMENDMENT NO. 1. Strike the stricken title, enacting clause and
entire bill and insert

"(Physician Assistant Act - definitions -
effective date)

SECTION 1. AMENDATORY 43A O.S. 1991, Section 5-206, as
last amended by Section 1, Chapter 144, O.S.L. 1998 (43A O.S. Supp.
2000, Section 5-206), is amended to read as follows:

Section 5-206. As used in Sections 5-206 through ~~5-212~~ 5-209 of
this title:

1. "Licensed mental health professional" means:
 - a. a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology,
 - b. a licensed clinical psychologist,
 - c. a licensed professional counselor as defined in Section 1902 of Title 59 of the Oklahoma Statutes,
 - d. a person licensed as a licensed clinical social worker pursuant to ~~Section 1250 et seq. of Title 59 of the Oklahoma Statutes~~ the Social Workers' Licensing Act,

- e. a licensed marital and family therapist as defined in Section 1925.2 of Title 59 of the Oklahoma Statutes,
~~or~~
- f. a licensed Doctor of Medicine or Doctor of Osteopathy who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions or a qualified examiner as defined in Section 1-103 of this title, or
- g. a person licensed as a physician assistant pursuant to the Physician Assistant Act; provided, however, physician assistants shall be expressly prohibited from performing any mental health therapeutic, diagnostic or counseling functions outside of emergency detention evaluations and protective orders as provided by and limited to the provisions of Sections 5-206 through 5-209 of this title;

2. "Immediate likelihood of serious harm to self or others"

means:

- a. a substantial risk of physical harm to oneself as manifested by evidence of serious threats of or attempts at suicide or other self-infliction of bodily harm, or
- b. a substantial risk of physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons, or
- c. having placed another person or persons in a reasonable fear of violent behavior directed towards them or serious physical harm to them as manifested by serious threats, or
- d. a reasonable certainty that without immediate treatment severe impairment or injury will result to the person alleged to be a person requiring treatment

as manifested by the inability of the person to avoid or protect self from such impairment or injury;

3. "Evaluation" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or a drug-dependent person by two licensed mental health professionals, at least one of whom is a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology, a licensed clinical psychologist, or a licensed Doctor of Medicine or Doctor of Osteopathy who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions, for the purpose of:

- a. determining if a petition requesting involuntary commitment or treatment is warranted, or
- b. completing a certificate of evaluation pursuant to Section 5-414 of this title, or
- c. both subparagraphs a and b of this paragraph;

4. "Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted;

5. "Emergency detention" means the detention of a person who appears to be mentally ill, alcohol-dependent, or drug-dependent and a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination and a determination by a licensed mental health professional that emergency detention is warranted. No person shall be detained in emergency detention more than seventy-two (72) hours, excluding weekends and holidays, except upon a court order authorizing detention beyond a seventy-two-hour period or pending

the hearing on a petition requesting involuntary commitment or treatment as provided by Section 5-206 through 5-209 of this act title;

6. "Protective custody" means the taking into protective custody and detention of a person pursuant to the provisions of Section 5-208 of this title until such time as an emergency examination is completed and a determination is made as to whether or not emergency detention is warranted; and

7. "Prehearing detention" means the court-ordered detention of a person who is alleged to be mentally ill, alcohol-dependent, or drug-dependent in a facility approved by the Commissioner as appropriate for such detention, pending a hearing on a petition requesting involuntary commitment or treatment as provided by Section 5-415 or 9-102 of this title.

SECTION 2. AMENDATORY 47 O.S. 1991, Section 15-112, as last amended by Section 7, Chapter 189, O.S.L. 2000 (47 O.S. Supp. 2000, Section 15-112), is amended to read as follows:

Section 15-112. A. As used in this section:

1. "Physician" means any person holding a valid license to practice medicine and surgery, osteopathic medicine, chiropractic, podiatric medicine, or optometry, pursuant to the state licensing provisions of Title 59 of the Oklahoma Statutes; ~~and~~

2. "Physician assistant" means any person holding a valid license as a physician assistant, pursuant to the state licensing provisions of the Physician Assistant Act; and

3. "Physical disability" means an illness, disease, injury or condition by reason of which a person:

- a. cannot walk two hundred (200) feet without stopping to rest,
- b. cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistance device,

- c. is restricted to such an extent that the person's forced (respiratory) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest,
- d. must use portable oxygen,
- e. has functional limitations which are classified in severity as Class III or Class IV according to standards set by the American Heart Association,
- f. is severely limited in the person's ability to walk due to an arthritic, neurological or orthopedic condition,
- g. is certified legally blind, or
- h. is missing one or more limbs.

B. 1. The Department of Public Safety shall issue a detachable placard indicating physical disability to any person who submits an application on a form furnished by the Department and certified by a physician or physician assistant, attesting that the applicant has a physical disability. The attestation of the physician or physician assistant shall denote "temporary" as the type of placard requested and shall indicate an expiration date which the physician or physician assistant estimates to be the date of termination of such physical disability; however, if the physician or physician assistant certifies that the physical disability is permanent, the physician or physician assistant shall denote "five-year" as the type of placard requested.

2. The person to whom such placard is issued shall be entitled to the special parking privileges provided for in Section 15-111 of this title; provided, however, the placard is properly displayed on the parked vehicle.

C. Any placard issued by the Department of Public Safety shall remain valid until:

1. The placard expires;

2. The person to whom the placard was issued requests a replacement placard; or

3. The placard is no longer needed by the person to whom ~~such~~ the placard was issued for the disability for which the placard was originally issued, whereupon such placard shall be returned to the Department.

D. 1. A five-year placard shall expire five (5) years from the last day of the month in which the placard was issued. Upon the expiration of a five-year placard, the person to whom such placard was issued may obtain a subsequent placard by reapplying to the Department, in the same manner as provided in subsection B of this section.

2. A temporary placard shall indicate the expiration date which the physician or physician assistant certifying the physical disability estimates to be the date of termination of such physical disability, which shall not be later than six (6) months from the date of issuance and upon which date such placard shall expire and shall be returned to the Department; provided, however, nothing in this paragraph shall be construed to prevent the holder from applying for another placard, as provided for in this section.

3. In the event that a placard is lost or destroyed, the person to whom such placard was issued may apply in writing to the Department for a replacement placard, which the Department shall issue with the same expiration date as the original placard.

4. On and after January 1, 1998, all placards issued prior to October 31, 1990, shall expire on the last day of the month in which the placard was issued, and the person to whom such placard was issued may follow the procedure provided for in subsection B of this section to obtain a second or subsequent placard.

5. On and after January 1, 2000, all placards issued between November 1, 1990, and June 30, 1995, shall expire on the last day of

the birth month of the person to whom the placard was issued, and the person to whom such placard was issued may follow the procedure provided for in subsection B of this section to obtain a second or subsequent placard.

E. A physician or physician assistant may sign an application certifying that a person has a physical disability, as provided in subsection B of this section, only if care and treatment of the illness, disease, injury or condition causing the physical disability of such person falls within the authorized scope of practice of the physician or physician assistant.

F. The Department shall recognize handicap and disability stickers issued by the Department of Veterans Affairs and federal military bases in the same manner as the placard issued by the Department as provided for in this section. For purposes of this section and other sections of law relating to the physical disability placard, the term "physical disability placard" shall include those handicap and disability stickers issued by the Department of Veterans Affairs and federal military bases.

G. The Department shall have the power to formulate, adopt and promulgate rules as may be necessary to implement and administer the provisions of this section, including, but not limited to, prescribing the manner in which the placard is to be displayed on a motor vehicle.

H. The Commissioner of Public Safety is hereby authorized to enter into reciprocity agreements with other states for the purpose of recognizing parking placards or license plates indicating physical disability issued by those states.

I. The Department shall charge and the applicant shall pay to the Department a fee of One Dollar (\$1.00) for each placard issued. The fee shall be deposited in the Department of Public Safety Revolving Fund, created pursuant to Section 6-117 of this title.

SECTION 3. AMENDATORY 59 O.S. 1991, Section 887.2, is amended to read as follows:

Section 887.2 As used in the Physical Therapy Practice Act:

1. "Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry, or podiatry or physician assistant and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects such as, but not limited to, nerve and muscle function including transcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed upon referral by a licensed doctor of medicine, osteopathy, dentistry, chiropractic or podiatry or physician assistant including, but not limited to, exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter;

2. "Physical therapist assistant" means a person who assists in the practice of physical therapy subject to the direction and supervision of a licensed physical therapist, who meets all the

educational requirements, and who is licensed pursuant to the provisions of the Physical Therapy Practice Act;

3. "Licensed physical therapist" means a person who is licensed as required in the Physical Therapy Practice Act and who regularly practices physical therapy;

4. "Board" means the State Board of Medical Licensure and Supervision; and

5. "Committee" means the Physical Therapy Committee.

SECTION 4. AMENDATORY Section 2, Chapter 289, O.S.L. 1993, as last amended by Section 2, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, Section 519.2), is amended to read as follows:

Section 519.2 As used in the Physician Assistant Act:

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

2. "Committee" means the Physician Assistant Committee;

3. "Health care services" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. ~~Such services include:~~

- ~~a. initially approaching a patient of any age group in a patient care setting to elicit a detailed history, performing a physical examination, delineating problems and recording the data,~~
- ~~b. assisting the physician in conducting rounds in acute and long-term inpatient care settings, developing and implementing patient management plans, recording progress notes and assisting in the provision of continuity of care in other patient care settings,~~
- ~~c. ordering, performing or interpreting, at least to the point of recognizing deviations from the norm, common laboratory, radiological, cardiographic and other~~

~~routine diagnostic procedures used to identify pathophysiologic processes,~~

- ~~d. ordering or performing routine procedures such as injections, immunizations, suturing and wound care, and managing simple conditions produced by infection, trauma or other disease processes,~~
- ~~e. assisting in the management of more complex illness and injuries, which may include assisting surgeons in the conduct of operations and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations,~~
- ~~f. instructing and counseling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, emotional problems of daily living and health maintenance, and~~
- ~~g. facilitating the referral of patients to the community's health and social service agencies when appropriate~~

Physician assistants may provide any health care service which is delegated by the supervising physician when the service is within the physician assistant's skill, forms a component of the physician's scope of practice, and is provided with supervision, including authenticating with the signature any form that may be authenticated by the supervising physician's signature with prior delegation by the physician. Nothing in the Physician Assistant Act shall be construed to permit physician assistants to provide health care services independent of physician supervision;

4. "Patient care setting" means a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center or any other setting authorized by the supervising physician;

5. "Physician assistant" means a health care professional, qualified by academic and clinical education and licensed by the State Board of Medical Licensure and Supervision, to provide health care services in any patient care setting at the direction and under the supervision of a physician or group of physicians;

6. "Physician Assistant Drug Formulary" means a list of drugs and other medical supplies, approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy, for which physician assistants are permitted to prescribe and order under the direction of their supervising physicians;

7. "Remote patient care setting" means an outpatient clinic or physician's office that qualifies as a Rural Health Clinic, Federally Qualified Health Center, other nonprofit community-based health center, or other patient care setting approved by the State Board of Medical Licensure and Supervision, and which provides service to a medically underserved population, as defined by the appropriate government agency;

8. "Supervising physician" means an individual holding a license as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises physician assistants; ~~and~~

9. "Supervision" means overseeing and accepting the responsibility for the health care services performed by a physician assistant; and

10. "Application to practice" means a written description that defines the scope of practice and terms of supervision of a physician assistant in a medical practice.

SECTION 5. AMENDATORY Section 3, Chapter 289, O.S.L. 1993, as last amended by Section 3, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, Section 519.3), is amended to read as follows:

Section 519.3 A. There is hereby created the Physician Assistant Committee, which shall be composed of ~~seven (7)~~ nine (9) members. ~~Two~~ appointed as follows:

1. Three members of the Committee shall be physician assistants appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma Academy of Physician Assistants.;

2. One director representing all physician assistant higher education programs in the state appointed by the Board;

3. One member shall be a physician appointed by the Board from its membership.;

4. One member shall be a physician who has supervised a physician assistant and who is appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board.;

5. One member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership.;

6. One member shall be a physician who has supervised a physician assistant and who is appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of ~~said the~~ board.; and

7. One member shall be a licensed pharmacist appointed by the Board of Pharmacy.

B. The term of office for each member of the Committee shall be five (5) years. ~~Provided, of those members initially appointed to the Committee by the Board, two shall serve three-year terms and two shall serve five-year terms, as designated by the Board; of those members initially appointed to the Committee by the State Board of Osteopathic Examiners, one shall serve a two-year term and one shall serve a four-year term, as designated by said board; and the member~~

~~initially appointed by the Board of Pharmacy shall serve a five-year term.~~

C. The Committee shall meet at least quarterly. At the ~~initial~~ first meeting of each year, the Committee, ~~members~~ shall elect a chair from its membership. The chair or the chair's designee shall represent the Committee at all meetings of the Board. ~~Four~~ Five members shall constitute a quorum for the purpose of conducting official business of the Committee.

D. The State Board of Medical Licensure and Supervision is hereby granted the power and authority to promulgate rules, ~~which~~ are and issue a license to physician assistants in accordance with the provisions of ~~Section 519.1 et seq. of this title~~ the Physician Assistant Act, ~~governing~~ govern the requirements for licensure as a physician assistant, as well as to establish standards for training, approve institutions for training, and regulate the standards of practice of a physician assistant after licensure, including the power of revocation of a license.

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

F. ~~1.~~ The Committee shall advise the Board on matters pertaining to physician assistants, including, but not limited to:

~~a.~~ educational

1. Educational standards required to practice as a physician assistant~~;~~

~~b.~~ licensure

2. Licensure requirements required to practice as a physician assistant~~;~~

~~e. methods~~

3. Methods and requirements to assure the continued competence of physician assistants after licensure~~;~~

~~d. the~~

4. The drugs and other medical supplies for which physician assistants are permitted to prescribe and order under the direction of their supervising physicians~~;~~

~~e. the~~

5. The grounds for revocation or suspension of a license for a physician assistant~~;~~

~~f. education~~

6. Education and experience requirements to receive approval to practice in remote patient care settings~~;~~ and

~~g. all~~

7. All other matters which may pertain to the practice of physician assistants.

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

~~3. H. The Committee shall assist and advise the Board in all hearings involving physician assistants who are deemed to be in violation of Section 519.1 et seq. of this title the Physician Assistant Act or the rules of the Board.~~

SECTION 6. AMENDATORY Section 6, Chapter 289, O.S.L. 1993, as amended by Section 4, Chapter 128, O.S.L. 1998 (59 O.S. Supp. 2000, Section 519.6), is amended to read as follows:

Section 519.6 A. No health care services may be performed by a physician assistant unless a current application to practice, jointly filed by the supervising physician and physician assistant, is on file with and approved by the State Board of Medical Licensure and Supervision. The application shall include a description of the physician's practice, methods of supervising and utilizing the physician assistant, and names of alternate supervising physicians who will supervise the physician assistant in the absence of the primary supervising physician.

B. The supervising physician need not be physically present nor be specifically consulted before each delegated patient care service is performed by a physician assistant, so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone or other means of telecommunication. In all patient care settings, the supervising physician shall provide appropriate methods of supervising the health care services provided by the physician assistant including:

- a. being responsible for the formulation or approval of all orders and protocols, whether standing orders, direct orders or any other orders or protocols, which direct the delivery of health care services provided by a physician assistant, and periodically reviewing such orders and protocols,
- b. regularly reviewing the health care services provided by the physician assistant and any problems or complications encountered,
- c. being available physically or through direct telecommunications for consultation, assistance with medical emergencies or patient referral, and

d. being on-site to provide medical care to patients a minimum of one-half (1/2) day per week. Additional on-site supervision may be required at the recommendation of the Physician Assistant Committee and approved by the Board.

C. In patients with newly diagnosed chronic or complex illnesses, the physician assistant shall contact the supervising physician within forty-eight (48) hours of the physician assistant's initial examination or treatment and schedule the patient for appropriate evaluation by the supervising physician as directed by the physician.

D. A physician assistant under the direction of a supervising physician may prescribe written and oral prescriptions and orders. The physician assistant may prescribe drugs, including controlled medications in Schedules ~~III~~ II through V pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes, and medical supplies and services as delegated by the supervising physician and as approved by the State Board of Medical Licensure and Supervision after consultation with the State Board of Pharmacy on the Physician Assistant Drug Formulary. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician or by direct verbal order. Physician assistants may not dispense drugs, but may request, receive, and sign for professional samples and may distribute professional samples to patients.

E. A physician assistant may perform health care services in any patient care setting ~~in which the supervising physician routinely and regularly provides health care services. A physician assistant may provide health care services in remote patient care settings when such settings are under the medical direction of the supervising physician and when such facilities are located in a~~

~~medically underserved area as designated by the appropriate governmental agency~~ authorized by the supervising physician.

F. A physician assistant shall obtain approval from the State Board of Medical Licensure and Supervision prior to practicing in remote patient care settings. Such approval requires documented experience in providing a comprehensive range of primary care services, under the direction of a supervising physician, for at least one (1) year prior to practicing in such settings and such other requirement as the Board may require. The Board is granted the authority to waive this requirement for those applicants possessing equivalent experience and training as recommended by the Committee.

~~G. In patient care settings, the facility shall post public notice that the physician assistant is delivering care under the direction of a supervising physician. Such public notice shall bear the names of the physician assistant and the supervising physician or physicians~~ Each physician assistant licensed under the Physician Assistant Act shall keep his or her license available for inspection at the primary place of business and shall, when engaged in professional activities, identify himself or herself as a physician assistant.

SECTION 7. AMENDATORY Section 7, Chapter 289, O.S.L. 1993 (59 O.S. Supp. 2000, Section 519.7), is amended to read as follows:

Section 519.7 The Secretary of the State Board of Medical Licensure and Supervision is authorized to grant temporary approval of ~~an~~ a license and application to practice to any physician and physician assistant who have jointly filed ~~an~~ a license and application to practice which meets the requirements set forth by the Board. Such temporary approval to practice shall be reviewed at the next regularly scheduled meeting of the Board. The temporary

approval may be approved, extended or rejected by the Board. If rejected, the temporary approval shall expire immediately.

SECTION 8. AMENDATORY Section 10, Chapter 289, O.S.L. 1993, as amended by Section 7, Chapter 47, O.S.L. 1997 (59 O.S. Supp. 2000, Section 519.10), is amended to read as follows:

Section 519.10 Any person who holds herself or himself out as a physician assistant or uses the title "Physician Assistant" without being licensed, or who otherwise violates the provisions of Section 519.1 et seq. of this title shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not less than ~~Fifty Dollars (\$50.00)~~ One Hundred Dollars (\$100.00), nor more than ~~Five Hundred Dollars (\$500.00)~~ One Thousand Dollars (\$1,000.00), by imprisonment in the county jail for not less than ~~five (5)~~ thirty (30) days, nor more than ~~thirty (30)~~ ninety (90) days, or by both such fine and imprisonment. Each day of a violation of the provisions of ~~Section 519.1 et seq. of this title~~ the Physician Assistant Act shall constitute a separate and distinct offense. Conviction shall also be grounds for the suspension or revocation of the license of a duly licensed physician assistant.

SECTION 9. AMENDATORY 63 O.S. 1991, Section 2-312, as last amended by Section 6, Chapter 128, O.S.L. 1998 (63 O.S. Supp. 2000, Section 2-312), is amended to read as follows:

Section 2-312. A. A physician, podiatrist, optometrist or a dentist who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, ~~Section 2-101 et seq. of this title,~~ in good faith and in the course of such person's professional practice only, may prescribe and administer controlled dangerous substances, or may cause the same to be administered by medical or paramedical personnel acting under the direction and supervision of the physician, podiatrist, optometrist or dentist, and only may dispense controlled dangerous substances pursuant to

the provisions of Sections 355, 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

B. A veterinarian who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, ~~Section 2-101 et seq. of this title,~~ in good faith and in the course of the professional practice of the veterinarian only, and not for use by a human being, may prescribe, administer, and dispense controlled dangerous substances and may cause them to be administered by an assistant or orderly under the direction and supervision of the veterinarian.

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

D. An advanced practice nurse who is recognized to order, select, obtain and administer drugs by the Oklahoma Board of Nursing as a certified registered nurse anesthetist pursuant to Section ~~4~~ 353.1b of ~~this act~~ Title 59 of the Oklahoma Statutes and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of such practitioner's professional practice only, may order, select, obtain and administer Schedules II through V controlled dangerous substances in a preanesthetic preparation or evaluation; anesthesia induction, maintenance or emergence; or postanesthesia care setting only. A certified registered nurse anesthetist may order, select, obtain and administer such drugs only during the perioperative or periobstetrical period.

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

SECTION 10. This act shall become effective November 1, 2001."

Passed the House of Representatives the 3rd day of April, 2001.

Presiding Officer of the House of
Representatives

Passed the Senate the ____ day of _____, 2001.

Presiding Officer of the Senate