STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

COMMITTEE SUBSTITUTE
FOR ENGROSSED
HOUSE BILL 1886 By: Ownbey of the House

and

Simpson of the Senate

COMMITTEE SUBSTITUTE

An Act relating to professions and occupations; amending 59 O.S. 2011, Sections 567.3a, 567.4a, 567.8, as last amended by Section 2, Chapter 190, O.S.L. 2016, 567.17, as amended by Section 4, Chapter 190, O.S.L. 2016, and Section 9, Chapter 190, O.S.L. 2016 (59 O.S. Supp. 2016, Sections 567.8, 567.17 and 567.25), which relate to the Oklahoma Nursing Practice Act; modifying certain definitions; updating statutory reference; granting Oklahoma Board of Nursing authority to impose disciplinary action for an individual guilty of deceit or material misrepresentation of a license with or without certain recognition; granting Board authority to impose disciplinary action for an individual who has been terminated from the peer assistance program; authorizing summary suspension of license if certain finding is made by majority of Board officers; requiring licensee to be notified by letter within certain number of days; requiring letter to include certain notice; adding certain definition regarding peer assistance program; prohibiting certain information to be shared with a state not a party of the Nurse Licensure Compact; and providing an effective date.

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

SECTION 1. AMENDATORY 59 O.S. 2011, Section 567.3a, is amended to read as follows:

Section 567.3a. As used in the Oklahoma Nursing Practice Act:

1. "Board" means the Oklahoma Board of Nursing;

2. "The practice of nursing" means the performance of services provided for purposes of nursing diagnosis and treatment of human responses to actual or potential health problems consistent with educational preparation. Knowledge and skill are the basis for assessment, analysis, planning, intervention, and evaluation used in the promotion and maintenance of health and nursing management of illness, injury, infirmity, restoration or optimal function, or death with dignity. Practice is based on understanding the human condition across the human lifespan and understanding the relationship of the individual within the environment. This practice includes execution of the medical regime including the administration of medications and treatments prescribed by any person authorized by state law to so prescribe;

3. "Registered nursing" means the practice of the full scope of nursing which includes, but is not limited to:

a. assessing the health status of individuals, families and groups,

b. analyzing assessment data to determine nursing care needs,

c. establishing goals to meet identified health care needs,

d. planning a strategy of care,

e. establishing priorities of nursing intervention to implement the strategy of care,

f. implementing the strategy of care,

g. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act,

h. providing safe and effective nursing care rendered directly or indirectly,

i. evaluating responses to interventions,

j. teaching the principles and practice of nursing,

k. managing and supervising the practice of nursing,

l. collaborating with other health professionals in the management of health care,

m. performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, and

n. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;

4. "Licensed practical nursing" means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist. This directed scope of nursing practice includes, but is not limited to:

a. contributing to the assessment of the health status of individuals and groups,

b. participating in the development and modification of the plan of care,

c. implementing the appropriate aspects of the plan of care,

d. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act,

e. providing safe and effective nursing care rendered directly or indirectly,

f. participating in the evaluation of responses to interventions,

g. teaching basic nursing skills and related principles,

h. performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation, and

i. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;

5. "Advanced Practice Registered Nurse" means a licensed Registered Nurse:

a. who has completed an advanced practice registered nursing education program in preparation for one of four recognized advanced practice registered nurse roles,

b. who has passed a national certification examination recognized by the Board that measures the advanced practice registered nurse role and specialty competencies and who maintains recertification in the role and specialty through a national certification program,

c. who has acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients; however, the defining factor for all Advanced Practice Registered Nurses is that a significant component of the education and practice focuses on direct care of individuals,

d. whose practice builds on the competencies of Registered Nurses by demonstrating a greater depth and

breadth of knowledge, a greater synthesis of data, and increased complexity of skills and interventions, and

e. who has obtained a license as an Advanced Practice Registered Nurse in one of the following roles: Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist, or Certified Nurse Practitioner.

Only those persons who hold a license to practice advanced practice registered nursing in this state shall have the right to use the title "Advanced Practice Registered Nurse" and to use the abbreviation "APRN". Only those persons who have obtained a license in the following disciplines shall have the right to fulfill the roles and use the applicable titles: Certified Registered Nurse Anesthetist and the abbreviation "CRNA", Certified Nurse-Midwife and the abbreviation "CNM", Clinical Nurse Specialist and the abbreviation "CNS", and Certified Nurse Practitioner and the abbreviation "CNP".

It shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation "APRN" or use the respective specialty role titles and abbreviations or to use any other titles or abbreviations that would reasonably lead a person to believe the user is an Advanced Practice Registered Nurse, unless permitted by this act. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon

conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars ($100.00) nor more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine for each offense;

6. "Certified Nurse Practitioner" is an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care:

a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty,

b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and

c. is in accord with the standards for Certified Nurse Practitioners as identified by the certifying body and approved by the Board.

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The Certified Nurse Practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice registered nursing standards and functions as defined by the scope of practice/role definition statements for the Certified Nurse Practitioner;

7. a. "Clinical Nurse Specialist" is an Advanced Practice Registered Nurse who holds:

(1) a master's degree or higher in nursing with clinical specialization preparation to function in an expanded role,

(2) specialty certification from a national certifying organization recognized by the Board,

(3) ~~a certificate of recognition~~ an Advanced Practice Registered Nurse license from the Board, and

(4) any nurse holding a specialty certification as a Clinical Nurse Specialist valid on January 1, 1994, granted by a national certifying organization recognized by the Board, shall be deemed to be a Clinical Nurse Specialist under the provisions of the Oklahoma Nursing Practice Act.

b. In the expanded role, the Clinical Nurse Specialist performs at an advanced practice level which shall include, but not be limited to:

(1) practicing as an expert clinician in the provision of direct nursing care to a selected population of patients or clients in any setting, including private practice,

(2) managing the care of patients or clients with complex nursing problems,

(3) enhancing patient or client care by integrating the competencies of clinical practice, education, consultation, and research, and

(4) referring patients or clients to other services.

c. A Clinical Nurse Specialist in accordance with the scope of practice of such Clinical Nurse Specialist shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section, and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

d. The Clinical Nurse Specialist accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the

scope of practice/role definition statements for the Clinical Nurse Specialist;

8. "Nurse-Midwife" is a ~~qualified registered~~ nurse who has received ~~a certificate of recognition~~ an Advanced Practice Registered Nurse license from the Oklahoma Board of Nursing who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

A Certified Nurse-Midwife in accordance with the scope of practice of such Certified Nurse-Midwife shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include the dispensing of drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The Certified Nurse-Midwife accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice registered nursing standards and functions as defined by the scope of practice/role definition statements for the Certified Nurse-Midwife;

9. "Nurse-midwifery practice" means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally and gynecologically, occurring within a health care system which provides for medical consultation, medical management

or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives;

10. a. "Certified Registered Nurse Anesthetist" is an Advanced Practice Registered Nurse who:

(1) is certified by the ~~Council on Certification of~~ National Board of Certification and Recertification for Nurse Anesthetists as a Certified Registered Nurse Anesthetist within one (1) year following completion of an approved certified registered nurse anesthetist education program, and continues to maintain such recertification by the ~~Council on~~ National Board of Certification and Recertification ~~of~~ for Nurse Anesthetists, and

(2) administers anesthesia under the supervision of a medical doctor, an osteopathic physician, a podiatric physician or a dentist licensed in this state and under conditions in which timely onsite consultation by such doctor, osteopath, podiatric physician or dentist is available.

b. A Certified Registered Nurse Anesthetist, under the supervision of a medical doctor, osteopathic physician, podiatric physician or dentist licensed in this state, and under conditions in which timely, on-

site consultation by such medical doctor, osteopathic physician, podiatric physician or dentist is available, shall be authorized, pursuant to rules adopted by the Oklahoma Board of Nursing, to order, select, obtain and administer legend drugs, Schedules II through V controlled substances, devices, and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care. A Certified Registered Nurse Anesthetist may order, select, obtain and administer drugs only during the perioperative or periobstetrical period.

c. A Certified Registered Nurse Anesthetist who applies for authorization to order, select, obtain and administer drugs shall:

(1) be currently recognized as a Certified Registered Nurse Anesthetist in this state,

(2) provide evidence of completion, within the two-year period immediately preceding the date of application, of a minimum of fifteen (15) units of continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the ~~Council on~~ National Board of Certification and Recertification ~~of~~ for Nurse

Anesthetists ~~or the Council on Certification of Nurse Anesthetists~~, and

(3) complete and submit a notarized application, on a form prescribed by the Board, accompanied by the application fee established pursuant to this section.

d. The authority to order, select, obtain and administer drugs shall be terminated if a Certified Registered Nurse Anesthetist has:

(1) ordered, selected, obtained or administered drugs outside of the Certified Registered Nurse Anesthetist scope of practice or ordered, selected, obtained or administered drugs for other than therapeutic purposes, or

(2) violated any provision of state laws or rules or federal laws or regulations pertaining to the practice of nursing or the authority to order, select, obtain and administer drugs.

e. The Oklahoma Board of Nursing shall notify the Board of Pharmacy after termination of or a change in the authority to order, select, obtain and administer drugs for a Certified Registered Nurse Anesthetist.

f. The Board shall provide by rule for biennial application renewal and reauthorization of authority

to order, select, obtain and administer drugs for Certified Registered Nurse Anesthetists. At the time of application renewal, a Certified Registered Nurse Anesthetist shall submit documentation of a minimum of eight (8) units of continuing education, completed during the previous two (2) years, in advanced pharmacology relating to the administration of anesthesia, as recognized by the Council on Recertification of Nurse Anesthetists or the Council on Certification of Nurse Anesthetists.

g. This paragraph shall not prohibit the administration of local or topical anesthetics as now permitted by law. Provided further, nothing in this paragraph shall limit the authority of the Board of Dentistry to establish the qualifications for dentists who direct the administration of anesthesia;

11. "Supervising physician" means an individual holding a current license to practice as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises a Certified Nurse Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-Midwife, and who is not in training as an intern, resident, or fellow. To be eligible to supervise such Advanced Practice Registered Nurse, such physician shall remain in compliance with the rules promulgated by the State

Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners;

12. "Supervision of an Advanced Practice Registered Nurse with prescriptive authority" means overseeing and accepting responsibility for the ordering and transmission by a Certified Nurse Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-Midwife of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary; and

13. "Advanced Unlicensed Assistant" means any person who has successfully completed a certified training program approved by the Board that trains the Advanced Unlicensed Assistant to perform specified technical skills identified by the Board in acute care settings under the direction and supervision of the Registered Nurse or Licensed Practical Nurse.

SECTION 2. AMENDATORY 59 O.S. 2011, Section 567.4a, is amended to read as follows:

Section 567.4a. The rules regarding prescriptive authority recognition promulgated by the Oklahoma Board of Nursing pursuant to paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title shall:

1. Define the procedure for documenting supervision by a physician licensed in Oklahoma to practice by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic

Examiners. Such procedure shall include a written statement that defines appropriate referral, consultation, and collaboration between the ~~advanced practice nurse~~ Advanced Practice Registered Nurse, recognized to prescribe as defined in paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title, and the supervising physician. The written statement shall include a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. The written statement shall be part of the initial application and the renewal application submitted to the Board for recognition for prescriptive authority for the ~~advanced practice nurse~~ Advanced Practice Registered Nurse. Changes to the written statement shall be filed with the Board within thirty (30) days of the change and shall be effective on filing;

2. Define minimal requirements for initial application for prescriptive authority which shall include, but not be limited to, evidence of completion of a minimum of forty-five (45) contact hours or three (3) academic credit hours of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, approved by the Board. Such contact hours or academic credits shall be obtained within a time period of

three (3) years immediately preceding the date of application for prescriptive authority;

3. Define minimal requirements for application for renewal of prescriptive authority which shall include, but not be limited to, documentation of a minimum of fifteen (15) contact hours or one (1) academic credit hour of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority;

4. Require that beginning July 1, 2002, an ~~advanced practice nurse~~ Advanced Practice Registered Nurse shall demonstrate successful completion of a master's degree in a clinical nurse specialty in order to be eligible for initial application for prescriptive authority under the provisions of this act;

5. Define the method for communicating authority to prescribe or termination of same, and the formulary to the Board of Pharmacy, all pharmacies, and all registered pharmacists;

6. Define terminology used in such rules;

7. Define the parameters for the prescribing practices of the ~~advanced practice nurse~~ Advanced Practice Registered Nurse;

8. Define the methods for termination of prescriptive authority for ~~advanced practice nurses~~ the Advanced Practice Registered Nurse; and

9. a. Establish a Formulary Advisory Council that shall develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by ~~advanced practice nurses~~ Advanced Practice Registered Nurse recognized to prescribe by the Oklahoma Board of Nursing. The Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of ~~advanced practice nurse~~ Advanced Practice Registered Nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the Oklahoma Nursing Practice Act. The Board shall either accept or reject the recommendations made by the Council. No amendments to the recommended exclusionary formulary may be made by the Board without the approval of the Formulary Advisory Council.

b. The Formulary Advisory Council shall be composed of twelve (12) members as follows:

(1) four members, to include a pediatrician, an obstetrician-gynecological physician, a general internist, and a family practice physician; provided that three of such members shall be appointed by the Oklahoma State Medical Association, and one shall be appointed by the Oklahoma Osteopathic Association,

(2) four members who are registered pharmacists, appointed by the Oklahoma Pharmaceutical Association, and

(3) four members, one of whom shall be ~~an advanced registered nurse practitioner~~ a Certified Nurse Practitioner, one of whom shall be a ~~clinical nurse specialist~~ Clinical Nurse Specialist, one of whom shall be a ~~certified nurse-midwife~~ Certified Nurse-Midwife, and one of whom shall be a current member of the Oklahoma Board of Nursing, all of whom shall be appointed by the Oklahoma Board of Nursing.

c. All professional members of the Formulary Advisory Council shall be in active clinical practice, at least fifty percent (50%) of the time, within their defined area of specialty. The members of the Formulary Advisory Council shall serve at the pleasure of the

appointing authority for a term of three (3) years. The terms of the members shall be staggered. Members of the Council may serve beyond the expiration of their term of office until a successor is appointed by the original appointing authority. A vacancy on the Council shall be filled for the balance of the unexpired term by the original appointing authority.

d. Members of the Council shall elect a chair and a vice-chair from among the membership of the Council. For the transaction of business, at least seven members, with a minimum of two members present from each of the identified categories of physicians, pharmacists and advanced practice registered nurses, shall constitute a quorum. The Council shall recommend and the Board shall approve and implement an initial exclusionary formulary on or before January 1, 1997. The Council and the Board shall annually review the approved exclusionary formulary and shall make any necessary revisions utilizing the same procedures used to develop the initial exclusionary formulary.

SECTION 3. AMENDATORY 59 O.S. 2011, Section 567.8, as last amended by Section 2, Chapter 190, O.S.L. 2016 (59 O.S. Supp. 2016, Section 567.8), is amended to read as follows:

Section 567.8. A. The Oklahoma Board of Nursing shall have the power to take any or all of the following actions:

1. To deny, revoke or suspend any:

a. licensure to practice as a Licensed Practical Nurse, single-state or multistate,

b. licensure to practice as a Registered Nurse, single-state or multistate,

c. multistate privilege to practice in Oklahoma,

d. licensure to practice as an Advanced Practice Registered Nurse,

e. certification to practice as an Advanced Unlicensed Assistant,

f. authorization for prescriptive authority, or

g. authority to order, select, obtain and administer drugs;

2. To assess administrative penalties; and

3. To otherwise discipline applicants, licensees or Advanced Unlicensed Assistants.

B. The Board shall impose a disciplinary action against the person pursuant to the provisions of subsection A of this section upon proof that the person:

1. Is guilty of deceit or material misrepresentation in procuring or attempting to procure:

a. a license to practice registered nursing, licensed practical nursing, and/or ~~recognition~~ a license to practice advanced practice registered nursing with or without either prescriptive authority recognition or authorization to order, select, obtain and administer drugs, or

b. certification as an Advanced Unlicensed Assistant;

2. Is guilty of a felony, or any offense reasonably related to the qualifications, functions or duties of any licensee or Advanced Unlicensed Assistant, or any offense an essential element of which is fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed, or any conduct resulting in the revocation of a deferred or suspended sentence or probation imposed pursuant to such conviction;

3. Fails to adequately care for patients or to conform to the minimum standards of acceptable nursing or Advanced Unlicensed Assistant practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm;

4. Is intemperate in the use of alcohol or drugs, which use the Board determines endangers or could endanger patients;

5. Exhibits through a pattern of practice or other behavior actual or potential inability to practice nursing with sufficient knowledge or reasonable skills and safety due to impairment caused by illness, use of alcohol, drugs, chemicals or any other substance,

or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills, mental illness, or disability that results in inability to practice with reasonable judgment, skill or safety; provided, however, the provisions of this paragraph shall not be utilized in a manner that conflicts with the provisions of the Americans with Disabilities Act;

6. Has been adjudicated as mentally incompetent, mentally ill, chemically dependent or dangerous to the public or has been committed by a court of competent jurisdiction, within or without this state;

7. Is guilty of unprofessional conduct as defined in the rules of the Board;

8. Is guilty of any act that jeopardizes a patient's life, health or safety as defined in the rules of the Board;

9. Violated a rule promulgated by the Board, an order of the Board, or a state or federal law relating to the practice of registered, practical or advanced practice registered nursing or advanced unlicensed assisting, or a state or federal narcotics or controlled dangerous substance law;

10. Has had disciplinary actions taken against the individual's registered or practical nursing license, advanced unlicensed assistive certification, or any professional or occupational

license, registration or certification in this or any state, territory or country;

11. Has defaulted and/or been terminated from the ~~Peer Assistance Program~~ peer assistance program for any reason;

12. Fails to maintain professional boundaries with patients, as defined in the Board rules; and/or

13. Engages in sexual misconduct, as defined in Board rules, with a current or former patient or key party, inside or outside the health care setting.

C. Any person who supplies the Board information in good faith shall not be liable in any way for damages with respect to giving such information.

D. The Board may cause to be investigated all reported violations of the Oklahoma Nursing Practice Act.

E. The Board may authorize the ~~executive director~~ Executive Director to issue a confidential letter of concern to a licensee when evidence does not warrant formal proceedings, but the Executive Director has noted indications of possible errant conduct that could lead to serious consequences and formal action.

F. All individual proceedings before the Board shall be conducted in accordance with the Administrative Procedures Act.

G. At a hearing the accused shall have the right to appear either personally or by counsel, or both, to produce witnesses and evidence on behalf of the accused, to cross-examine witnesses and to

have subpoenas issued by the designated Board staff. If the accused is found guilty of the charges the Board may refuse to issue a renewal of license to the applicant, revoke or suspend a license, or otherwise discipline a licensee.

H. A person whose license is revoked may not apply for reinstatement during the time period set by the Board. The Board on its own motion may at any time reconsider its action.

I. Any person whose license is revoked or who applies for renewal of registration and who is rejected by the Board shall have the right to appeal from such action pursuant to the Administrative Procedures Act.

J. 1. Any person who has been determined by the Board to have violated any provisions of the Oklahoma Nursing Practice Act or any rule or order issued pursuant thereto shall be liable for an administrative penalty not to exceed Five Hundred Dollars ($500.00) for each count for which any holder of a certificate or license has been determined to be in violation of the Oklahoma Nursing Practice Act or any rule promulgated or order issued pursuant thereto.

2. The amount of the penalty shall be assessed by the Board pursuant to the provisions of this section, after notice and an opportunity for hearing is given to the accused. In determining the amount of the penalty, the Board shall include, but not be limited to, consideration of the nature, circumstances, and gravity of the violation and, with respect to the person found to have committed

the violation, the degree of culpability, the effect on ability of the person to continue to practice, and any show of good faith in attempting to achieve compliance with the provisions of the Oklahoma Nursing Practice Act.

K. The Board shall retain jurisdiction over any person issued a license, certificate or temporary license pursuant to this act, regardless of whether the license, certificate or temporary license has expired, lapsed or been relinquished during or after the alleged occurrence or conduct prescribed by this act.

L. In the event disciplinary action is imposed, any person so disciplined shall be responsible for any and all costs associated with satisfaction of the discipline imposed.

M. In the event disciplinary action is imposed in an administrative proceeding, the Board shall have the authority to recover the monies expended by the Board in pursuing any disciplinary action, including but not limited to costs of investigation, probation or monitoring fees, administrative costs, witness fees, attorney fees and court costs. This authority shall be in addition to the Board's authority to impose discipline as set out in subsection A of this section.

N. The Executive Director shall immediately suspend the license of any person upon proof that the person has been sentenced to a period of continuous incarceration serving a penal sentence for commission of a misdemeanor or felony. The suspension shall remain

in effect until the Board acts upon the licensee's written application for reinstatement of the license.

O. When a majority of the officers of the Board, which constitutes the President, Vice President and Secretary/Treasurer, find that preservation of the public health, safety or welfare requires immediate action, summary suspension of licensure or certification may be ordered before the filing of a sworn complaint or at any other time before the outcome of an individual proceeding. The summary suspension of licensure or certification may be ordered without compliance with the requirements of the Oklahoma Open Meeting Act. Within seven (7) days after the summary suspension, the licensee shall be notified by letter that summary suspension has occurred. The summary suspension letter shall include notice of the date of the proposed hearing to be held in accordance with Oklahoma Administrative Code 485:10-11-2 and the Administrative Procedures Act, within ninety (90) days of the date of the summary suspension letter, and shall be signed by one of the Board officers.

SECTION 4. AMENDATORY 59 O.S. 2011, Section 567.17, as amended by Section 4, Chapter 190, O.S.L. 2016 (59 O.S. Supp. 2016, Section 567.17), is amended to read as follows:

Section 567.17. A. There is hereby established a peer assistance program to rehabilitate nurses whose competency may be compromised because of the abuse of drugs or alcohol, so that such nurses can be treated and can return to or continue the practice of

nursing in a manner which will benefit the public. The program shall be under the supervision and control of the Oklahoma Board of Nursing.

B. The Board shall appoint one or more peer assistance evaluation advisory committees hereinafter called the "peer assistance committees". Each of these committees shall be composed of members, the majority of which shall be licensed nurses with expertise in chemical dependency. The peer assistance committees shall function under the authority of the Oklahoma Board of Nursing in accordance with the rules of the Board. The committee members shall serve without pay, but may be reimbursed for the expenses incurred in the discharge of their official duties in accordance with the State Travel Reimbursement Act.

C. The Board shall appoint and employ a qualified person, who shall be a registered nurse, to serve as program coordinator and shall fix such person's compensation. The Board shall define the duties of the program coordinator who shall report directly to the Executive Director of the Board and be subject to the Executive Director's direction and control.

D. The Board is authorized to adopt and revise rules, not inconsistent with the Oklahoma Nursing Practice Act, as may be necessary to enable it to carry into effect the provisions of this section.

E. A portion of licensing fees for each nurse not to exceed Ten Dollars ($10.00) may be used to implement and maintain the peer assistance program.

F. Records of the nurse enrolled in the peer assistance program shall be maintained in the program office in a place separate and apart from the Board's records. The records shall be made public only by subpoena and court order; provided, however, confidential treatment shall be canceled upon default by the nurse in complying with the requirements of the program.

G. Any person making a report to the Board or to a peer assistance committee regarding a nurse suspected of practicing nursing while habitually intemperate or addicted to the use of habit-forming drugs, or a nurse's progress or lack of progress in rehabilitation, shall be immune from any civil or criminal action resulting from such reports, provided such reports are made in good faith.

H. A nurse's participation in the peer assistance program in no way precludes additional proceedings by the Board for acts or omissions of acts not specifically related to the circumstances resulting in the nurse's entry into the program. However, in the event the nurse defaults from the program, the Board may discipline the nurse for those acts which led to the nurse entering the program.

I. The Executive Director of the Board shall suspend the license of a licensee who applied and entered the peer assistance program by choice without any order by the Board immediately upon notification that the licensee has defaulted from the peer assistance program, and shall assign a hearing date for the matter to be presented to the Board. A licensee who was directed to apply and enter the peer assistance program by an order of the Board and who does not enter or who defaults from the peer assistance program for any reason shall be disciplined as set forth in the order of the Board that directed the nurse to apply and enter the peer assistance program.

J. Any person who enters the peer assistance program voluntarily or otherwise shall be responsible for any and all costs associated with participation in the peer assistance program.

K. A nurse may apply to participate in the peer assistance program by choice or may be directed to apply to the program by an order of the Board. In either case, conditions shall be placed on the nurse's license to practice nursing during the period of participation in the peer assistance program.

L. ~~As used in this section~~ With regards to the peer assistance program, unless the context otherwise requires:

1. "Board" means the Oklahoma Board of Nursing; ~~and~~

2. "Peer assistance committee" means the peer assistance evaluation advisory committee created in this section, which is

appointed by the Oklahoma Board of Nursing to carry out specified duties; and

3. "Default" means the licensee has failed to comply with the contract and/or amended contracts and/or treatment plans, as determined by the peer assistance committee, and/or has been terminated from the peer assistance program as defined in Board rules.

SECTION 5. AMENDATORY Section 9, Chapter 190, O.S.L. 2016 (59 O.S. Supp. 2016, Section 567.25), is amended to read as follows:

Section 567.25. A. In reporting information to the coordinated licensure information system under Article 6 of the Nurse Licensure Compact, the Oklahoma Board of Nursing may disclose information that identifies a person, including Social Security number and date of birth.

B. The coordinated licensure information system may not share ~~information that identifies a person~~ Social Security numbers and dates of birth with a state not a party to the Compact ~~unless the state agrees not to disclose that information to other persons~~.

SECTION 6. This act shall become effective November 1, 2017.

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