An Act

ENROLLED SENATE
BILL NO. 848

By: Rader and Sharp of the Senate

and

Echols of the House

An Act relating to opioid drugs; amending 59 O.S. 2011, Section 145.1, as amended by Section 4, Chapter 185, O.S.L. 2013 (59 O.S. Supp. 2018, Section 145.1), which relates to continuing education requirements for podiatrists; requiring certain continuing education; providing exception; amending 59 O.S. 2011, Section 148, which relates to violations of the Podiatric Medicine Practice Act; adding certain grounds for penalties; amending 59 O.S. 2011, Section 328.32, as last amended by Section 4, Chapter 113, O.S.L. 2016 (59 O.S. Supp. 2018, Section 328.32), which relates to grounds for penalties for dentists; modifying certain grounds for penalties; clarifying language; amending 59 O.S. 2011, Section 328.41, as last amended by Section 11, Chapter 151, O.S.L. 2018 (59 O.S. Supp. 2018, Section 328.41), which relates to continuing education requirements for dentists; requiring certain continuing education; providing exception; amending Section 3, Chapter 234, O.S.L. 2017, as amended by Section 1 of Enrolled Senate Bill No. 1019 of the 1st Session of the 57th Oklahoma Legislature (59 O.S. Supp. 2018, Section 353.20.2), which relates to pharmacist discretion; requiring pharmacist to fill certain prescriptions to specified dose; specifying certain right; amending 59 O.S. 2011, Section 509, as amended by Section 2, Chapter 175, O.S.L. 2018 (59 O.S. Supp. 2018, Section 509), which relates to definition of unprofessional conduct by allopathic physicians; clarifying language; amending 59 O.S. 2011, Section 519.8, which relates

to license renewal for physician assistants; requiring certain continuing medical education; amending 59 O.S. 2011, Section 567.4a, as last amended by Section 1 of Enrolled Senate Bill No. 81 of the 1st Session of the 57th Oklahoma Legislature (59 O.S. Supp. 2018, Section 567.4a), which relates to prescriptive authority for Advanced Practice Registered Nurses; requiring certain education; providing exception; amending 59 O.S. 2011, Section 567.8, as last amended by Section 2 of Enrolled Senate Bill No. 81 of the 1st Session of the 57th Legislature (59 O.S. Supp. 2018, Section 567.8), which relates to denial, revocation or suspension of license or certification; modifying certain grounds for disciplinary action; amending 59 O.S. 2011, Section 585, which relates to definition of unprofessional and unethical conduct by optometric physicians; modifying definition; updating and clarifying language; amending 59 O.S. 2011, Section 604, which relates to required attendance on educational or postgraduate programs for optometrists; requiring certain education; providing exception; updating statutory language; amending 59 O.S. 2011, Section 637, which relates to refusal to issue or reinstate, suspension or revocation of license for osteopathic physicians; adding certain grounds for disciplinary action; amending 59 O.S. 2011, Section 641, which relates to educational programs for osteopathic physicians; requiring licensees to receive certain education; providing exception; amending 59 O.S. 2011, Section 698.7, which relates to powers and duties of State Board of Veterinary Medical Examiners; requiring certain continuing education; providing exception; amending 59 O.S. 2011, Section 698.14a, which relates to sanctions for veterinarians; adding certain grounds for disciplinary actions; amending 63 O.S. 2011, Section 2-101, as last amended by Section 3, Chapter 175, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-101), which relates to definitions used in the Uniform Controlled Dangerous Substances Act; modifying certain definitions; amending 63 O.S. 2011, Section

2-302, as amended by Section 1, Chapter 251, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-302), which relates to registration requirements for certain persons; deleting obsolete language; modifying reporting requirements; amending 63 O.S. 2011, Section 2-309D, as last amended by Section 4, Chapter 175, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-309D), which relates to central repository; deleting termination date of certain requirements; modifying certain grounds for disciplinary action; amending Section 5, Chapter 175, O.S.L. 2018, as amended by Section 1 of Enrolled House Bill No. 1155 of the 1st Session of the 57th Oklahoma Legislature (63 O.S. Supp. 2018, Section 2-309I), which relates to prescription limits and rules for opioid drugs; modifying applicability; clarifying language; establishing procedure for prescribing opioids; modifying required assessment; requiring notated information on certain prescriptions; updating statutory language; clarifying language; defining term; requiring Insurance Department to make certain evaluation and submit report by date certain; requiring the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to submit report to the Legislature; providing for report requirements; updating statutory references; repealing Section 6, Chapter 175, O.S.L. 2018, which relates to Insurance Department's prescription limits evaluations; updating statutory references; providing for codification; and declaring an emergency.

SUBJECT: Opioid drugs

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

SECTION 1. AMENDATORY 59 O.S. 2011, Section 145.1, as amended by Section 4, Chapter 185, O.S.L. 2013 (59 O.S. Supp. 2018, Section 145.1), is amended to read as follows:

Section 145.1. A. Sixty (60) hours of continuing education shall be required for renewal of an individual license to practice podiatric medicine in this state. This must be obtained in the two-year period immediately preceding the two-year period for which the license is to be issued. Such continuing education shall include not less than two (2) hours of education in pain management or two (2) hours of education in opioid use or addiction, unless the licensee has demonstrated to the satisfaction of the Board of Podiatric Medical Examiners that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number. The continuing education required by this section shall be any of the following:

1. Education presented by an organization approved by the Council on Continuing Education of the American Podiatric Medical Association;

2. A national, state or county podiatric medical association meeting approved by the Board ~~of Podiatric Medical Examiners~~;

3. Hospital-sponsored scientific programs approved by the Board; or

4. Six (6) hours of continuing education credit may be obtained by attending meetings and hearings of the Board.

At least thirty (30) hours of the required sixty (60) hours must be obtained in this state.

B. Any practitioner not so satisfying the Board of the fulfillment of the continuing education requirements required by subsection A of this section shall cease to be entitled to have such license renewed.

C. Any practitioner fully retired from the practice of podiatric medicine shall be exempt from compliance with the requirements imposed by subsection A of this section. However, upon resuming the practice of podiatric medicine, the individual shall fulfill such requirements which have accrued from ~~the effective date of this act~~ October 1, 1979, to the time of resumption of practice.

SECTION 2. AMENDATORY 59 O.S. 2011, Section 148, is amended to read as follows:

Section 148. A. The following acts or occurrences by a podiatric physician shall constitute grounds for which the penalties specified in Section 147 of this title may be imposed by order of the Board of Podiatric Medical Examiners:

1. Willfully making a false and material statement to the Board, either before or after the issuance of a license;

2. Pleading guilty or nolo contendere to, or being convicted of, a felony, a misdemeanor involving moral turpitude, or a violation of federal or state controlled dangerous substances laws;

3. Using alcohol, any drug, or any other substance which impairs the licensee to a degree that the licensee is unable to practice podiatric medicine with safety and benefit to the public;

4. Being mentally or physically incapacitated to a degree that the licensee is unable to practice podiatric medicine with safety and benefit to the public;

5. Making any advertisement, statement, or representation which is untrue or improbable and calculated by the licensee to deceive, defraud or mislead the public or patients;

6. Practicing fraud by omission or commission in the examination given by the Board, or in obtaining a license, or in obtaining renewal or reinstatement of a license;

7. Failing to pay or cause to be paid promptly when due any fee required by the Podiatric Medicine Practice Act or the rules of the Board;

8. Practicing podiatric medicine in an unsafe or unsanitary manner or place;

9. Performing, or attempting to perform, any surgery for which the licensee has not had reasonable training;

10. Gross and willful neglect of duty as a member or officer of the Board;

11. Dividing with any person, firm, corporation, or other legal entity any fee or other compensation for services as a podiatric physician, except with:

a. another podiatric physician,

b. an applicant for a license who is observing or assisting the licensee as an intern, preceptee or resident, as authorized by the rules of the Board, or

c. a practitioner of another branch of the healing arts who is duly licensed under the laws of this state or another state, district or territory of the United States,

who has actually provided services, directly or indirectly, to the patient from or for whom the fee or other compensation is received, or at the time of the services is an active associate of the licensee in the lawful practice of podiatric medicine in this state; ~~and~~

12. Violating or attempting to violate the provisions of the Podiatric Medicine Practice Act, the Code of Ethics, or the rules of the Board; and

13. Prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes.

B. Commitment of a licensee to an institution for the mentally ill shall constitute prima facie evidence that the licensee is mentally incapacitated to a degree that the licensee is unable to practice podiatric medicine with safety and benefit to the public.

SECTION 3. AMENDATORY 59 O.S. 2011, Section 328.32, as last amended by Section 4, Chapter 113, O.S.L. 2016 (59 O.S. Supp. 2018, Section 328.32), is amended to read as follows:

Section 328.32. A. The following acts or occurrences by a dentist shall constitute grounds for which the penalties specified in Section 328.44a of this title may be imposed by order of the Board of Dentistry or be the basis for denying a new applicant any license or permit issued by the Board:

1. Pleading guilty or nolo contendere to, or being convicted of, a felony, a misdemeanor involving moral turpitude, Medicaid fraud or a violation of federal or state controlled dangerous substances laws;

2. Presenting to the Board a false diploma, license, or certificate, or one obtained by fraud or illegal means, or providing other false information on an application or renewal;

3. Being, by reason of persistent inebriety or addiction to drugs, incompetent to continue the practice of dentistry;

4. Publishing a false, fraudulent, or misleading advertisement or statement;

5. Authorizing or aiding an unlicensed person to practice dentistry, to practice dental hygiene, or to perform a function for which a permit from the Board is required;

6. Authorizing or aiding a dental hygienist to perform any procedure prohibited by the State Dental Act or the rules of the Board;

7. Authorizing or aiding a dental assistant or oral maxillofacial surgery assistant to perform any procedure prohibited by the State Dental Act or the rules of the Board;

8. Failing to pay fees as required by the State Dental Act or the rules of the Board;

9. Failing to complete continuing education requirements;

10. Representing himself or herself to the public as a specialist in a dental specialty without holding a dental specialty license therefor;

11. Representing himself or herself to the public as a specialist whose practice is limited to a dental specialty, when such representation is false, fraudulent, or misleading;

12. Endangering the health of patients by reason of having a highly communicable disease and continuing to practice dentistry without taking appropriate safeguards;

13. Practicing dentistry in an unsafe or unsanitary manner or place, including but not limited to repeated failures to follow Centers for Disease Control and Prevention (CDC) or Occupational ~~Health~~ Safety and Health Administration (OSHA) guidelines;

14. Being shown to be mentally unsound;

15. Being shown to be grossly immoral and that such condition represents a threat to patient care or treatment;

16. Being incompetent to practice dentistry while delivering care to a patient;

17. Committing gross negligence in the practice of dentistry;

18. Committing repeated acts of negligence in the practice of dentistry;

19. Offering to effect or effecting a division of fees, or agreeing to split or divide a fee for dental services with any person, in exchange for the person bringing or referring a patient;

20. Being involuntarily committed to an institution for treatment for substance abuse, until recovery or remission;

21. Using or attempting to use the services of a dental laboratory or dental laboratory technician without issuing a laboratory prescription, except as provided in subsection C of Section 328.36 of this title;

22. Aiding, abetting, or encouraging a dental hygienist employed by the dentist to make use of an oral prophylaxis list, or the calling by telephone or by use of letters transmitted through

the mails to solicit patronage from patients formerly served in the office of any dentist formerly employing such hygienist;

23. Having more than the equivalent of three full-time dental hygienists for each dentist actively practicing in the same dental office;

24. Allowing a person not holding a permit or license issued by the Board to assist in the treatment of a patient without having a license or permit issued by the Board;

25. Knowingly patronizing or using the services of a dental laboratory or dental laboratory technician who has not complied with the provisions of the State Dental Act and the rules of the Board;

26. Authorizing or aiding a dental hygienist, dental assistant, oral maxillofacial surgery assistant, dental laboratory technician, or holder of a permit to operate a dental laboratory to violate any provision of the State Dental Act or the rules of the Board;

27. Willfully disclosing information protected by the Health Information Portability and Accountability Act, P.L. 104-191;

28. Writing a false, unnecessary, or excessive prescription for any drug or narcotic which is a controlled dangerous substance under either federal or state law, or prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;

29. Prescribing or administering any drug or treatment without having established a valid dentist-patient relationship;

30. Using or administering nitrous oxide gas in a dental office in an inappropriate or unauthorized manner;

31. Engaging in nonconsensual physical contact with a patient which is sexual in nature, or engaging in a verbal communication which is intended to be sexually demeaning to a patient;

32. Practicing dentistry without displaying, at the dentist's primary place of practice, the license issued to the dentist by the Board to practice dentistry and the current renewal certificate;

33. Being dishonest in a material way with a patient;

34. Failing to retain all patient records for at least seven (7) years from the date of the last treatment, except that the failure to retain records shall not be a violation of the State Dental Act if the dentist shows that the records were lost, destroyed, or removed by another, without the consent of the dentist;

35. Failing to retain the dentist's copy of any laboratory prescription for at least three (3) years, except that the failure to retain records shall not be a violation of the State Dental Act if the dentist shows that the records were lost, destroyed, or removed by another, without the consent of the dentist;

36. Allowing any corporation, organization, group, person, or other legal entity, except another dentist or a professional entity that is in compliance with the registration requirements of subsection B of Section 328.31 of this title, to direct, control, or interfere with the dentist's clinical judgment. Clinical judgment shall include, but not be limited to, such matters as selection of a course of treatment, control of patient records, policies and decisions relating to pricing, credit, refunds, warranties and advertising, and decisions relating to office personnel and hours of practice. Nothing in this paragraph shall be construed to:

a. limit a patient's right of informed consent, or

b. prohibit insurers, preferred provider organizations and managed care plans from operating pursuant to the applicable provisions of the Oklahoma Insurance Code and the Public Health Code;

37. Violating the state dental act of another state resulting in a plea of guilty or nolo contendere, conviction or suspension or revocation or other sanction by another state board, of the license of the dentist under the laws of that state;

38. Violating or attempting to violate the provisions of the State Dental Act or the rules of the Board, as a principal, accessory or accomplice;

39. Failing to comply with the terms and conditions of an order imposing suspension of a license or placement on probation issued pursuant to Section 328.44a of this title;

40. Failing to cooperate during an investigation or providing false information, verbally or in writing, to the Board, the Board's investigator or an agent of the Board; or

41. Having multiple administrative or civil actions reported to the National Practitioner Databank.

B. The provisions of the State Dental Act shall not be construed to prohibit any dentist from displaying or otherwise advertising that the dentist is also currently licensed, registered, certified, or otherwise credentialed pursuant to the laws of this state or a nationally recognized credentialing board, if authorized by the laws of the state or credentialing board to display or otherwise advertise as a licensed, registered, certified, or credentialed dentist.

SECTION 4. AMENDATORY 59 O.S. 2011, Section 328.41, as last amended by Section 11, Chapter 151, O.S.L. 2018 (59 O.S. Supp. 2018, Section 328.41), is amended to read as follows:

Section 328.41. A. 1. On or before the last day of December of each year, every dentist, dental hygienist, dental assistant, oral maxillofacial surgery assistant and other licensee or permit holders previously licensed or permitted by the Board to practice in this state, with the exception of those listed in paragraph 2 of this subsection, shall submit a completed renewal application with information as may be required by the Board, together with an annual renewal fee established by the rules of the Board. Upon receipt of the annual renewal fee, the Board shall issue a renewal certificate authorizing the dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant to continue the practice of dentistry or dental hygiene, respectively, in this state for a period of one (1) year. Every license or permit issued by the Board shall begin on January 1 and expire on December 31 of each year.

2. Beginning July 1, 2017, resident and fellowship permits shall be valid from July 1 through June 30 of each year and dental

student intern permits shall be valid from August 1 through July 31 of each year.

B. Continuing education requirements shall be due at the end of each three-year period ending in 2019 as follows:

1. Dentists shall complete sixty (60) hours. Such continuing education shall include not less than three (3) hours of education in pain management or three (3) hours of education in opioid use or addiction, unless the licensee has demonstrated to the satisfaction of the Board of Dentistry that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number;

2. Hygienists shall complete thirty (30) hours;

3. Oral maxillofacial surgery assistants shall complete twelve (12) hours; and

4. Beginning in 2020, continuing education requirements shall be due at the end of each two-year period as follows:

a. dentists shall complete forty (40) hours,

b. hygienists shall complete twenty (20) hours,

c. OMS assistants shall complete eight (8) hours, and

d. dental assistants shall have two (2) hours of infection control.

C. Upon failure of a dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant to pay the annual renewal fee within two (2) months after January 1, the Board shall notify the dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant in writing by certified mail to the last-known mailing address of the dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant as reflected in the records of the Board.

D. Any dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant whose license or permit is automatically canceled by reason of failure, neglect or refusal to

secure the renewal certificate may be reinstated by the Board at any time within one (1) year from the date of the expiration of the license, upon payment of the annual renewal fee and a penalty fee established by the rules of the Board. If the dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant does not apply for renewal of the license or permit and pay the required fees within one (1) year after the license has expired, then the dentist, dental hygienist, dental assistant, or oral maxillofacial surgery assistant shall be required to file an application for and take the examination or other requirements provided for in the State Dental Act or the rules promulgated by the Board before again commencing practice.

E. The Board, by rule, shall provide for the remittance of fees otherwise required by the State Dental Act while a dentist or dental hygienist is on active duty with any of the Armed Forces of the United States.

F. In case of a lost or destroyed license or renewal certificate and upon satisfactory proof of the loss or destruction thereof, the Board may issue a duplicate, charging therefor a fee established by the rules of the Board.

G. A dentist, dental hygienist, oral maxillofacial surgery assistant or dental assistant that is in good standing and not under investigation that notifies the Board in writing of a voluntary nonrenewal of license or requests retirement status shall have a right to renew or reinstate his or her license within five (5) years from the date of notice. The Board may require any training or continuing education requirements to be met prior to reinstatement.

H. A dentist, dental hygienist, oral maxillofacial dental assistant or dental assistant that has not had an active license or permit in excess of five (5) years shall be required to apply as a new applicant.

I. Any application for a license or permit that has remained inactive for more than one (1) year shall be closed.

SECTION 5. AMENDATORY Section 3, Chapter 234, O.S.L. 2017, as amended by Section 1 of Enrolled Senate Bill No. 1019 of

the 1st Session of the 57th Oklahoma Legislature (59 O.S. Supp. 2018, Section 353.20.2), is amended to read as follows:

Section 353.20.2. A. Except as provided in subsection C of this section, unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of medication per fill-up to the total number of dosage units as authorized by the prescriber on the original prescription including any refills.

B. Subsection A of this section shall not apply to scheduled medications or any medications for which a report is required under the controlled substance database. Dispensing of medication based on refills authorized by the physician on the prescription shall be limited to no more than a ninety-day supply of the medication.

C. 1. A pharmacist may dispense without a prescription one or more devices or medications as medically necessary to prevent the death of or serious harm to the health of a patient if the following conditions are met:

a. the pharmacy which the pharmacist owns or at which the pharmacist is employed has a current record of a prescription for the medication or device prescribed in the name of the patient who is requesting it, but the prescription has expired and a refill requires authorization from the licensed practitioner who issued the prescription and neither the patient nor the pharmacist was able to obtain the refill after reasonable attempts were made to obtain such refill and the pharmacist documents such attempts on a form prescribed by the State Board of Pharmacy,

b. the failure of the pharmacist to dispense the medication or device reasonably could result in the death of or serious harm to the health of the patient,

c. the device or medication is listed on the formulary described in paragraph 4 of this subsection,

d. the patient has been on a consistent medication therapy as demonstrated by records maintained by the pharmacy, and

e. the amount of the medication or device dispensed is for a reasonable amount of time; provided, if the patient or pharmacist is unable to obtain a refill prescription from the patient's licensed practitioner before the amount prescribed to prevent death or serious harm to the health of the patient is depleted, the pharmacist may dispense an additional amount of the medication or device not more than once in an amount consistent with past prescriptions of the patient.

2. The standard of care required of a pharmacist licensed in this state who is acting in accordance with the provisions of this subsection shall be the level and type of care, skill and diligence that a reasonably competent and skilled pharmacist with a similar background and in the same or similar locality would have provided under the circumstance.

3. Any pharmacist licensed in this state who in good faith dispenses one or more medications or devices to a patient pursuant to the provisions of this subsection shall not be liable for any civil damages or subject to criminal prosecution as a result of any acts or omissions except for committing gross negligence or willful or wanton acts committed in dispensing or failure to dispense the medication or device.

4. The State Board of Pharmacy shall develop and update as necessary an inclusionary formulary of potentially life-saving prescription medications and devices, not to include controlled dangerous substances, for the purposes of this subsection. Such medications and devices shall include but not be limited to:

a. insulin and any devices or supplies necessary for the administration of insulin,

b. glucometers and any devices or supplies necessary for the operation of the glucometer, and

c. rescue inhalers.

5. Dispensing in accordance with this subsection shall be deemed dispensing under a legal prescription for purposes of the Pharmacy Audit Integrity Act, Section 356 et seq. of this title.

D. Upon receipt of a valid Schedule II opioid prescription issued pursuant to the provisions of Section 2-309I of Title 63 of the Oklahoma Statutes, a pharmacist shall fill the prescription to the specified dose, and shall not be permitted to fill a different dosage than what is prescribed. However, the pharmacist maintains the right not to fill the valid opioid prescription.

SECTION 6. AMENDATORY 59 O.S. 2011, Section 509, as amended by Section 2, Chapter 175, O.S.L. 2018 (59 O.S. Supp. 2018, Section 509), is amended to read as follows:

Section 509. The words "unprofessional conduct" as used in Sections 481 through 518.1 of this title are hereby declared to include, but shall not be limited to, the following:

1. Procuring, aiding or abetting a criminal operation;

2. The obtaining of any fee or offering to accept any fee, present or other form of remuneration whatsoever, on the assurance or promise that a manifestly incurable disease can or will be cured;

3. Willfully betraying a professional secret to the detriment of the patient;

4. Habitual intemperance or the habitual use of habit-forming drugs;

5. Conviction of a felony or of any offense involving moral turpitude;

6. All advertising of medical business in which statements are made which are grossly untrue or improbable and calculated to mislead the public;

7. Conviction or confession of a crime involving violation of:

a. the antinarcotic or prohibition laws and regulations of the federal government,

b. the laws of this state, or

c. State Board of Health rules;

8. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public;

9. The commission of any act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine. A complaint, indictment or confession of a criminal violation shall not be necessary for the enforcement of this provision. Proof of the commission of the act while in the practice of medicine or under the guise of the practice of medicine shall be unprofessional conduct;

10. Failure to keep complete and accurate records of purchase and disposal of controlled drugs or of narcotic drugs;

11. The writing of false or fictitious prescriptions for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs;

12. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship;

13. The violation, or attempted violation, direct or indirect, of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice;

14. Aiding or abetting, directly or indirectly, the practice of medicine by any person not duly authorized under the laws of this state;

15. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In

enforcing this subsection the State Board of Medical Licensure and Supervision may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why the physician will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and the physician's attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for examination. The medical license of a physician ordered to submit for examination may be suspended until the results of the examination are received and reviewed by the Board;

16. a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice,

b. prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with pertinent licensing board standards, or

c. prescribing, dispensing or administering opioid drugs in excess of the maximum ~~dosage authorized under Section 5 of this act~~ limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;

17. Engaging in physical conduct with a patient which is sexual in nature, or in any verbal behavior which is seductive or sexually demeaning to a patient;

18. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient;

19. Failure to provide necessary ongoing medical treatment when a doctor-patient relationship has been established, which

relationship can be severed by either party providing a reasonable period of time is granted; or

20. Failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person patient examination, office surgery, diagnostic service or any other medical procedure or treatment. Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained.

SECTION 7. AMENDATORY 59 O.S. 2011, Section 519.8, is amended to read as follows:

Section 519.8. A. Licenses issued to physician assistants shall be renewed annually on a date determined by the State Board of Medical Licensure and Supervision. Each application for renewal shall document that the physician assistant has earned at least twenty (20) hours of continuing medical education during the preceding calendar year. Such continuing medical education shall include not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction.

B. The Board shall promulgate, in the manner established by its rules, fees for the following:

1. Initial licensure;

2. License renewal;

3. Late license renewal;

4. Application to practice; and

5. Disciplinary hearing.

SECTION 8. AMENDATORY 59 O.S. 2011, Section 567.4a, as last amended by Section 1 of Enrolled Senate Bill No. 81 of the 1st Session of the 57th Oklahoma Legislature (59 O.S. Supp. 2018, 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 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 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:

a. 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, and

b. two (2) hours of education in pain management or two (2) hours of education in opioid use or addiction, unless the Advanced Practice Registered Nurse has demonstrated to the satisfaction of the Board that the Advanced Practice Registered Nurse does not currently hold a valid federal Drug Enforcement Administration registration number,

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 Registered Nurse shall demonstrate successful completion of a master's degree or higher in a clinical nurse specialty in order to be eligible for initial application for prescriptive authority under the provisions of the Oklahoma Nursing Practice 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 Registered Nurse;

8. Define the methods for termination of prescriptive authority for 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 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 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 a Certified Nurse Practitioner, one of whom shall be a Clinical Nurse Specialist, one of whom shall be a 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 9. AMENDATORY 59 O.S. 2011, Section 567.8, as last amended by Section 2 of Enrolled Senate Bill No. 81 of the 1st Session of the 57th Legislature (59 O.S. Supp. 2018, 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~~ or 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 <u>including, but not limited to prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes</u>;

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~~ <u>or</u> been terminated from the peer assistance program for any reason;

12. Fails to maintain professional boundaries with patients, as defined in the Board rules; ~~and/or~~ 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. Information obtained during an investigation into possible violations of the Oklahoma Nursing Practice Act shall be kept confidential, but may be introduced by the state in administrative proceedings before the Board, whereupon the information admitted becomes a public record. Public records maintained by the agency are administrative records, not public civil or criminal records.

Confidential investigative records shall not be subject to discovery or subpoena in any civil or criminal proceeding, except that the Board may give such information to law enforcement and other state agencies as necessary and appropriate in the discharge of the duties of that agency and only under circumstances that ensure against unauthorized access to the information.

E. The Board may authorize the 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 the Oklahoma Nursing Practice 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 the Oklahoma Nursing Practice 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.

P. In any proceeding in which the Board is required to serve an order on an individual, the Board may send such material to the individual's address of record with the Board. If the order is returned with a notation by the United States Postal Service indicating that it is undeliverable for any reason, and the records of the Board indicate that the Board has not received any change of address since the order was sent, as required by the rules of the Board, the order and any subsequent material relating to the same matter sent to the most recent address on file with the Board shall

be deemed by the court as having been legally served for all purposes.

SECTION 10. AMENDATORY 59 O.S. 2011, Section 585, is amended to read as follows:

Section 585. A. The Board of Examiners in Optometry shall have the power to revoke or suspend any certificate granted by it pursuant to the provisions of this chapter, for fraud, conviction of crime, unprofessional and unethical conduct, habitual drunkenness, exorbitant charges, false representation of goods, gross incompetency, contagious disease, any violation of any rule or regulation promulgated by the Board pursuant to the provisions of this chapter or any violation of this chapter. The following acts shall be deemed by the Board as unprofessional and unethical conduct:

1. Employment by a licensed optometrist of any person to solicit from house to house the sale of lenses, frames, spectacles, or optometric services or examinations; ~~and~~

2. Selling, advertising, or soliciting the sale of spectacles, eyeglasses, lenses, frames, mountings, eye examinations, or optometric services by house-to-house canvassing either in person or through solicitors; ~~and~~

3. Acceptance of employment, either directly or indirectly, by a licensed optometrist from an unlicensed optometrist or person engaged in any profession or business or owning or operating any profession or business to assist it, him or her, or them in practicing optometry in this state; ~~and~~

4. Publishing or displaying, or knowingly causing or permitting to be published or displayed by newspaper, radio, television, window display, poster, sign, billboard, or any other advertising media any statement or advertisement of any price or fee offered or charged by an optometrist for any optometric services or materials including lenses, frames, eyeglasses, or spectacles or parts thereof, including statements or advertisements of discount, premium, or gifts, if said statements or advertisements are fraudulent, deceitful, misleading or in any manner whatsoever tend to create a misleading impression or are likely to mislead or deceive because in

context said statements or advertisements make only a partial disclosure of relevant facts; ~~and~~

5. ~~No person shall practice~~ Practicing optometry under any name other than the proper name of said person ~~and it~~, which shall be the same name as used in the license issued by the Board ~~of Examiners~~ to ~~said~~ the person; and

6. Prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes.

B. Before any certificate is revoked or suspended, the holder thereof shall be provided with notice and hearing as provided for in the Administrative Procedures Act, Sections 301 through 326 of Title 75 of the Oklahoma Statutes. The Board, after the expiration of the period of three (3) months after the date of ~~said~~ the revocation, may entertain application for the reissuance of ~~said~~ the revoked certificate and may reissue ~~said~~ the certificate upon payment of a reinstatement fee not to exceed three times the annual renewal fee. The Board shall have the right to promulgate such rules and regulations as may be necessary to put into effect the provisions of this chapter. ~~Said~~ Such rules may prescribe which acts are detrimental to the general public health or welfare and may prescribe a minimum standard of sanitation, hygiene, and professional surroundings, and which acts constitute unprofessional or unethical conduct. ~~Said~~ Such conduct shall be grounds for revocation or suspension of the license or certificate issued pursuant to the provisions of Section 584 of this title.

~~B.~~ C. If an out-of-state license or certificate of an optometrist who also holds an Oklahoma license or certificate is suspended or revoked for any reason, ~~his~~ the optometrist's Oklahoma license may come under review by the Board. Should the out-of-state suspension or revocation be on grounds the same or similar to grounds for suspension or revocation in Oklahoma, the Board, after notice and hearing pursuant to the provisions of this section, may suspend or revoke the certificate of ~~said~~ the optometrist to practice in Oklahoma.

SECTION 11. AMENDATORY 59 O.S. 2011, Section 604, is amended to read as follows:

Section 604. Every person holding a license to practice optometry in this state shall be required to present to the Board of Examiners in Optometry, not later than the thirtieth day of June of each year, satisfactory evidence that during the preceding twelve (12) months ~~said~~ the person attended not less than two (2) days of a total of at least twelve (12) hours of educational or postgraduate programs approved by ~~said~~ the Board, or that ~~said~~ the person was prevented, because of sickness or any other reason acceptable to the Board, from attending ~~said~~ the educational or postgraduate program. Such education shall include not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction, unless the person has demonstrated to the satisfaction of the Board that the person does not currently hold a valid federal Drug Enforcement Administration registration number.

The filing of proof of attendance at educational programs or clinics shall be a condition precedent to the issuance of a renewal license. The Board may reinstate the license of ~~said~~ the licensee to practice optometry upon presentation of satisfactory proof of postgraduate study of a standard approved by ~~said~~ the examiners and payment of all fees due including a late reinstatement fee not to exceed three times the annual renewal fee.

SECTION 12. AMENDATORY 59 O.S. 2011, Section 637, is amended to read as follows:

Section 637. A. The State Board of Osteopathic Examiners may refuse to admit a person to an examination or may refuse to issue or reinstate or may suspend or revoke any license issued or reinstated by the Board upon proof that the applicant or holder of such a license:

1. Has obtained a license, license renewal or authorization to sit for an examination, as the case may be, through fraud, deception, misrepresentation or bribery; or has been granted a license, license renewal or authorization to sit for an examination based upon a material mistake of fact;

2. Has engaged in the use or employment of dishonesty, fraud, misrepresentation, false promise, false pretense, unethical conduct or unprofessional conduct, as may be determined by the Board, in the

performance of the functions or duties of an osteopathic physician, including but not limited to the following:

a. obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for visits to the physician's office which did not occur or for services which were not rendered,

b. using intimidation, coercion or deception to obtain or retain a patient or discourage the use of a second opinion or consultation,

c. willfully performing inappropriate or unnecessary treatment, diagnostic tests or osteopathic medical or surgical services,

d. delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform them, noting that delegation may only occur within an appropriate ~~doctor/patient~~ doctor-patient relationship, wherein a proper patient record is maintained including, but not limited to, at the minimum, a current history and physical,

e. misrepresenting that any disease, ailment, or infirmity can be cured by a method, procedure, treatment, medicine or device,

f. acting in a manner which results in final disciplinary action by any professional society or association or hospital or medical staff of such hospital in this or any other state, whether agreed to voluntarily or not, if the action was in any way related to professional conduct, professional competence, malpractice or any other violation of the Oklahoma Osteopathic Medicine Act,

g. signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing

any drug, controlled substance or other treatment without sufficient examination or the establishment of a ~~physician/patient~~ physician-patient relationship, or for other than medically accepted therapeutic or experimental or investigational purpose duly authorized by a state or federal agency, or not in good faith to relieve pain and suffering, or not to treat an ailment, physical infirmity or disease, or violating any state or federal law on controlled dangerous substances including, but not limited to, prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes,

h. engaging in any sexual activity within a ~~physician/patient~~ physician-patient relationship,

i. terminating the care of a patient without adequate notice or without making other arrangements for the continued care of the patient,

j. failing to furnish a copy of a patient's medical records upon a proper request from the patient or legal agent of the patient or another physician; or failing to comply with any other law relating to medical records,

k. failing to comply with any subpoena issued by the Board,

l. violating a probation agreement or order with this Board or any other agency, and

m. failing to keep complete and accurate records of purchase and disposal of controlled drugs or narcotic drugs;

3. Has engaged in gross negligence, gross malpractice or gross incompetence;

4. Has engaged in repeated acts of negligence, malpractice or incompetence;

5. Has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere in a criminal prosecution, for any offense reasonably related to the qualifications, functions or duties of an osteopathic physician, or for any offense involving moral turpitude, whether or not sentence is imposed, and regardless of the pendency of an appeal;

6. Has had the authority to engage in the activities regulated by the Board revoked, suspended, restricted, modified or limited, or has been reprimanded, warned or censured, probated or otherwise disciplined by any other state or federal agency whether or not voluntarily agreed to by the physician including, but not limited to, the denial of licensure, surrender of the license, permit or authority, allowing the license, permit or authority to expire or lapse, or discontinuing or limiting the practice of osteopathic medicine pending disposition of a complaint or completion of an investigation;

7. Has violated, or failed to comply with provisions of any act or regulation administered by the Board;

8. Is incapable, for medical or psychiatric or any other good cause, of discharging the functions of an osteopathic physician in a manner consistent with the public's health, safety and welfare;

9. Has been guilty of advertising by means of knowingly false or deceptive statements;

10. Has been guilty of advertising, practicing, or attempting to practice under a name other than one's own;

11. Has violated or refused to comply with a lawful order of the Board;

12. Has been guilty of habitual drunkenness, or habitual addiction to the use of morphine, cocaine or other habit-forming drugs;

13. Has been guilty of personal offensive behavior, which would include, but not be limited to obscenity, lewdness, molestation and other acts of moral turpitude; and

14. Has been adjudicated to be insane, or incompetent, or admitted to an institution for the treatment of psychiatric disorders.

B. The State Board of Osteopathic Examiners shall neither refuse to renew, nor suspend, nor revoke any license, however, for any of these causes, unless the person accused has been given at least twenty (20) days' notice in writing of the charge against him or her and a public hearing by the ~~State~~ Board provided, three-fourths (3/4) of a quorum present at a meeting may vote to suspend a license in an emergency situation if the licensee affected is provided a public hearing within thirty (30) days of the emergency suspension.

C. The State Board of Osteopathic Examiners shall have the power to order or subpoena the attendance of witnesses, the inspection of records and premises and the production of relevant books and papers for the investigation of matters that may come before them. The presiding officer of ~~said~~ the Board shall have the authority to compel the giving of testimony as is conferred on courts of justice.

D. Any osteopathic physician in the State of Oklahoma whose license to practice osteopathic medicine is revoked or suspended under ~~the previous paragraphs of~~ this section shall have the right to seek judicial review of a ruling of the Board pursuant to the Administrative Procedures Act.

E. The Board may enact rules and regulations pursuant to the Administrative Procedures Act setting out additional acts of unprofessional conduct; which acts shall be grounds for refusal to issue or reinstate, or for action to condition, suspend or revoke a license.

SECTION 13. AMENDATORY 59 O.S. 2011, Section 641, is amended to read as follows:

Section 641. A. All persons legally licensed to practice osteopathic medicine in this state, on or before the first day of July of each year, shall apply to the secretary-treasurer of the Board, on forms furnished thereby, for a renewal certificate of

registration entitling such licensee to practice osteopathic medicine and surgery in Oklahoma during the next ensuing fiscal year.

B. Each application shall be accompanied by a renewal fee in an amount sufficient to cover the cost and expense incurred by the State Board of Osteopathic Examiners, for a renewal of the person's certificate to practice osteopathic medicine.

C. 1. In addition to the payment of the annual renewal fee each licensee applying for a renewal of the certificate shall furnish to the State Board of Osteopathic Examiners proof that the person has attended at least two (2) days of the annual educational program conducted by the Oklahoma Osteopathic Association, or its equivalent, as determined by the Board, in the fiscal year preceding the application for a renewal; provided, the Board may excuse the failure of the licensee to attend the educational program in the case of illness or other unavoidable casualty rendering it impossible for the licensee to have attended the educational program or its equivalent.

2. The Board shall require that the licensee receive not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction each year preceding an application for renewal of a license, unless the licensee has demonstrated to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number. Such education may be held at the annual educational program referenced in paragraph 1 of this subsection.

D. The secretary of the State Board of Osteopathic Examiners shall send a written notice to every person holding a legal certificate to practice osteopathic medicine in this state, at least thirty (30) days prior to the first day of July each year, directed to the last-known address of the licensee, notifying the licensee that it will be necessary for the licensee to pay the renewal license fee as herein provided, and proper forms shall accompany the notice upon which the licensee shall make application for renewal of the certificate.

SECTION 14. AMENDATORY 59 O.S. 2011, Section 698.7, is amended to read as follows:

Section 698.7. The State Board of Veterinary Medical Examiners shall have the powers and it shall also be its duty to regulate the practice of veterinary medicine. In addition to any other powers placed on it by the Oklahoma Veterinary Practice Act or as otherwise provided by law, the Board shall have the power and duty to:

1. a. set standards for licensure or certification by examination and develop such examinations as will provide assurance of competency to practice, and

b. employ or enter into agreements with organizations or agencies to provide examinations acceptable to the Board or employ or enter into agreements with organizations or agencies to provide administration, preparation or scoring of examinations;

2. Set fees;

3. Prescribe the time, place, method, manner, scope and subjects of examination for licensure;

4. Prepare or select, conduct or direct the conduct of, set minimum requirements for, and assure security of licensing and other required examinations;

5. a. issue or deny licenses and certificates and renewals thereof,

b. acquire information about and evaluate the professional education and training of applicants for licensure or certification; and accept or deny applications for licensure, certification or renewal of either licensure or certification based on the evaluation of information relating to applicant fitness, performance or competency to practice,

c. determine which professional schools, colleges, universities, training institutions and educational programs are acceptable in connection with licensure pursuant to the Oklahoma Veterinary Practice Act, and accept the approval of such facilities and programs by

American-Veterinary-Medical-Association-accredited institutions in the United States and Canada,

d. require supporting documentation or other acceptable verifying evidence for any information provided the Board by an applicant for licensure or certification, and

e. require information on an applicant's fitness, qualification and previous professional record and performance from recognized data sources including, but not limited to, other licensing and disciplinary authorities of other jurisdictions, professional education and training institutions, liability insurers, animal health care institutions and law enforcement agencies;

6. Develop and use applications and other necessary forms and related procedures for purposes of the Oklahoma Veterinary Practice Act;

7. a. review and investigate complaints and adverse information about licensees and certificate holders,

b. conduct hearings in accordance with the Oklahoma Veterinary Practice Act and the Administrative Procedures Act, and

c. adjudicate matters that come before the Board for judgment pursuant to the Oklahoma Veterinary Practice Act upon clear and convincing evidence and issue final decisions on such matters to discipline licensees and certificate holders;

8. a. impose sanctions, deny licenses and certificates and renewals thereof, levy reimbursement costs, seek appropriate administrative, civil or criminal penalties or any combination of these against those who violate examination security, who attempt to or who do obtain licensure or certification by fraud, who knowingly assist in illegal activities, or who aid and abet the illegal practice of veterinary medicine,

b. review and investigate complaints and adverse information about licensees and certificate holders,

c. discipline licensees and certificate holders,

d. institute proceedings in courts of competent jurisdiction to enforce Board orders and provisions of the Oklahoma Veterinary Practice Act,

e. (1) establish mechanisms for dealing with licensees and certificate holders who abuse or are dependent on or addicted to alcohol or other chemical substances, and enter into agreements, at its discretion, with professional organizations whose relevant procedures and techniques it has evaluated and approved for their cooperation or participation in the rehabilitation of the licensee or certificate holder,

(2) establish by rules cooperation with other professional organizations for the identification and monitoring of licensees and certificate holders in treatment who are chemically dependent or addicted, and

f. issue conditional, restricted or otherwise circumscribed modifications to licensure or certification as determined to be appropriate by due process procedures and summarily suspend a license if the Board has cause to believe by clear and convincing evidence such action is required to protect public or animal health and safety or to prevent continuation of incompetent practices;

9. Promulgate rules of professional conduct and require all licensees and certificate holders to practice in accordance therewith;

10. Act to halt the unlicensed or illegal practice of veterinary medicine and seek administrative, criminal and civil penalties against those engaged in such practice;

11. Establish appropriate fees and charges to ensure active and effective pursuit of Board responsibilities;

12. Employ, direct, reimburse, evaluate and dismiss staff in accordance with state procedures;

13. Establish policies for Board operations;

14. Respond to legislative inquiry regarding those changes in, or amendments to, the Oklahoma Veterinary Practice Act;

15. Act on its own motion in disciplinary matters, administer oaths, issue notices, issue subpoenas in the name of the State of Oklahoma, including subpoenas for client and animal records, hold hearings, institute court proceedings for contempt or to compel testimony or obedience to its orders and subpoenas, take evidentiary depositions and perform such other acts as are reasonable and necessary under law to carry out its duties;

16. Use clear and convincing evidence as the standard of proof and issue final decisions when acting as trier of fact in the performance of its adjudicatory duties;

17. Determine and direct Board operating, administrative, personnel and budget policies and procedures in accordance with applicable statutes;

18. Promulgate uniform rules such as may be necessary for carrying out and enforcing the provisions of the Oklahoma Veterinary Practice Act and such as in its discretion may be necessary to protect the health, safety and welfare of the public;

19. Determine continuing education requirements. Such continuing education shall include not less than one (1) hour of education in pain management or one (1) hour of education in opioid use or addiction annually, unless the licensee has demonstrated to the satisfaction of the Board that the licensee does not currently

hold a valid federal Drug Enforcement Administration registration number;

20. Establish minimum standards for veterinary premises;

21. Establish standards for veterinary labeling and dispensing of veterinary prescription drugs and federal Food and Drug Administration-approved human drugs for animals which would conform to current applicable state and federal law and regulations;

22. Promulgate rules such as may be necessary for carrying out and enforcing provisions relating to certification of animal euthanasia technicians and approval of drugs to be used for euthanasia of animals in an animal shelter pursuant to the requirements of Section 502 of Title 4 of the Oklahoma Statutes;

23. Shall conduct a national criminal history records search for certified animal euthanasia technicians:

a. the applicant shall furnish the Board two completed fingerprint cards and a money order or cashier's check made payable to the Oklahoma State Bureau of Investigation,

b. the Board shall forward the fingerprint cards, along with the applicable fee for a national fingerprint criminal history records search, to the Bureau, and

c. the Bureau shall retain one set of fingerprints in the Automated Fingerprint Identification System (AFIS) and submit the other set to the Federal Bureau of Investigation (FBI) for a national criminal history records search;

24. Establish standards for animal chiropractic diagnosis and treatment. The standards shall include but not be limited to a requirement that a veterinarian who holds himself or herself out to the public as certified to engage in animal chiropractic diagnosis and treatment shall:

a. carry at least One Million Dollars ($1,000,000.00) of additional malpractice coverage to perform animal chiropractic diagnosis and treatment, and

b. have appropriate training in animal chiropractic diagnosis and treatment. The Veterinary Examining Board shall have the authority to establish educational criteria for certification standards in animal chiropractic diagnosis and treatment. The Veterinary Examining Board shall work in conjunction with the Board of Chiropractic Examiners to establish comparable standards for the practice of animal chiropractic diagnosis and treatment for both medical professions within thirty (30) days after the effective date of this act. The Board shall certify any licensed veterinarian wishing to engage in animal chiropractic diagnosis and treatment who meets the standards established by the Board pursuant to this paragraph. Upon request, the Board shall make available to the public a list of licensed veterinarians so certified; and

25. Perform such other duties and exercise such other powers as the provisions and enforcement of the Oklahoma Veterinary Practice Act may require.

SECTION 15. AMENDATORY 59 O.S. 2011, Section 698.14a, is amended to read as follows:

Section 698.14a. A. A range of sanctions is hereby made available to the State Board of Veterinary Medical Examiners which includes, but is not limited to:

1. Revocation of licensure or certification;

2. Suspension of licensure or certification;

3. Probation of licensure or certification;

4. Refusal to renew a license or certification;

5. Injunctions and other civil court actions;

6. Reprimand, censure, agreement to voluntary stipulation of facts and imposition of terms of disciplinary action;

7. Administrative citation and administrative penalties; and

8. Prosecution through the office of the district attorney.

B. 1. The Board may take such action as the nature of the violation requires.

2. Upon a determination that a violation has been committed, the Board shall, by clear and convincing evidence, have the authority to impose upon the alleged violator, the payment of costs expended by the Board in investigating and prosecuting the cause, to include, but not be limited to, staff time, salary and travel expenses, witness fees and attorney fees and same shall be considered part of the order of the Board.

3. The Board shall make report of action to any association, organization or entity deemed appropriate for transmittal of the public record but shall in no cause be held liable for the content of the reported action or be made a party to action taken as a result of the sanction imposed by the State Board of Veterinary Medical Examiners.

C. The president or secretary-treasurer of the Board may issue a confidential letter of concern to a licensee or certificate holder when, though evidence does not warrant formal proceedings, there has been noted indications of possible misconduct by the licensee or certificate holder that could lead to serious consequences and formal action.

D. The Board may require an applicant for licensure or certification or a licensee or certificate holder to be examined on the applicant’s or holder’s medical knowledge and skills should the Board find, after due process, that there is probable cause to believe the licensee or certificate holder or applicant may be deficient in such knowledge and skills.

E. The Board may take disciplinary action or other sanctions upon clear and convincing evidence of unprofessional or dishonorable conduct, which shall include, but not be limited to:

1. Fraud or misrepresentation in applying for or procuring a license or certificate to practice veterinary medicine in any federal, state or local jurisdiction;

2. Cheating on or attempting to cheat on or subvert in any manner whatsoever the licensing or certificate examination or any portion thereof;

3. The conviction of or entry of a guilty plea or plea of nolo contendere involving a felony in this or any other jurisdiction, whether or not related to the practice of veterinary medicine;

4. Conduct likely to deceive, defraud, or harm the public;

5. The making of a false or misleading statement regarding one's skill or the efficacy or value of the medicine, treatment or remedy prescribed by the licensed veterinarian or at the licensed veterinarian's direction in the treatment of any disease or other condition of the animal;

6. Representing to a client that a manifestly incurable condition, sickness, disease or injury can be cured or healed;

7. Negligence in the practice of veterinary medicine;

8. Practice or other behavior that demonstrates a manifest incapacity or incompetence to practice veterinary medicine;

9. The use of any false, fraudulent or deceptive statement in any document connected with the practice of veterinary medicine;

10. Failure to notify the Board of current address of practice;

11. Aiding or abetting the practice of veterinary medicine by an unlicensed, incompetent or impaired person;

12. Habitual use or abuse of alcohol or of a habit-forming drug or chemical which impairs the ability of the licensee or certificate holder to practice veterinary medicine;

13. Violation of any laws relating to the administration, prescribing or dispensing of controlled dangerous substances or violation of any laws of the federal government or any state of the United States relative to controlled dangerous substances including, but not limited to, prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;

14. Obtaining a fee by fraud or misrepresentation;

15. Directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, not to preclude the legal function of a lawful professional partnership, corporation or association;

16. Failure to report to the Board any adverse action taken by another jurisdictional body, by any peer review body, health-related licensing or disciplinary jurisdiction, law enforcement agency or court for acts or conduct related to the practice of veterinary medicine;

17. Failure to report to the Board surrender of a license or other certificate of authorization to perform functions based on the holding of a license or certificate to practice veterinary medicine or surrender of membership in any organization or association related to veterinary medicine while under investigation by that association or organization for conduct similar to or the same as acts which would constitute grounds for action as defined in the Oklahoma Veterinary Practice Act;

18. Failure to furnish the Board, its staff or agents information legally requested or failure to cooperate with a lawful investigation conducted by or on behalf of the Board;

19. Failure to pay appropriately assessed fees or failure to make any personal appearance required by the Board or any of its officers;

20. The practice of veterinary medicine in the absence of a bona fide veterinarian-client-patient relationship. The preclusion of a veterinarian-client-patient relationship by a veterinarian who in good faith renders or attempts to render emergency care to a victim pursuant to a Good Samaritan application shall not constitute grounds for discipline pursuant to the Oklahoma Veterinary Practice Act;

21. Providing vaccinations or elective surgical procedures on skunks, namely Mephitis mephitis (striped), Conepatus mesoleusus (hog-nosed), and Spilogale putorius (spotted), unless the animal is under the custody and care of a recognized zoological institution, research facility, or person possessing an appropriate and current wildlife permit issued by the Oklahoma Department of Wildlife Conservation or Oklahoma Department of Agriculture; or

22. Violation of any provisions of the Oklahoma Veterinary Practice Act or the rules and policies of the Board or of an action, stipulation or agreement of the Board.

F. 1. The Board may commence any legal action to enforce the provision of the Oklahoma Veterinary Practice Act and may exercise full discretion and authority with respect to enforcement actions. Administrative sanctions taken by the Board shall be made in accordance with Article II of the Administrative Procedures Act, the Oklahoma Veterinary Practice Act, and other applicable laws of this state. The Board shall take appropriate enforcement action when required, assuring fairness and due process to the defendant.

2. The Board or its designee may hold informal conferences to negotiate a settlement of a dispute; provided that the conference is agreed to in writing by all parties and said conference does not preclude a hearing on the same matters. The Board shall not consider the agreement binding should a hearing be held subsequent to the agreement.

G. The Board may summarily suspend a license or certificate prior to a formal hearing when it has found upon clear and convincing evidence that such action is required to protect the public or animal health or welfare or when a person under the jurisdiction of the Board is convicted of a felony, whether or not

related to the practice of veterinary medicine; provided such action is taken simultaneously with proceedings for setting a formal hearing to be held within thirty (30) days after the summary suspension.

H. 1. The Board may issue an order to any licensee or certificate holder, obtain an injunction or take other administrative, civil or criminal court action against any person or any corporation or association, its officers, or directors, to restrain said persons from violating the provisions of the Oklahoma Veterinary Practice Act.

2. Violations of an injunction shall be punishable as contempt of court. No proof of actual damage to any animal shall be required for issuance of an order or an injunction, nor shall an injunction relieve those enjoined from administrative, civil or criminal prosecution for violation of the Oklahoma Veterinary Practice Act.

I. 1. The State Board of Veterinary Medical Examiners may suspend, revoke or refuse to renew the license or certificate of any person holding license or certificate to practice veterinary medicine in this state or place such person on probation for unprofessional conduct, but no such suspension or revocation or refusal to renew, or probation shall be made, unless otherwise provided for herein, until such be cited to appear for hearing. No such citation shall be issued except upon a sworn complaint filed with the president or secretary-treasurer of said Board charging the licensee or certificate holder with having been guilty of unprofessional conduct and setting forth the particular act or acts alleged to constitute such unprofessional conduct.

2. In the event it comes to the attention of the Board that a violation of the rules of professional conduct may have occurred, even though a formal complaint or charge may not have been filed, the Board may conduct an investigation of such possible violation, and may, upon its own motion, institute a formal complaint. In the course of such investigation, persons appearing before the Board may be required to testify under oath.

J. 1. Upon the filing of a complaint, either by an individual or the Board, the citation shall be issued by the president or secretary-treasurer of the Board over such officer’s signature and

seal of the Board, setting forth the particulars of the complaint, and giving due notice of the time and place of the hearing by the Board. The citation shall be made returnable at the next meeting of the Board at which hearing is set and shall be no less than thirty (30) days after issuance of the citation;

2. The accused shall file a written answer under oath with notice of intent to appear or be represented within twenty (20) days after the service of the citation. Failure to respond to the citation within the prescribed time shall constitute default;

3. The license or certificate of the accused shall be suspended, revoked or not renewed if the charges are found, by clear and convincing evidence, sufficient by the Board; provided, the president or secretary-treasurer of the Board may extend the time of answer upon satisfactory showing that the defendant is for reasonable cause, unable to answer within the prescribed twenty (20) days, but in no case shall the time be extended beyond the date of the next scheduled meeting for hearing the complaint, unless continuance thereof be granted by the Board; and

4. All citations and subpoenas under the contemplation of the Oklahoma Veterinary Practice Act shall be served in general accordance with the statutes of this state applying to the service of such documents. All provisions of the statutes of this state relating to citations and subpoenas are hereby made applicable to the citations and subpoenas herein provided. All the provisions of the statutes of this state governing the taking of testimony by depositions are made applicable to the taking of depositions pursuant to the Oklahoma Veterinary Practice Act.

K. The Executive Director, secretary-treasurer, designee, or prosecuting attorney for the Board, during the course of any lawful investigation, may order or subpoena the attendance of witnesses, the inspection of records, and premises and the production of relevant records, books, memoranda, documents, radiographs, or other papers or things for the investigation of matters that may come before the Board.

L. 1. The attendance of witnesses may be compelled in such hearings by subpoenas issued by the president or secretary-treasurer of the Board over the seal thereof, and the president or secretary-

treasurer shall in no case refuse to issue subpoenas upon praecipe filed therefor accompanied by the fee set by the Board by rule for the issuance of such subpoenas.

2. If any person refuses to obey a subpoena properly served upon such person or in the manner, the fact of such refusal shall be certified by the secretary-treasurer of the Board over the seal thereof to the district attorney of the county in which such service was had, and the court shall proceed to hear said matter in accordance with the statutes of this state then in force governing contempt as for disobedience of its own process.

M. 1. The State of Oklahoma is a proper and necessary party in the prosecution of all such actions and hearings before the Board in all matters pertaining to unprofessional conduct and disciplinary action. The Attorney General of the state, in person or by deputy, is authorized to appear in behalf thereof. The defendant in any such actions shall have the right to be represented by counsel.

2. The Board is empowered to enter into agreement with or employ one or more attorneys to conduct the business of the Board in the absence of representation by the Attorney General or designee or in conjunction with representation by the Attorney General or designee.

3. The Board shall sit as a trial body and the rulings of the Board shall be by majority vote. Appeal to the rulings thereof shall be by petition to the district court of the district in which the hearing was held. The secretary-treasurer of the Board shall cause a record of all proceedings to be made and a transcript of the proceedings or any part thereof may be obtained by payment of actual cost of taking and preparation of transcript of such proceedings or part thereof.

N. All final disciplinary actions, license denials, related findings of fact and conclusions of law are matters of public record. Voluntary surrender of and voluntary limitations on the veterinarian's practice or license shall be public record.

O. Certificate holders or faculty of veterinary medical schools shall report to the Board in writing any information that gives reason to believe a veterinarian is incompetent, guilty of

unprofessional conduct or is unable to engage safely in the practice of veterinary medicine. Cause for reporting shall be for, but not limited to, the following instances:

1. Voluntary resignation from a professional partnership, corporation or practice for reason of inability to practice;

2. Malpractice claims, judgments, settlements or awards;

3. Civil or criminal convictions; or

4. Other actions that indicate inability to practice with reasonable skill and safety.

P. The Board shall consider violation of any of the Rules of Professional Conduct a violation of the Oklahoma Veterinary Practice Act section on unprofessional conduct and shall proceed with disciplinary action as set out in the Oklahoma Veterinary Practice Act.

Q. 1. In addition to other penalties prescribed by the Oklahoma Veterinary Practice Act, any person who the Board has determined by clear and convincing evidence to have violated any provisions of the Oklahoma Veterinary Practice Act, or any rule or order issued pursuant thereto shall be liable for an administrative penalty of not more than Five Thousand Dollars ($5,000.00) for each day that the violation continues.

2. The amount of the penalty shall be assessed by the Board pursuant to the provisions of paragraph 1 of this subsection, after notice and hearing. In determining the amount of the penalty, the Board shall, by clear and convincing evidence, 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 do business, and any show of good faith in attempting to achieve compliance with the provisions of the Oklahoma Veterinary Practice Act.

3. All penalties collected pursuant to the provisions of this subsection shall be deposited in the Veterinary Medical Examiners Fund.

SECTION 16. AMENDATORY 63 O.S. 2011, Section 2-101, as last amended by Section 3, Chapter 175, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-101), is amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

11. "Dispense" means to deliver a controlled dangerous substance to an ultimate user or human research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for such distribution. "Dispenser" is a practitioner who delivers a controlled dangerous substance to an ultimate user or human research subject;

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

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

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

14. "Drug" means articles:

a. recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them,

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

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

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

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

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

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

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

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

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

a. statements made by an owner or by any other person in control of the substance concerning the nature of the substance, or its use or effect,

b. statements made to the recipient that the substance may be resold for inordinate profit,

c. whether the substance is packaged in a manner normally used for illicit controlled substances,

d. evasive tactics or actions utilized by the owner or person in control of the substance to avoid detection by law enforcement authorities,

e. prior convictions, if any, of an owner, or any other person in control of the object, under state or federal law related to controlled substances or fraud, and

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

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

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

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

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

a. the mature stalks of such plant or fiber produced from such stalks,

b. oil or cake made from the seeds of such plant, including cannabidiol derived from the seeds of the marijuana plant,

c. any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks (except the resin extracted therefrom), including cannabidiol derived from mature stalks, fiber, oil or cake,

d. the sterilized seed of such plant which is incapable of germination,

e. for any person participating in a clinical trial to administer cannabidiol for the treatment of severe forms of epilepsy pursuant to Section 2-802 of this title, a drug or substance approved by the federal Food and Drug Administration for use by those participants,

f. for any person or the parents, legal guardians or caretakers of the person who have received a written certification from a physician licensed in this state that the person has been diagnosed by a physician as having Lennox-Gastaut Syndrome, Dravet Syndrome, also known as Severe Myoclonic Epilepsy of Infancy, or any other severe form of epilepsy that is not adequately treated by traditional medical therapies, spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, appetite stimulation with chronic wasting diseases, the substance cannabidiol, a nonpsychoactive cannabinoid, found in the plant Cannabis sativa L. or any other preparation thereof, that has a tetrahydrocannabinol concentration of not more than three-tenths of one percent (0.3%) and that is delivered to the patient in the form of a liquid,

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

h. industrial hemp, from the plant Cannabis sativa L. and any part of such plant, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than three-tenths of one percent (0.3%) on a dry weight basis which shall not be grown anywhere in the

State of Oklahoma but may be shipped to Oklahoma pursuant to the provisions of subparagraph e or f of this paragraph;

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

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

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

a. opium, coca leaves and opiates,

b. a compound, manufacture, salt, derivative or preparation of opium, coca leaves or opiates,

c. cocaine, its salts, optical and geometric isomers, and salts of isomers,

d. ecgonine, its derivatives, their salts, isomers and salts of isomers, and

e. a substance, and any compound, manufacture, salt, derivative or preparation thereof, which is chemically identical with any of the substances referred to in subparagraphs a through d of this paragraph, except that the words "narcotic drug" as used in Section 2-101 et seq. of this title shall not include

decocainized coca leaves or extracts of coca leaves, which extracts do not contain cocaine or ecgonine;

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

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

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

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

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

32. "Practitioner" means:

a. (1) a medical doctor or osteopathic physician,

(2) a dentist,

(3) a podiatrist,

(4) an optometrist,

(5) a veterinarian,

(6) a physician assistant or Advanced Practice Registered Nurse under the supervision of a licensed medical doctor or osteopathic physician,

(7) a scientific investigator, or

(8) any other person,

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

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

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

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

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

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

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

a. kits used, intended for use, or fashioned specifically for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled dangerous substance or from which a controlled dangerous substance can be derived,

b. kits used, intended for use, or fashioned specifically for use in manufacturing, compounding, converting, producing, processing or preparing controlled dangerous substances,

c. isomerization devices used, intended for use, or fashioned specifically for use in increasing the potency of any species of plant which is a controlled dangerous substance,

d. testing equipment used, intended for use, or fashioned specifically for use in identifying, or in analyzing the strength, effectiveness or purity of controlled dangerous substances,

e. scales and balances used, intended for use, or fashioned specifically for use in weighing or measuring controlled dangerous substances,

f. diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use, or fashioned specifically for use in cutting controlled dangerous substances,

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

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

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

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

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

l. objects used, intended for use, or fashioned specifically for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish or hashish oil into the human body, such as:

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

(2) water pipes,

(3) carburetion tubes and devices,

(4) smoking and carburetion masks,

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

(6) miniature cocaine spoons and cocaine vials,

(7) chamber pipes,

(8) carburetor pipes,

(9) electric pipes,

(10) air-driven pipes,

(11) chillums,

(12) bongs, or

(13) ice pipes or chillers,

m. all hidden or novelty pipes, and

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

provided, however, the term "drug paraphernalia" shall not include separation gins intended for use in preparing tea or spice, clamps used for constructing electrical equipment, water pipes designed for ornamentation in which no detectable amount of an illegal substance is found or pipes designed and used solely for smoking tobacco, traditional pipes of an American Indian tribal religious ceremony, or antique pipes that are thirty (30) years of age or older;

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

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

(2) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled dangerous substance in Schedule I or II, or

(3) with respect to a particular person, which such person represents or intends to have a stimulant,

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

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

c. "Synthetic controlled substance" does not include:

(1) a controlled dangerous substance,

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

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

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

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

38. "Tetrahydrocannabinols" means all substances that have been chemically synthesized to emulate the tetrahydrocannabinols of marijuana;

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

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

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

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

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

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

a. has never previously been issued a prescription for the drug or its pharmaceutical equivalent in the past year, or

b. requires a prescription for the drug or its pharmaceutical equivalent due to a surgical procedure or new acute event and has previously had a prescription for the drug or its pharmaceutical equivalent within the past year.

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

45. "Patient-provider agreement" means a written contract or agreement that is executed between a practitioner and a patient, prior to the commencement of treatment for chronic pain using ~~a Schedule II controlled substance or any~~ an opioid drug ~~which is a prescription drug,~~ as a means to:

a. explain the possible risk of development of physical or psychological dependence in the patient and prevent the possible development of addiction,

b. document the understanding of both the practitioner and the patient regarding the ~~pain-management plan~~ patient-provider agreement of the patient,

c. establish the rights of the patient in association with treatment and the obligations of the patient in relation to the responsible use, discontinuation of use, and storage of ~~Schedule II controlled dangerous substances~~ opioid drugs, including any restrictions on the refill of prescriptions or the acceptance of ~~Schedule II~~ opioid prescriptions from practitioners,

d. identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation or psychological counseling, that are included as a part of the ~~pain-management plan~~ patient-provider agreement,

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

f. delineate the process for terminating the agreement, including the consequences if the practitioner has reason to believe that the patient is not complying

with the terms of the agreement. Compliance with the "consent items" shall constitute a valid, ~~informal~~ informed consent for opioid therapy. The ~~provider~~ practitioner shall be held harmless from civil litigation for failure to treat pain if the event occurs because of nonadherence by the patient with any of the provisions of the patient-provider agreement;

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

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

SECTION 17. AMENDATORY 63 O.S. 2011, Section 2-302, as amended by Section 1, Chapter 251, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-302), is amended to read as follows:

Section 2-302. A. Every person who manufactures, distributes, dispenses, prescribes, administers or uses for scientific purposes any controlled dangerous substance within or into this state, or who proposes to engage in the manufacture, distribution, dispensing, prescribing, administering or use for scientific purposes of any controlled dangerous substance within or into this state shall obtain a registration issued by the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, in accordance with rules promulgated by the Director. Persons registered by the Director under Section 2-101 et seq. of this title to manufacture,

distribute, dispense, or conduct research with controlled dangerous substances may possess, manufacture, distribute, dispense, or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this article. Every wholesaler, manufacturer or distributor of any drug product containing pseudoephedrine or phenylpropanolamine, or their salts, isomers, or salts of isomers shall obtain a registration issued by the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control in accordance with rules promulgated by the Director and as provided for in Section 2-332 of this title.

B. Out-of-state pharmaceutical suppliers who provide controlled dangerous substances to individuals within this state shall obtain a registration issued by the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, in accordance with rules promulgated by the Director. This provision shall also apply to wholesale distributors who distribute controlled dangerous substances to pharmacies or other entities registered within this state in accordance with rules promulgated by the Director.

C. ~~Beginning January 1, 2019, every~~ Every manufacturer and distributor required to register under the provisions of this section shall provide all data required pursuant to ~~federal law, federal rules and regulations and~~ 21 U.S.C., Section 827(d)(1) on a ~~quarterly~~ monthly basis to the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control. Controlled dangerous substances in Schedule I shall be reported in accordance with rules promulgated by the Director. Reporting of controlled dangerous substances pursuant to 21 U.S.C., Section 827(d)(1) shall include, but not be limited to:

1. The manufacturer's or distributor's name, address, phone number, DEA registration number and controlled dangerous substance registration number issued by the Bureau;

2. The name, address and DEA registration number of the entity to whom the controlled dangerous substance was sold;

3. The date of the sale of the controlled dangerous substance;

4. The name and National Drug Code of the controlled dangerous substance sold; and

5. The number of containers and the strength and quantity of controlled dangerous substances in each container sold.

D. The information maintained and provided pursuant to subsection C of this section shall be confidential and not open to the public. Access to the information shall, at the discretion of the Director, be limited to:

1. Peace officers certified pursuant to the provisions of Section 3311 of Title 70 of the Oklahoma Statutes who are employed as investigative agents of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control or the Office of the Attorney General;

2. The United States Drug Enforcement Administration Diversion Group Supervisor; and

3. A multicounty grand jury properly convened pursuant to the provisions of the Multicounty Grand Jury Act.

E. Manufacturers, distributors, home care agencies, hospices, home care services, and scientific researchers shall obtain a registration annually. Other practitioners shall obtain a registration for a period to be determined by the Director that will be for a period not less than one (1) year nor more than three (3) years.

F. Every trainer or handler of a canine controlled dangerous substances detector who, in the ordinary course of such trainer's or handler's profession, desires to possess any controlled dangerous substance, annually, shall obtain a registration issued by the Director for a fee of Seventy Dollars ($70.00). Such persons shall be subject to all applicable provisions of Section 2-101 et seq. of this title and such applicable rules promulgated by the Director for those individuals identified in subparagraph a of paragraph 32 of Section 2-101 of this title. Persons registered by the Director pursuant to this subsection may possess controlled dangerous substances to the extent authorized by their registration and in conformity with the other provisions of this article.

G. The following persons shall not be required to register and may lawfully possess controlled dangerous substances under the provisions of Section 2-101 et seq. of this title:

1. An agent, or an employee thereof, of any registered manufacturer, distributor, dispenser or user for scientific purposes of any controlled dangerous substance, if such agent is acting in the usual course of such agent's or employee's business or employment;

2. Any person lawfully acting under the direction of a person authorized to administer controlled dangerous substances under Section 2-312 of this title;

3. A common or contract carrier or warehouser, or an employee thereof, whose possession of any controlled dangerous substance is in the usual course of such carrier's or warehouser's business or employment;

4. An ultimate user or a person in possession of any controlled dangerous substance pursuant to a lawful order of a practitioner;

5. An individual pharmacist acting in the usual course of such pharmacist's employment with a pharmacy registered pursuant to the provisions of Section 2-101 et seq. of this title;

6. A nursing home licensed by this state;

7. Any Department of Mental Health and Substance Abuse Services employee or any person whose facility contracts with the Department of Mental Health and Substance Abuse Services whose possession of any dangerous drug, as defined in Section 353.1 of Title 59 of the Oklahoma Statutes, is for the purpose of delivery of a mental health consumer's medicine to the consumer's home or residence; and

8. Registered nurses and licensed practical nurses.

H. The Director may, by rule, waive the requirement for registration or fee for registration of certain manufacturers, distributors, dispensers, prescribers, administrators, or users for scientific purposes if the Director finds it consistent with the public health and safety.

I. A separate registration shall be required at each principal place of business or professional practice where the applicant manufactures, distributes, dispenses, prescribes, administers, or uses for scientific purposes controlled dangerous substances.

J. The Director is authorized to inspect the establishment of a registrant or applicant for registration in accordance with rules promulgated by the Director.

K. No person engaged in a profession or occupation for which a license to engage in such activity is provided by law shall be registered under this act unless such person holds a valid license of such person's profession or occupation.

L. Registrations shall be issued on the first day of November of each year. Registrations may be issued at other times, however, upon certification of the professional licensing board.

M. The licensing boards of all professions and occupations to which the use of controlled dangerous substances is incidental shall furnish a current list to the Director, not later than the first day of October of each year, of the persons holding valid licenses. All such persons except persons exempt from registration requirements under subsection G of this section shall be subject to the registration requirements of Section 2-101 et seq. of this title.

N. The licensing board of any professional defined as a mid-level practitioner shall notify and furnish to the Director, not later than the first day of October of each year that such professional holds a valid license, a current listing of individuals licensed and registered with their respective boards to prescribe, order, select, obtain and administer controlled dangerous substances. The licensing board shall immediately notify the Director of any action subsequently taken against any such individual.

O. Beginning November 1, 2010, each registrant that prescribes, administers or dispenses methadone shall be required to check the prescription profile of the patient on the central repository of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

SECTION 18. AMENDATORY 63 O.S. 2011, Section 2-309D, as last amended by Section 4, Chapter 175, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-309D), is amended to read as follows:

Section 2-309D. A. The information collected at the central repository pursuant to the Anti-Drug Diversion Act shall be confidential and shall not be open to the public. Access to the information shall be limited to:

1. Peace officers certified pursuant to Section 3311 of Title 70 of the Oklahoma Statutes who are employed as investigative agents of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

2. The United States Drug Enforcement Administration Diversion Group Supervisor;

3. The executive director or chief investigator, as designated by each board, of the following state boards:

a. Board of Podiatric Medical Examiners,

b. Board of Dentistry,

c. State Board of Pharmacy,

d. State Board of Medical Licensure and Supervision,

e. State Board of Osteopathic Examiners,

f. State Board of Veterinary Medical Examiners,

g. Oklahoma Health Care Authority,

h. Department of Mental Health and Substance Abuse Services,

i. Board of Examiners in Optometry,

j. Board of Nursing,

k. Office of the Chief Medical Examiner, and

1. State Board of Health;

4. A multicounty grand jury properly convened pursuant to the Multicounty Grand Jury Act;

5. Medical practitioners employed by the United States Department of Veterans Affairs, the United States Military, or other federal agencies treating patients in this state; and

6. At the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, medical practitioners and their staff, including those employed by the federal government in this state.

B. This section shall not prevent access, at the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, to investigative information by peace officers and investigative agents of federal, state, county or municipal law enforcement agencies, district attorneys and the Attorney General in furtherance of criminal, civil or administrative investigations or prosecutions within their respective jurisdictions, designated legal, communications, and analytical employees of the Bureau, and to registrants in furtherance of efforts to guard against the diversion of controlled dangerous substances.

C. This section shall not prevent the disclosure, at the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, of statistical information gathered from the central repository to the general public which shall be limited to types and quantities of controlled substances dispensed and the county where dispensed.

D. This section shall not prevent the disclosure, at the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, of prescription-monitoring-program information to prescription-monitoring programs of other states provided a reciprocal data-sharing agreement is in place.

E. The Department of Mental Health and Substance Abuse Services and the State Department of Health may utilize the information in the central repository for statistical, research, substance abuse

prevention, or educational purposes, provided that consumer confidentiality is not compromised.

F. Any unauthorized disclosure of any information collected at the central repository provided by the Anti-Drug Diversion Act shall be a misdemeanor. Violation of the provisions of this section shall be deemed willful neglect of duty and shall be grounds for removal from office.

G. 1. Registrants shall have access to the central repository for the purposes of patient treatment and for determination in prescribing or screening new patients. The patient's history may be disclosed to the patient for the purposes of treatment of information at the discretion of the physician.

2. a. Prior to prescribing or authorizing for refill, if one hundred eighty (180) days have elapsed prior to the previous access and check, of opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol to a patient of record, registrants or members of their medical or administrative staff shall be required ~~until October 31, 2020,~~ to access the information in the central repository to assess medical necessity and the possibility that the patient may be unlawfully obtaining prescription drugs in violation of the Uniform Controlled Dangerous Substances Act. The duty to access and check shall not alter or otherwise amend appropriate medical standards of care. The registrant or medical provider shall note in the patient file that the central repository has been checked and may maintain a copy of the information.

b. The requirements set forth in subparagraph a of this paragraph shall not apply:

(1) to medical practitioners who prescribe the controlled substances set forth in subparagraph a of this paragraph for hospice or end-of-life care, or

(2) for a prescription of a controlled substance set forth in subparagraph a of this paragraph that is issued by a practitioner for a patient residing in a nursing facility as defined by Section 1-1902 of this title, provided that the prescription is issued to a resident of such facility.

3. Registrants shall not be liable to any person for any claim of damages as a result of accessing or failing to access the information in the central repository and no lawsuit may be predicated thereon.

4. The failure of a registrant to access and check the central repository as required under state or federal law or regulation ~~shall~~ may, after investigation, be grounds for the licensing board of the registrant to take disciplinary action against the registrant.

H. The State Board of Podiatric Examiners, the State Board of Dentistry, the State Board of Medical Licensure and Supervision, the State Board of Examiners in Optometry, the State Board of Nursing, the State Board of Osteopathic Examiners and the State Board of Veterinary Medical Examiners shall have the sole responsibility for enforcement of the provisions of subsection G of this section. Nothing in this section shall be construed so as to permit the Director of the State Bureau of Narcotics and Dangerous Drugs Control to assess administrative fines provided for in Section 2-304 of this title.

I. The Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, or a designee thereof, shall provide a monthly list to the Directors of the State Board of Podiatric Examiners, the State Board of Dentistry, the State Board of Medical Licensure and Supervision, the State Board of Examiners in Optometry, the State Board of Nursing, the State Board of Osteopathic Examiners and the State Board of Veterinary Medical Examiners of the top twenty prescribers of controlled dangerous substances within their respective areas of jurisdiction. Upon discovering that a registrant is prescribing outside the limitations of his or her licensure or outside of drug registration rules or applicable state laws, the respective licensing board shall be

notified by the Bureau in writing. Such notifications may be considered complaints for the purpose of investigations or other actions by the respective licensing board. Licensing boards shall have exclusive jurisdiction to take action against a licensee for a violation of subsection G of this section.

J. Information regarding fatal and nonfatal overdoses, other than statistical information as required by Section 2-106 of this title, shall be completely confidential. Access to this information shall be strictly limited to the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control or designee, the Chief Medical Examiner, state agencies and boards provided in subsection A of this section, and the registrant that enters the information. Registrants shall not be liable to any person for a claim of damages for information reported pursuant to the provisions of Section 2-105 of this title.

K. The Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control shall provide adequate means and procedures allowing access to central repository information for registrants lacking direct computer access.

L. Upon completion of an investigation in which it is determined that a death was caused by an overdose, either intentionally or unintentionally, of a controlled dangerous substance, the medical examiner shall be required to report the decedent's name and date of birth to the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control. The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control shall be required to maintain a database containing the classification of medical practitioners who prescribed or authorized controlled dangerous substances pursuant to this subsection.

M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs is authorized to provide unsolicited notification to the licensing board of a pharmacist or practitioner if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice or if a practitioner or prescriber has exhibited prescriptive behavior consistent with generally recognized standards indicating potentially problematic prescribing patterns. An

unsolicited notification to the licensing board of the practitioner pursuant to this section:

1. Is confidential;

2. May not disclose information that is confidential pursuant to this section; and

3. May be in a summary form sufficient to provide notice of the basis for the unsolicited notification.

SECTION 19. AMENDATORY Section 5, Chapter 175, O.S.L. 2018, as amended by Section 1 of Enrolled House Bill No. 1155 of the 1st Session of the 57th Oklahoma Legislature (63 O.S. Supp. 2018, Section 2-309I), is amended to read as follows:

Section 2-309I. A. A practitioner shall not issue an initial prescription for an opioid drug ~~which is a prescription drug~~ in a quantity exceeding a seven-day supply for treatment of acute pain ~~for an adult patient, or a seven-day supply for treatment of acute pain for a patient under the age of eighteen (18) years old~~. Any opioid prescription for acute pain ~~pursuant to this subsection~~ shall be for the lowest effective dose of an immediate-release ~~opioid~~ drug.

B. Prior to issuing an initial prescription ~~of a Schedule II controlled dangerous substance or any~~ for an opioid drug ~~that is a prescription drug~~ in a course of treatment for acute or chronic pain, a practitioner shall:

1. Take and document the results of a thorough medical history, including the experience of the patient with nonopioid medication and nonpharmacological pain-management approaches and substance abuse history;

2. Conduct, as appropriate, and document the results of a physical examination;

3. Develop a treatment plan with particular attention focused on determining the cause of pain of the patient;

4. Access relevant prescription monitoring information from the central repository pursuant to Section 2-309D of this title;

5. Limit the supply of any opioid drug prescribed for acute pain to a duration of no more than seven (7) days as determined by the directed dosage and frequency of dosage; provided, however, upon issuing an initial prescription for acute pain pursuant to this section, the practitioner may issue one (1) subsequent prescription for an opioid drug in a quantity not to exceed seven (7) days if:

a. the subsequent prescription is due to a major surgical procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a),

b. the practitioner provides the subsequent prescription on the same day as the initial prescription,

c. the practitioner provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and

d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription;

6. In the case of a patient under the age of eighteen (18) years old, enter into a patient-provider agreement with a parent or guardian of the patient; and

7. In the case of a patient who is a pregnant woman, enter into a patient-provider agreement with the patient.

C. No less than seven (7) days after issuing the initial prescription pursuant to subsection A of this section, the practitioner, after consultation with the patient, may issue a subsequent prescription for the drug to the patient in a quantity not to exceed seven (7) days, provided that:

1. The subsequent prescription would not be deemed an initial prescription under this section;

2. The practitioner determines the prescription is necessary and appropriate to the treatment needs of the patient and documents the rationale for the issuance of the subsequent prescription; and

3. The practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction or diversion and documents that determination.

D. Prior to issuing the initial prescription of ~~a Schedule II controlled dangerous substance or any~~ an opioid drug ~~that is a prescription drug~~ in a course of treatment for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient or the parent or guardian of the patient if the patient is under eighteen (18) years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to:

1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;

2. The reasons why the prescription is necessary;

3. Alternative treatments that may be available; and

4. Risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed or mixing sedatives, benzodiazepines or alcohol with opioids can result in fatal respiratory depression.

The practitioner shall include a note in the medical record of the patient that the patient or the parent or guardian of the patient, as applicable, has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The applicable state licensing board of the practitioner shall develop and make available to practitioners guidelines for the discussion required pursuant to this subsection.

E. At the time of the issuance of the third prescription for ~~a prescription~~ an opioid drug, the practitioner shall enter into a ~~pain-management~~ patient-provider agreement with the patient.

F. When ~~a Schedule II controlled dangerous substance or any prescription~~ an opioid drug is continuously prescribed for three (3) months or more for chronic pain, the practitioner shall:

1. Review, at a minimum of every three (3) months, the course of treatment, any new information about the etiology of the pain, and the progress of the patient toward treatment objectives and document the results of that review;

2. ~~Assess~~ In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with ~~physical and psychological dependence~~ an opioid use disorder and document the results of that assessment. Following one (1) year of compliance with the patient-provider agreement, the practitioner shall assess the patient at a minimum of every six (6) months;

3. Periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of ~~physical or psychological dependence~~ an opioid use disorder as defined by the American Psychiatric Association and document with specificity the efforts undertaken;

4. Review the central repository information in accordance with Section 2-309D of this title; and

5. Monitor compliance with the ~~pain-management~~ patient-provider agreement and any recommendations that the patient seek a referral.

~~If the practitioner believes after one (1) year of continuous treatment that the patient is in compliance with the pain-management agreement and it is in the best interests of the patient, the practitioner shall be authorized to set the review of the treatment plan at four- or six-month intervals and issue prescriptions for the patient as necessary.~~

G. 1. Any prescription for acute pain pursuant to this section shall have the words "acute pain" notated on the face of the prescription by the practitioner.

2. Any prescription for chronic pain pursuant to this section shall have the words "chronic pain" notated on the face of the prescription by the practitioner.

H. This section shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

~~H.~~ I. Every policy, contract or plan delivered, issued, executed or renewed in this state, or approved for issuance or renewal in this state by the Insurance Commissioner, and every contract purchased by the Employees Group Insurance Division of the Office of Management and Enterprise Services, on or after ~~the effective date of this act~~ November 1, 2018, that provides coverage for prescription drugs subject to a copayment, coinsurance or deductible shall charge a copayment, coinsurance or deductible for an initial prescription of an opioid drug prescribed pursuant to this section that is either:

1. Proportional between the cost sharing for a thirty-day supply and the amount of drugs the patient was prescribed; or

2. Equivalent to the cost sharing for a full thirty-day supply of the ~~opioid~~ drug, provided that no additional cost sharing may be charged for any additional prescriptions for the remainder of the thirty-day supply.

~~I.~~ J. Any ~~provider~~ practitioner authorized to prescribe ~~opioids~~ an opioid drug shall adopt and maintain a written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing ~~provider~~ practitioner and qualifying opioid therapy patient. For the purposes of this section, "qualifying opioid therapy patient" means:

1. A patient requiring opioid treatment for more than three (3) months;

2. A patient who is prescribed benzodiazepines and opioids together for more than one twenty-four-hour period; or

3. A patient who is prescribed a dose of opioids that exceeds one hundred (100) morphine equivalent doses.

SECTION 20. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7402 of Title 36, unless there is created a duplication in numbering, reads as follows:

The Insurance Department shall evaluate the effect of the limits on prescriptions for opioid drugs established by this act on the claims paid by health insurance carriers and the out-of-pocket costs including copayments, coinsurance and deductibles paid by individual and group health insurance policyholders. On or before January 1, 2021, the Insurance Department shall submit a report on the evaluation, along with any recommended policy and regulatory options that will ensure costs for patients are not increased as a result of new prescribing limitations on the amounts of opioid drugs, to the standing committees of the Legislature having jurisdiction over health and human services matters and over insurance and financial services matters. The Insurance Commissioner may adopt reasonable rules and regulations for the implementation and administration of the provisions of this subsection.

SECTION 21. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 2-112 of Title 63, unless there is created a duplication in numbering, reads as follows:

The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control shall report to the standing committees of the Legislature having jurisdiction over health and human services matters and over occupational and professional regulation matters, no later than January 31, 2020, with progress on implementing the provisions of this act. The report shall contain, at a minimum, the following information:

1. Registration of prescribers and dispensers in the central repository pursuant to Section 2-309A et seq. of Title 63 of the Oklahoma Statutes;

2. Data regarding the checking and using of the central repository by data requesters;

3. Data from professional boards regarding the implementation of continuing education requirements for prescribers of opioid drugs;

4. Effects on the prescriber workforce;

5. Changes in the numbers of patients taking more than one hundred (100) morphine milligram equivalents of opioid drugs per day;

6. Data regarding the total quantity of opioid drugs prescribed in morphine milligram equivalents;

7. Progress on electronic prescribing of opioid drugs; and

8. Improvements to the central repository through the request for proposals process including feedback from prescribers, dispensers and applicable state licensing boards on those improvements.

SECTION 22. REPEALER Section 6, Chapter 175, O.S.L. 2018, is hereby repealed.

SECTION 23. It being immediately necessary for the preservation of the public peace, health or safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the Senate the 14th day of May, 2019.

_____
Presiding Officer of the Senate

Passed the House of Representatives the 15th day of May, 2019.

_____
Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

_____
Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20 _____, at _____ o'clock _____ M.

By: _____