

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 COMMITTEE SUBSTITUTE  
4 FOR

5 SENATE BILL NO. 848

6 By: Rader

7 COMMITTEE SUBSTITUTE

8 An Act relating to opioid drugs; amending 59 O.S.  
9 2011, Section 145.1, as amended by Section 4, Chapter  
10 185, O.S.L. 2013 (59 O.S. Supp. 2018, Section 145.1),  
11 which relates to continuing education requirements  
12 for podiatrists; requiring certain continuing  
13 education; amending 59 O.S. 2011, Section 328.41, as  
14 last amended by Section 11, Chapter 151, O.S.L. 2018  
15 (59 O.S. Supp. 2018, Section 328.41), which relates  
16 to continuing education requirements for dentists;  
17 requiring certain continuing education; amending  
18 Section 3, Chapter 234, O.S.L. 2017 (59 O.S. Supp.  
19 2018, Section 353.20.2), which relates to pharmacist  
20 discretion; requiring pharmacist to fill certain  
21 prescriptions to specified dose amending 59 O.S.  
22 2011, Section 503, as amended by Section 1, Chapter  
23 176, O.S.L. 2014 (59 O.S. Supp. 2018, Section 503),  
24 which relates to sanctions for unprofessional conduct  
by allopathic physicians; specifying that testifying  
experts must have certain credentials; 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; deleting provision related to prescribing;  
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 604, which relates to  
attendance on educational or postgraduate program for  
optometrists; requiring certain education; updating  
statutory language; amending 59 O.S. 2011, Section  
641, which relates to educational programs for  
osteopathic physicians; requiring licensees to  
receive certain education; amending 59 O.S. 2011,

1 Section 698.7, which relates to powers and duties of  
2 State Board of Veterinary Medical Examiners;  
3 requiring certain continuing education; amending 63  
4 O.S. 2011, Section 2-101, as last amended by Section  
5 3, Chapter 175, O.S.L. 2018 (63 O.S. Supp. 2018,  
6 Section 2-101), which relates to definitions used in  
7 the Uniform Controlled Dangerous Substances Act;  
8 modifying certain definitions; amending 63 O.S. 2011,  
9 Section 2-309D, as last amended by Section 4, Chapter  
10 175, O.S.L. 2018 (63 O.S. Supp. 2018, Section 2-  
11 309D), which relates to central repository; modifying  
12 certain grounds for disciplinary action; amending  
13 Section 5, Chapter 175, O.S.L. 2018 (63 O.S. Supp.  
14 2018, Section 2-309I), which relates to prescription  
15 limits and rules for opioid drugs; deleting and  
16 clarifying certain provisions related to prescribing;  
17 providing for subsequent acute pain prescription  
18 under certain conditions; modifying certain  
19 assessment criteria; requiring Insurance Department  
20 to make certain evaluation and submit report by date  
21 certain; updating statutory references; repealing  
22 Section 6, Chapter 175, O.S.L. 2018, which relates to  
23 Insurance Department's prescription limits  
24 evaluations; providing for codification; and  
providing an effective date.

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

1 not less than two (2) hours of education in pain management or two  
2 (2) hours of education in opioid use or addiction, unless the  
3 licensee has demonstrated to the satisfaction of the Board of  
4 Podiatric Medical Examiners that the licensee does not currently  
5 hold a valid federal Drug Enforcement Administration registration  
6 number. The continuing education required by this section shall be  
7 any of the following:

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

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

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

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

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

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

23 C. Any practitioner fully retired from the practice of  
24 podiatric medicine shall be exempt from compliance with the

1 requirements imposed by subsection A of this section. However, upon  
2 resuming the practice of podiatric medicine, the individual shall  
3 fulfill such requirements which have accrued from ~~the effective date~~  
4 ~~of this act~~ October 1, 1979, to the time of resumption of practice.

5 SECTION 2. AMENDATORY 59 O.S. 2011, Section 328.41, as  
6 last amended by Section 11, Chapter 151, O.S.L. 2018 (59 O.S. Supp.  
7 2018, Section 328.41), is amended to read as follows:

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

22 2. Beginning July 1, 2017, resident and fellowship permits  
23 shall be valid from July 1 through June 30 of each year and dental  
24

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

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

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

11 2. Hygienists shall complete thirty (30) hours;

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

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

16 a. dentists shall complete forty (40) hours,

17 b. hygienists shall complete twenty (20) hours,

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

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

21 C. Upon failure of a dentist, dental hygienist, dental  
22 assistant, or oral maxillofacial surgery assistant to pay the annual  
23 renewal fee within two (2) months after January 1, the Board shall  
24 notify the dentist, dental hygienist, dental assistant, or oral

1 maxillofacial surgery assistant in writing by certified mail to the  
2 last-known mailing address of the dentist, dental hygienist, dental  
3 assistant, or oral maxillofacial surgery assistant as reflected in  
4 the records of the Board.

5 D. Any dentist, dental hygienist, dental assistant, or oral  
6 maxillofacial surgery assistant whose license or permit is  
7 automatically canceled by reason of failure, neglect or refusal to  
8 secure the renewal certificate may be reinstated by the Board at any  
9 time within one (1) year from the date of the expiration of the  
10 license, upon payment of the annual renewal fee and a penalty fee  
11 established by the rules of the Board. If the dentist, dental  
12 hygienist, dental assistant, or oral maxillofacial surgery assistant  
13 does not apply for renewal of the license or permit and pay the  
14 required fees within one (1) year after the license has expired,  
15 then the dentist, dental hygienist, dental assistant, or oral  
16 maxillofacial surgery assistant shall be required to file an  
17 application for and take the examination or other requirements  
18 provided for in the State Dental Act or the rules promulgated by the  
19 Board before again commencing practice.

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

24

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

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

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

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

18 SECTION 3. AMENDATORY Section 3, Chapter 234, O.S.L.  
19 2017 (59 O.S. Supp. 2018, Section 353.20.2), is amended to read as  
20 follows:

21 Section 353.20.2. A. Unless the prescriber has specified on  
22 the prescription that dispensing a prescription for a maintenance  
23 medication in an initial amount followed by periodic refills is  
24 medically necessary, a pharmacist may exercise his or her

1 professional judgment to dispense varying quantities of medication  
2 per fill-up to the total number of dosage units as authorized by the  
3 prescriber on the original prescription including any refills.

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

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

14 SECTION 4. AMENDATORY 59 O.S. 2011, Section 503, as  
15 amended by Section 1, Chapter 176, O.S.L. 2014 (59 O.S. Supp. 2018,  
16 Section 503), is amended to read as follows:

17 Section 503. The State Board of Medical Licensure and  
18 Supervision may suspend, revoke or order any other appropriate  
19 sanctions against the license of any physician or surgeon holding a  
20 license to practice in this state for unprofessional conduct, but no  
21 such suspension, revocation or other penalty shall be made until the  
22 licensee is cited to appear for hearing. No such citation shall be  
23 issued except upon sworn complaint filed with the secretary of the  
24 Board charging the licensee with having been guilty of

1 unprofessional conduct and setting forth the particular act or acts  
2 alleged to constitute unprofessional conduct. In the event it comes  
3 to the attention of the Board that a violation of the rules of  
4 professional conduct may have occurred, even though a formal  
5 complaint or charge may not have been filed, the Board staff may  
6 conduct an investigation of the possible violation, and may upon its  
7 own motion institute a formal complaint. In the course of the  
8 investigation persons appearing before the Board may be required to  
9 testify under oath. Any expert testifying against a licensee shall  
10 be a Board-certified physician in an ongoing clinical practice in  
11 the specialty of the licensee who is the subject of the complaint.  
12 Upon the filing of a complaint, either by an individual or the Board  
13 staff as provided herein, the citation must forthwith be issued by  
14 the secretary of the Board over the signature of the secretary and  
15 seal of the Board, setting forth the complaint of unprofessional  
16 conduct, and giving due notice of the time and place of the hearing  
17 by the Board. The citation shall be made returnable at the next  
18 regular meeting of the Board occurring at least thirty (30) days  
19 after the service of the citation. The defendant shall file a  
20 written answer under oath with the secretary of the Board within  
21 twenty (20) days after the service of the citation. The secretary  
22 of the Board may extend the time of answer upon satisfactory showing  
23 that the defendant is for reasonable cause unable to answer within  
24 the twenty (20) days, but in no case shall the time be extended

1 beyond the date of the next regular meeting of the Board, unless a  
2 continuance is granted by the Board.

3 SECTION 5. AMENDATORY 59 O.S. 2011, Section 509, as  
4 amended by Section 2, Chapter 175, O.S.L. 2018 (59 O.S. Supp. 2018,  
5 Section 509), is amended to read as follows:

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

- 9 1. Procuring, aiding or abetting a criminal operation;
- 10 2. The obtaining of any fee or offering to accept any fee,  
11 present or other form of remuneration whatsoever, on the assurance  
12 or promise that a manifestly incurable disease can or will be cured;
- 13 3. Willfully betraying a professional secret to the detriment  
14 of the patient;
- 15 4. Habitual intemperance or the habitual use of habit-forming  
16 drugs;
- 17 5. Conviction of a felony or of any offense involving moral  
18 turpitude;
- 19 6. All advertising of medical business in which statements are  
20 made which are grossly untrue or improbable and calculated to  
21 mislead the public;
- 22 7. Conviction or confession of a crime involving violation of:  
23 a. the antinarcotic or prohibition laws and regulations  
24 of the federal government,

1           b.    the laws of this state, or

2           c.    State Board of Health rules;

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

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

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

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

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

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

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

4       15. The inability to practice medicine with reasonable skill  
5 and safety to patients by reason of age, illness, drunkenness,  
6 excessive use of drugs, narcotics, chemicals, or any other type of  
7 material or as a result of any mental or physical condition. In  
8 enforcing this subsection the State Board of Medical Licensure and  
9 Supervision may, upon probable cause, request a physician to submit  
10 to a mental or physical examination by physicians designated by it.  
11 If the physician refuses to submit to the examination, the Board  
12 shall issue an order requiring the physician to show cause why the  
13 physician will not submit to the examination and shall schedule a  
14 hearing on the order within thirty (30) days after notice is served  
15 on the physician. The physician shall be notified by either  
16 personal service or by certified mail with return receipt requested.  
17 At the hearing, the physician and the physician's attorney are  
18 entitled to present any testimony and other evidence to show why the  
19 physician should not be required to submit to the examination.  
20 After a complete hearing, the Board shall issue an order either  
21 requiring the physician to submit to the examination or withdrawing  
22 the request for examination. The medical license of a physician  
23 ordered to submit for examination may be suspended until the results  
24 of the examination are received and reviewed by the Board;

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

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

7 ~~or~~

8 ~~c. prescribing, dispensing or administering opioid drugs~~  
9 ~~in excess of the maximum dosage authorized under~~  
10 ~~Section 5 of this act;~~

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

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

17 19. Failure to provide necessary ongoing medical treatment when  
18 a doctor-patient relationship has been established, which  
19 relationship can be severed by either party providing a reasonable  
20 period of time is granted; or

21 20. Failure to provide a proper and safe medical facility  
22 setting and qualified assistive personnel for a recognized medical  
23 act, including but not limited to an initial in-person patient  
24 examination, office surgery, diagnostic service or any other medical

1 procedure or treatment. Adequate medical records to support  
2 diagnosis, procedure, treatment or prescribed medications must be  
3 produced and maintained.

4 SECTION 6. AMENDATORY 59 O.S. 2011, Section 519.8, is  
5 amended to read as follows:

6 Section 519.8. A. Licenses issued to physician assistants  
7 shall be renewed annually on a date determined by the State Board of  
8 Medical Licensure and Supervision. Each application for renewal  
9 shall document that the physician assistant has earned at least  
10 twenty (20) hours of continuing medical education during the  
11 preceding calendar year. Such continuing medical education shall  
12 include not less than one (1) hour of education in pain management  
13 or one (1) hour of education in opioid use or addiction, unless the  
14 licensee has demonstrated to the satisfaction of the Board that the  
15 licensee does not currently hold a valid federal Drug Enforcement  
16 Administration registration number.

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

- 19 1. Initial licensure;
- 20 2. License renewal;
- 21 3. Late license renewal;
- 22 4. Application to practice; and
- 23 5. Disciplinary hearing.

24

1 SECTION 7. AMENDATORY 59 O.S. 2011, Section 604, is  
2 amended to read as follows:

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

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

24

1 SECTION 8. AMENDATORY 59 O.S. 2011, Section 641, is  
2 amended to read as follows:

3 Section 641. A. All persons legally licensed to practice  
4 osteopathic medicine in this state, on or before the first day of  
5 July of each year, shall apply to the secretary-treasurer of the  
6 Board, on forms furnished thereby, for a renewal certificate of  
7 registration entitling such licensee to practice osteopathic  
8 medicine and surgery in Oklahoma during the next ensuing fiscal  
9 year.

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

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

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

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

18       SECTION 9.       AMENDATORY       59 O.S. 2011, Section 698.7, is  
19 amended to read as follows:

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



- 1           c.   determine which professional schools, colleges,  
2                   universities, training institutions and educational  
3                   programs are acceptable in connection with licensure  
4                   pursuant to the Oklahoma Veterinary Practice Act, and  
5                   accept the approval of such facilities and programs by  
6                   American-Veterinary-Medical-Association-accredited  
7                   institutions in the United States and Canada,  
8           d.   require supporting documentation or other acceptable  
9                   verifying evidence for any information provided the  
10                  Board by an applicant for licensure or certification,  
11                  and  
12           e.   require information on an applicant's fitness,  
13                   qualification and previous professional record and  
14                   performance from recognized data sources including,  
15                   but not limited to, other licensing and disciplinary  
16                   authorities of other jurisdictions, professional  
17                   education and training institutions, liability  
18                   insurers, animal health care institutions and law  
19                   enforcement agencies;

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

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

- 1           b.    conduct hearings in accordance with the Oklahoma  
2           Veterinary Practice Act and the Administrative  
3           Procedures Act, and
- 4           c.    adjudicate matters that come before the Board for  
5           judgment pursuant to the Oklahoma Veterinary Practice  
6           Act upon clear and convincing evidence and issue final  
7           decisions on such matters to discipline licensees and  
8           certificate holders;

- 9        8.    a.    impose sanctions, deny licenses and certificates and  
10        renewals thereof, levy reimbursement costs, seek  
11        appropriate administrative, civil or criminal  
12        penalties or any combination of these against those  
13        who violate examination security, who attempt to or  
14        who do obtain licensure or certification by fraud, who  
15        knowingly assist in illegal activities, or who aid and  
16        abet the illegal practice of veterinary medicine,
- 17        b.    review and investigate complaints and adverse  
18        information about licensees and certificate holders,
- 19        c.    discipline licensees and certificate holders,
- 20        d.    institute proceedings in courts of competent  
21        jurisdiction to enforce Board orders and provisions of  
22        the Oklahoma Veterinary Practice Act,
- 23        e.    (1) establish mechanisms for dealing with licensees  
24        and certificate holders who abuse or are

1 dependent on or addicted to alcohol or other  
2 chemical substances, and enter into agreements,  
3 at its discretion, with professional  
4 organizations whose relevant procedures and  
5 techniques it has evaluated and approved for  
6 their cooperation or participation in the  
7 rehabilitation of the licensee or certificate  
8 holder,

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

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

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

- 1        10. Act to halt the unlicensed or illegal practice of  
2 veterinary medicine and seek administrative, criminal and civil  
3 penalties against those engaged in such practice;
- 4        11. Establish appropriate fees and charges to ensure active and  
5 effective pursuit of Board responsibilities;
- 6        12. Employ, direct, reimburse, evaluate and dismiss staff in  
7 accordance with state procedures;
- 8        13. Establish policies for Board operations;
- 9        14. Respond to legislative inquiry regarding those changes in,  
10 or amendments to, the Oklahoma Veterinary Practice Act;
- 11       15. Act on its own motion in disciplinary matters, administer  
12 oaths, issue notices, issue subpoenas in the name of the State of  
13 Oklahoma, including subpoenas for client and animal records, hold  
14 hearings, institute court proceedings for contempt or to compel  
15 testimony or obedience to its orders and subpoenas, take evidentiary  
16 depositions and perform such other acts as are reasonable and  
17 necessary under law to carry out its duties;
- 18       16. Use clear and convincing evidence as the standard of proof  
19 and issue final decisions when acting as trier of fact in the  
20 performance of its adjudicatory duties;
- 21       17. Determine and direct Board operating, administrative,  
22 personnel and budget policies and procedures in accordance with  
23 applicable statutes;

24

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

5 19. Determine continuing education requirements. Such  
6 continuing education shall include not less than one (1) hour of  
7 education in pain management or one (1) hour of education in opioid  
8 use or addiction annually, unless the licensee has demonstrated to  
9 the satisfaction of the Board that the licensee does not currently  
10 hold a valid federal Drug Enforcement Administration registration  
11 number;

12 20. Establish minimum standards for veterinary premises;

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

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

22 23. Shall conduct a national criminal history records search  
23 for certified animal euthanasia technicians:  
24

- 1 a. the applicant shall furnish the Board two completed  
2 fingerprint cards and a money order or cashier's check  
3 made payable to the Oklahoma State Bureau of  
4 Investigation,
- 5 b. the Board shall forward the fingerprint cards, along  
6 with the applicable fee for a national fingerprint  
7 criminal history records search, to the Bureau, and
- 8 c. the Bureau shall retain one set of fingerprints in the  
9 Automated Fingerprint Identification System (AFIS) and  
10 submit the other set to the Federal Bureau of  
11 Investigation (FBI) for a national criminal history  
12 records search;

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

- 18 a. carry at least One Million Dollars (\$1,000,000.00) of  
19 additional malpractice coverage to perform animal  
20 chiropractic diagnosis and treatment, and
- 21 b. have appropriate training in animal chiropractic  
22 diagnosis and treatment. The Veterinary Examining  
23 Board shall have the authority to establish  
24 educational criteria for certification standards in

1 animal chiropractic diagnosis and treatment. The  
2 Veterinary Examining Board shall work in conjunction  
3 with the Board of Chiropractic Examiners to establish  
4 comparable standards for the practice of animal  
5 chiropractic diagnosis and treatment for both medical  
6 professions within thirty (30) days after the  
7 effective date of this act. The Board shall certify  
8 any licensed veterinarian wishing to engage in animal  
9 chiropractic diagnosis and treatment who meets the  
10 standards established by the Board pursuant to this  
11 paragraph. Upon request, the Board shall make  
12 available to the public a list of licensed  
13 veterinarians so certified; and

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

17 SECTION 10. AMENDATORY 63 O.S. 2011, Section 2-101, as  
18 last amended by Section 3, Chapter 175, O.S.L. 2018 (63 O.S. Supp.  
19 2018, Section 2-101), is amended to read as follows:

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

22 1. "Administer" means the direct application of a controlled  
23 dangerous substance, whether by injection, inhalation, ingestion or  
24

1 any other means, to the body of a patient, animal or research  
2 subject by:

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

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

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

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

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

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

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

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

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

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

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

23       11. "Dispense" means to deliver a controlled dangerous  
24 substance to an ultimate user or human research subject by or

1 pursuant to the lawful order of a practitioner, including the  
2 prescribing, administering, packaging, labeling or compounding  
3 necessary to prepare the substance for such distribution.

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

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

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

13 14. "Drug" means articles:

14 a. recognized in the official United States

15 Pharmacopoeia, official Homeopathic Pharmacopoeia of  
16 the United States, or official National Formulary, or  
17 any supplement to any of them,

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

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

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

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

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

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

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

18 18. "Hospice" means a centrally administered, nonprofit or  
19 profit, medically directed, nurse-coordinated program which provides  
20 a continuum of home and inpatient care for the terminally ill  
21 patient and the patient's family. Such term shall also include a  
22 centrally administered, nonprofit or profit, medically directed,  
23 nurse-coordinated program if such program is licensed pursuant to  
24 the provisions of ~~this act~~ the Uniform Controlled Dangerous

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

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

- 20 a. statements made by an owner or by any other person in  
21 control of the substance concerning the nature of the  
22 substance, or its use or effect,  
23 b. statements made to the recipient that the substance  
24 may be resold for inordinate profit,

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

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

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

22 22. "Manufacture" means the production, preparation,  
23 propagation, compounding or processing of a controlled dangerous  
24 substance, either directly or indirectly by extraction from

1 substances of natural or synthetic origin, or independently by means  
2 of chemical synthesis or by a combination of extraction and chemical  
3 synthesis. "Manufacturer" includes any person who packages,  
4 repackages or labels any container of any controlled dangerous  
5 substance, except practitioners who dispense or compound  
6 prescription orders for delivery to the ultimate consumer;

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

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

1 forms of epilepsy pursuant to Section 2-802 of this  
2 title, a drug or substance approved by the federal  
3 Food and Drug Administration for use by those  
4 participants,

- 5 f. for any person or the parents, legal guardians or  
6 caretakers of the person who have received a written  
7 certification from a physician licensed in this state  
8 that the person has been diagnosed by a physician as  
9 having Lennox-Gastaut Syndrome, Dravet Syndrome, also  
10 known as Severe Myoclonic Epilepsy of Infancy, or any  
11 other severe form of epilepsy that is not adequately  
12 treated by traditional medical therapies, spasticity  
13 due to multiple sclerosis or due to paraplegia,  
14 intractable nausea and vomiting, appetite stimulation  
15 with chronic wasting diseases, the substance  
16 cannabidiol, a nonpsychoactive cannabinoid, found in  
17 the plant Cannabis sativa L. or any other preparation  
18 thereof, that has a tetrahydrocannabinol concentration  
19 of not more than three-tenths of one percent (0.3%)  
20 and that is delivered to the patient in the form of a  
21 liquid,
- 22 g. any federal Food and Drug Administration-approved  
23 cannabidiol drug or substance, or  
24

1           h.    industrial hemp, from the plant Cannabis sativa L. and  
2                    any part of such plant, whether growing or not, with a  
3                    delta-9 tetrahydrocannabinol concentration of not more  
4                    than three-tenths of one percent (0.3%) on a dry  
5                    weight basis which shall not be grown anywhere in the  
6                    State of Oklahoma but may be shipped to Oklahoma  
7                    pursuant to the provisions of subparagraph e or f of  
8                    this paragraph;

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

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

23           26.   "Narcotic drug" means any of the following, whether  
24                   produced directly or indirectly by extraction from substances of

1 vegetable origin, or independently by means of chemical synthesis,  
2 or by a combination of extraction and chemical synthesis:

- 3 a. opium, coca leaves and opiates,
- 4 b. a compound, manufacture, salt, derivative or  
5 preparation of opium, coca leaves or opiates,
- 6 c. cocaine, its salts, optical and geometric isomers, and  
7 salts of isomers,
- 8 d. ecgonine, its derivatives, their salts, isomers and  
9 salts of isomers, and
- 10 e. a substance, and any compound, manufacture, salt,  
11 derivative or preparation thereof, which is chemically  
12 identical with any of the substances referred to in  
13 subparagraphs a through d of this paragraph, except  
14 that the words "narcotic drug" as used in Section 2-  
15 101 et seq. of this title shall not include  
16 decocainized coca leaves or extracts of coca leaves,  
17 which extracts do not contain cocaine or ecgonine;

18 27. "Opiate" means any substance having an addiction-forming or  
19 addiction-sustaining liability similar to morphine or being capable  
20 of conversion into a drug having such addiction-forming or  
21 addiction-sustaining liability. It does not include, unless  
22 specifically designated as controlled under the Uniform Controlled  
23 Dangerous Substances Act, the dextrorotatory isomer of 3-methoxy-n-

24

1 methyl-morphinan and its salts (dextromethorphan). It does include  
2 its racemic and levorotatory forms;

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

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

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

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

15 32. "Practitioner" means:

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

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

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

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

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

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

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

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

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

24

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

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

1 (12) bonges, or

2 (13) ice pipes or chillers,

3 m. all hidden or novelty pipes, and

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

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

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

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

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

1 system of a controlled dangerous substance in  
2 Schedule I or II, or

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

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

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

- 17 (1) a controlled dangerous substance,  
18 (2) any substance for which there is an approved new  
19 drug application,  
20 (3) with respect to a particular person any  
21 substance, if an exemption is in effect for  
22 investigational use, for that person under the  
23 provisions of Section 505 of the Federal Food,  
24 Drug and Cosmetic Act, Title 21 of the United

1 States Code, Section 355, to the extent conduct  
2 with respect to such substance is pursuant to  
3 such exemption, or

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

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

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

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

22 40. "Hazardous materials" means materials, whether solid,  
23 liquid or gas, which are toxic to human, animal, aquatic or plant  
24

1 life, and the disposal of which materials is controlled by state or  
2 federal guidelines;

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

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

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

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

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

21 b. requires a prescription for the drug or its  
22 pharmaceutical equivalent due to a surgical procedure  
23 or new acute event and has previously had a  
24

1 prescription for the drug or its pharmaceutical  
2 equivalent within the past year.

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

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

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

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

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

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

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

14 SECTION 11. AMENDATORY 63 O.S. 2011, Section 2-309D, as  
15 last amended by Section 4, Chapter 175, O.S.L. 2018 (63 O.S. Supp.  
16 2018, Section 2-309D), is amended to read as follows:

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

21 1. Peace officers certified pursuant to Section 3311 of Title  
22 70 of the Oklahoma Statutes who are employed as investigative agents  
23 of the Oklahoma State Bureau of Narcotics and Dangerous Drugs  
24 Control;

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

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

- 5           a. Board of Podiatric Medical Examiners,
- 6           b. Board of Dentistry,
- 7           c. State Board of Pharmacy,
- 8           d. State Board of Medical Licensure and Supervision,
- 9           e. State Board of Osteopathic Examiners,
- 10          f. State Board of Veterinary Medical Examiners,
- 11          g. Oklahoma Health Care Authority,
- 12          h. Department of Mental Health and Substance Abuse  
13             Services,
- 14          i. Board of Examiners in Optometry,
- 15          j. Board of Nursing,
- 16          k. Office of the Chief Medical Examiner, and
- 17          l. State Board of Health;

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

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

23          6. At the discretion of the Director of the Oklahoma State  
24 Bureau of Narcotics and Dangerous Drugs Control, medical

1 practitioners and their staff, including those employed by the  
2 federal government in this state.

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

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

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

24

1 E. The Department of Mental Health and Substance Abuse Services  
2 and the State Department of Health may utilize the information in  
3 the central repository for statistical, research, substance abuse  
4 prevention, or educational purposes, provided that consumer  
5 confidentiality is not compromised.

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

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

16 2. a. Prior to prescribing or authorizing for refill, if one  
17 hundred eighty (180) days have elapsed prior to the  
18 previous access and check, of opiates, synthetic  
19 opiates, semisynthetic opiates, benzodiazepine or  
20 carisoprodol to a patient of record, registrants or  
21 members of their medical or administrative staff shall  
22 be required until October 31, 2020, to access the  
23 information in the central repository to assess  
24 medical necessity and the possibility that the patient

1 may be unlawfully obtaining prescription drugs in  
2 violation of the Uniform Controlled Dangerous  
3 Substances Act. The duty to access and check shall  
4 not alter or otherwise amend appropriate medical  
5 standards of care. The registrant or medical provider  
6 shall note in the patient file that the central  
7 repository has been checked and may maintain a copy of  
8 the information.

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

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

15 (2) for a prescription of a controlled substance set  
16 forth in subparagraph a of this paragraph that is  
17 issued by a practitioner for a patient residing  
18 in a nursing facility as defined by Section 1-  
19 1902 of this title, provided that the  
20 prescription is issued to a resident of such  
21 facility.

22 3. Registrants shall not be liable to any person for any claim  
23 of damages as a result of accessing or failing to access the  
24

1 information in the central repository and no lawsuit may be  
2 predicated thereon.

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

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

17 I. The Director of the Oklahoma State Bureau of Narcotics and  
18 Dangerous Drugs Control, or a designee thereof, shall provide a  
19 monthly list to the Directors of the State Board of Podiatric  
20 Examiners, the State Board of Dentistry, the State Board of Medical  
21 Licensure and Supervision, the State Board of Examiners in  
22 Optometry, the State Board of Nursing, the State Board of  
23 Osteopathic Examiners and the State Board of Veterinary Medical  
24 Examiners of the top twenty prescribers of controlled dangerous

1 substances within their respective areas of jurisdiction. Upon  
2 discovering that a registrant is prescribing outside the limitations  
3 of his or her licensure or outside of drug registration rules or  
4 applicable state laws, the respective licensing board shall be  
5 notified by the Bureau in writing. Such notifications may be  
6 considered complaints for the purpose of investigations or other  
7 actions by the respective licensing board. Licensing boards shall  
8 have exclusive jurisdiction to take action against a licensee for a  
9 violation of subsection G of this section.

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

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

24

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

11 M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs  
12 is authorized to provide unsolicited notification to the licensing  
13 board of a pharmacist or practitioner if a patient has received one  
14 or more prescriptions for controlled substances in quantities or  
15 with a frequency inconsistent with generally recognized standards of  
16 safe practice or if a practitioner or prescriber has exhibited  
17 prescriptive behavior consistent with generally recognized standards  
18 indicating potentially problematic prescribing patterns. An  
19 unsolicited notification to the licensing board of the practitioner  
20 pursuant to this section:

- 21 1. Is confidential;
- 22 2. May not disclose information that is confidential pursuant  
23 to this section; and

24

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

3 SECTION 12. AMENDATORY Section 5, Chapter 175, O.S.L.  
4 2018 (63 O.S. Supp. 2018, Section 2-309I), is amended to read as  
5 follows:

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

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

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

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

24

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

3       4. Access relevant prescription monitoring information from the  
4 central repository pursuant to Section 2-309D of Title 63 of the  
5 Oklahoma Statutes;

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

- 13       a. the subsequent prescription is due to a major  
14       procedure or "confined to home" status as defined in  
15       42 U.S.C., Section 1395n(a),
- 16       b. the practitioner provides the subsequent prescription  
17       on the same day as the initial prescription,
- 18       c. the practitioner provides written instructions on the  
19       subsequent prescription indicating the earliest date  
20       on which the prescription may be filled, otherwise  
21       known as a "do not fill until" date, and
- 22       d. the subsequent prescription is dispensed no more than  
23       five (5) days after the "do not fill until" date  
24       indicated on the prescription;

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

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

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

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

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

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

19           D. Prior to issuing the initial prescription of a Schedule II  
20 ~~controlled dangerous substance or any opioid drug that is a~~  
21 ~~prescription drug~~ in a course of treatment for acute or chronic pain  
22 and again prior to issuing the third prescription of the course of  
23 treatment, a practitioner shall discuss with the patient or the  
24 parent or guardian of the patient if the patient is under eighteen

1 (18) years of age and is not an emancipated minor, the risks  
2 associated with the drugs being prescribed, including but not  
3 limited to:

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

7 2. The reasons why the prescription is necessary;

8 3. Alternative treatments that may be available; and

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

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

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

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

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

11 2. Assess the patient prior to every renewal to determine  
12 whether the patient is experiencing problems associated with  
13 ~~physical and psychological dependence~~ an opioid use disorder and  
14 document the results of that assessment;

15 3. Periodically make reasonable efforts, unless clinically  
16 contraindicated, to either stop the use of the controlled substance,  
17 decrease the dosage, try other drugs or treatment modalities in an  
18 effort to reduce the potential for abuse or the development of  
19 ~~physical or psychological dependence~~ an opioid use disorder and  
20 document with specificity the efforts undertaken;

21 4. Review the central repository information in accordance with  
22 Section 2-309D of Title 63 of the Oklahoma Statutes; and

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

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

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

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

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

23 I. Any provider authorized to prescribe ~~opioids~~ a Schedule II  
24 opioid drug shall adopt and maintain a written policy or policies

1 that include execution of a written agreement to engage in an  
2 informed consent process between the prescribing provider and  
3 qualifying opioid therapy patient. For the purposes of this  
4 section, "qualifying opioid therapy patient" means:

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

7 2. A patient who is prescribed benzodiazepines and opioids  
8 together; or

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

11 SECTION 13. NEW LAW A new section of law to be codified  
12 in the Oklahoma Statutes as Section 7402 of Title 36, unless there  
13 is created a duplication in numbering, reads as follows:

14 The Insurance Department shall evaluate the effect of the limits  
15 on prescriptions for opioid medication established by this act on  
16 the claims paid by health insurance carriers and the out-of-pocket  
17 costs including copayments, coinsurance and deductibles paid by  
18 individual and group health insurance policyholders. On or before  
19 January 1, 2021, the Insurance Department shall submit a report on  
20 the evaluation, along with any recommended policy and regulatory  
21 options that will ensure costs for patients are not increased as a  
22 result of new prescribing limitations on the amounts of opioid  
23 medications, to the standing committees of the Legislature having  
24 jurisdiction over health and human services matters and over

1 insurance and financial services matters. The Insurance  
2 Commissioner may adopt reasonable rules and regulations for the  
3 implementation and administration of the provisions of this  
4 subsection.

5 SECTION 14. REPEALER Section 6, Chapter 175, O.S.L.  
6 2018, is hereby repealed.

7 SECTION 15. This act shall become effective November 1, 2019.

8  
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