HB2298 FULLPCS1 Carl Newton-TJ 3/4/2025 5:10:45 pm

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:				
CHAIR:				
I move to amend	НВ2298			
Page	Section	Lines		he printed Bill
	_			Engrossed Bill
By deleting the thereof the foll	content of the entire owing language:	e measure, and	by inser	ting in lieu
AMEND TITLE TO CONF	ORM TO AMENDMENTS			
Adopted:		Amendment su	bmitted by:	Carl Newton
	Reading Clerk			

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

By: Hilbert

PROPOSED OVERSIGHT COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 2298

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PROPOSED OVERSIGHT COMMITTEE SUBSTITUTE

An Act relating to the practice of nursing; providing for independent prescriptive authority of Advanced Practice Registered Nurses who meet certain requirements; stating application criteria; specifying duration of authority; providing for application approval, denial, reapplication, fees, and independent prescriptive authority revocation; prescribing certain malpractice insurance requirements; directing promulgation of certain advertising rules; providing certain construction; directing certain boards to make specified information available online; providing definitions; providing eligibility requirements for physicians; providing limits; providing for exceptions; providing certain responsibilities; providing for disciplinary action; authorizing penalties; amending 59 O.S. 2021, Section 353.1, as amended by Section 6, Chapter 288, O.S.L. 2022 (59 O.S. Supp. 2024, Section 353.1), which relates to definitions used in the Oklahoma Pharmacy Act; modifying and adding definitions; amending 59 O.S. 2021, Section 353.1a, which relates to prescriptive authority of Advanced Practice Registered Nurses; modifying prescriptive authority of certain Advanced Practice Registered Nurses; updating statutory language; amending 59 O.S. 2021, Section 567.3a, which relates to definitions used in the Oklahoma Nursing Practice Act; modifying and adding definitions; amending 59 O.S. 2021, Section 567.4a, which relates to prescriptive authority; specifying authority of the Oklahoma Board of Nursing to grant prescriptive authority; directing the Board

to promulgate certain rules; clarifying certain educational requirement; requiring the Formulary Advisory Council to develop, update, and publish certain guidelines; modifying references; conforming language; amending 59 O.S. 2021, Section 567.5a, as amended by Section 1, Chapter 94, O.S.L. 2024 (59 O.S. Supp. 2024, Section 567.5a), which relates to Advanced Practice Registered Nurse license; providing for independent prescriptive authority by endorsement; amending 63 O.S. 2021, Section 2-312, as amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2024, Section 2-312), which relates to controlled dangerous substances; conforming language relating to supervision requirement; updating statutory references and language; providing for codification; and providing an effective date.

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

- SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.4c of Title 59, unless there is created a duplication in numbering, reads as follows:
 - A. 1. An Advanced Practice Registered Nurse recognized by the Oklahoma Board of Nursing as a Certified Nurse Practitioner,

 Clinical Nurse Specialist, or Certified Nurse-Midwife who has completed a minimum of three (3) years of practice with prescriptive authority supervised by a physician may apply to the Oklahoma Board of Nursing for authority to prescribe and order independent of supervision.
 - 2. The application for independent prescriptive authority shall include proof that the Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife:

a. holds a valid, current license in the appropriate

Advanced Practice Registered Nurse role issued by the

Board and is in good standing with the Board, and

- b. has completed a minimum of three (3) years of practice with prescriptive authority supervised by a physician. This subparagraph shall not be construed to exclude practice hours with supervised prescriptive authority obtained prior to the effective date of this act from being counted toward the hours required in this subparagraph.
- 3. Independent prescriptive authority granted under this subsection shall be valid until the expiration of the current license to practice and may be renewed upon application to the Board at the same time and for the same period as the renewal of the license to practice.
- B. The Board shall review any application submitted under this section and shall approve or deny the application, stating the reason or reasons for denial, if denied. If denied, the applicant may reapply using the process prescribed by subsection A of this section.
- C. The Board may suspend or revoke independent prescriptive authority granted under this section for good cause at any time.
- D. The Board may establish a fee for the review of initial and renewal applications under the provisions of this section.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.5b of Title 59, unless there is created a duplication in numbering, reads as follows:

- A. An Advanced Practice Registered Nurse, or the employer of the Advanced Practice Registered Nurse on his or her behalf, shall carry malpractice insurance or demonstrate proof of financial responsibility in a minimum amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate per year. The requirement to carry malpractice insurance shall extend only to the Advanced Practice Registered Nurse, and not be construed as to require the Advance Practice Registered Nurse to provide malpractice insurance coverage to any supervising or collaborating physician.
- B. An Advanced Practice Registered Nurse who is employed by or under contract with a federal agency that carries malpractice insurance in any amount on behalf of the Advanced Practice Registered Nurse shall be deemed in compliance with subsection A of this section when practicing under such federal employment or contract. However, to the extent the Advanced Practice Registered Nurse practices outside of such federal employment or contract, the Advanced Practice Registered Nurse, or his or her employer, shall comply with subsection A of this section.

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SECTION 3. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 567.5c of Title 59, unless there
is created a duplication in numbering, reads as follows:

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- A. The Oklahoma Board of Nursing shall promulgate rules governing advertising of health care services by Advanced Practice Registered Nurses to include, but not be limited to, the specialty areas or types of health care services Advanced Practice Registered Nurses may advertise based on their training or experience.
- B. Nothing in this act shall be construed to allow an Advanced Practice Registered Nurse to perform any medical service or prescribe any medication beyond those authorized under state law or in a manner otherwise inconsistent with state law.
- SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 479 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - The State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners shall make available, and keep updated, in a conspicuous location on the website of each Board a list of physicians who are available to supervise Advanced Practice Registered Nurses. The Boards shall develop procedures necessary for the implementation of this section.
- SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 479.1 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

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- 1. "Advanced Practice Registered Nurse" or "(APRN)" means a registered nurse who has obtained a license from the Oklahoma Board of Nursing to practice advanced registered nursing not including Certified Registered Nurse Anesthetists;
- 2. "Board" means the State Board of Osteopathic Examiners or State Board of Medical Licensure and Supervision;
- 3. "Proper physician supervision" means that the supervising physician routinely reviews the prescribing patterns of an Advanced Practice Registered Nurse under his or her supervision and that the supervising physician is available to the Advanced Practice Registered Nurse for consultation in person or by telemedicine within a reasonable timeframe not exceeding twenty-four (24) hours; and
- 4. "Supervising physician" means a licensed allopathic or osteopathic physician in good standing who is responsible for supervising and overseeing the prescribing practices of an Advanced Practice Registered Nurse.
- B. To be eligible to serve as a supervising physician for an Advanced Practice Registered Nurse, an allopathic or osteopathic physician shall meet the following criteria:
- 1. Have possession of a full and unrestricted Oklahoma license to practice allopathic or osteopathic medicine;

2. Have possession of a valid permit to prescribe controlled drugs with the Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD); and

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- 3. Have relevant experience in prescribing and administering similar prescription medications authorized by the formulary approved by the Formulary Advisory Council within the Board of Nursing as established in Section 567.4b of this title which the APRN is authorized to prescribe and administer.
- C. A supervising physician may charge a reasonable fee to the APRN for his or her supervision services, which shall be disclosed in a written agreement. Any fees charged by a supervising physician shall be appropriate based on the actual duties and responsibilities of the supervising physician as outlined in a written agreement. The fees charged shall be a fair market value hourly rate as defined by the respective board biannually or by mutual agreement between the APRN and supervising physician as to the consideration of reasonableness. A supervising physician who charges an Advanced Practice Registered Nurse for supervision services and fails to provided proper physician supervision may be subject to discipline by the physician's respective board. This subsection shall not preclude a supervising physician from entering into a payment arrangement for supervision fees to be paid by his or her employer or health care entity in lieu of the APRN. This subsection does not relate to or impact any compensation a supervising physician

receives from his or her employer or health care entity for supervision services. It only pertains to compensation received directly from the APRN.

- D. All supervising physicians shall have a written agreement with each APRN he or she supervises. The written agreement shall outline any fees charged for supervision services, the scope of the Advanced Practice Registered Nurse's practice as defined by the rules of the Board of Nursing, and the extent of the supervision required. The physician shall file the written agreement with the respective licensing board.
- E. A supervising physician shall notify Advanced Practice
 Registered Nurses under his or her supervision of reasonably
 anticipated periods of unavailability or incapacity on the part of
 the supervising physicians. Notice shall be given by the method
 agreed to by the supervising physician and the Advanced Practice
 Registered Nurse within the written supervision agreement.
- F. The supervising physician shall report to the Board and Advanced Practice Registered Nurse any changes to the supervising relationship within thirty (30) days, including the addition or removal of an Advanced Practice Registered Nurse or changes to the practice address, and mobile phone numbers.
- G. The Board shall not charge any fees to supervising physicians or Advanced Practice Registered Nurses for the maintenance and tracking of the supervision relationship.

- H. The Board shall promulgate rules establishing the expectations for providing proper supervision to Advanced Practice Registered Nurses, including:
- 1. The charging of reasonable fees to provide supervision services;

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- 2. Continuous availability of direct communications either in person or by electronic communications between the APRN and supervising physician;
- 3. Oversight and acceptance of responsibility for the ordering and transmission of written, telephonic, electronic, or oral prescriptions for drugs and other medical supplies, subject to a defined formulary in Section 567.3a of Title 59 of the Oklahoma Statutes;
 - 4. Review prescribing patterns of an APRN;
 - 5. The delineation of a plan for emergencies; and
- 6. The designation of an alternate physician in the absence of the supervising physician.
- I. Failure to comply with these rules may result in disciplinary action by the Board.
- J. The Executive Director of the respective board shall report annually to the Board the number of complaints received in relation to this section of law.
- K. The Executive Director of the respective board shall create and maintain a list of physicians on the agency's official website

who are willing to serve as a supervising physician to an Advanced
Practice Registered Nurse licensed in Oklahoma.

- L. Advanced Practice Registered Nurses employed by or contracted by a hospital, defined pursuant to Section 1-701 of Title 63 of the Oklahoma Statutes, are exempt from this section.
- SECTION 6. AMENDATORY 59 O.S. 2021, Section 353.1, as amended by Section 6, Chapter 288, O.S.L. 2022 (59 O.S. Supp. 2024, Section 353.1), is amended to read as follows:
- 9 Section 353.1. For the purposes of the Oklahoma Pharmacy Act:
 - 1. "Accredited program" means those seminars, classes,
 meetings, work projects, and other educational courses approved by
 the Board State Board of Pharmacy for purposes of continuing
 professional education;
 - 2. "Act" means the Oklahoma Pharmacy Act;
 - 3. "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient;
 - 4. "Assistant pharmacist" means any person presently licensed as an assistant pharmacist in the State of Oklahoma this state by the Board pursuant to Section 353.10 of this title and for the purposes of the Oklahoma Pharmacy Act shall be considered the same as a pharmacist, except where otherwise specified;
 - 5. "Board" or "State Board" means the State Board of Pharmacy;

6. "Certify" or "certification of a prescription" means the review of a filled prescription by a licensed pharmacist or a licensed practitioner with dispensing authority to confirm that the medication, labeling, and packaging of the filled prescription are accurate and meet all requirements prescribed by state and federal law. For the purposes of this paragraph, "licensed practitioner" shall not include optometrists with dispensing authority;

- 7. "Chemical" means any medicinal substance, whether simple or compound or obtained through the process of the science and art of chemistry, whether of organic or inorganic origin;
- 8. "Compounding" means the combining, admixing, mixing, diluting, pooling, reconstituting, or otherwise altering of a drug or bulk drug substance to create a drug. Compounding includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns;
- 9. "Continuing professional education" means professional, pharmaceutical education in the general areas of the socioeconomic and legal aspects of health care; the properties and actions of drugs and dosage forms; and the etiology, characteristics, and therapeutics of the diseased state;
- 10. "Dangerous drug", "legend drug", "prescription drug", or "Rx Only" means a drug:
 - a. for human use subject to 21 U.S.C., Section 353(b)(1), or

- b. is labeled "Prescription Only", or labeled with the following statement: "Caution: Federal law restricts this drug except for to use by or on the order of a licensed veterinarian.";
- 11. "Director" means the Executive Director of the State Board of Pharmacy unless context clearly indicates otherwise;

- 12. "Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug order including the preparation and delivery of a drug or device to a patient or a patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.

 Dispense includes sell, distribute, leave with, give away, dispose of, deliver, or supply;
- 13. "Dispenser" means a retail pharmacy, hospital pharmacy, a group of chain pharmacies under common ownership and control that do not act as a wholesale distributor, or any other person authorized by law to dispense or administer prescription drugs, and the affiliated warehouses or distributions of such entities under common ownership and control that do not act as a wholesale distributor.

 For the purposes of this paragraph, "dispenser" dispenser does not mean a person who dispenses only products to be used in animals in accordance with 21 U.S.C., Section 360b(a)(5);
- 14. "Distribute" or "distribution" means the sale, purchase, trade, delivery, handling, storage, or receipt of a product, and

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does not include the dispensing of a product pursuant to a

prescription executed in accordance with 21 U.S.C., Section

353(b)(1) or the dispensing of a product approved under 21 U.S.C.,

Section 360b(b); provided, taking actual physical possession of a
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product or title shall not be required;

and the rules promulgated by the Board;

- 15. "Doctor of Pharmacy" means a person licensed by the Board to engage in the practice of pharmacy. The terms "pharmacist",

 "D.Ph.", and "Doctor of Pharmacy" shall be interchangeable and shall have the same meaning wherever they appear in the Oklahoma Statutes
 - 16. "Drug outlet" means all manufacturers, repackagers, outsourcing facilities, wholesale distributors, third-party logistics providers, pharmacies, and all other facilities which are engaged in dispensing, delivery, distribution, or storage of dangerous drugs;
 - 17. "Drugs" means all medicinal substances and preparations recognized by the United States Pharmacopoeia Pharmacopeia and National Formulary, or any revision thereof, and all substances and preparations intended for external and/or internal use in the cure, diagnosis, mitigation, treatment, or prevention of disease in humans or animals and all substances and preparations, other than food, intended to affect the structure or any function of the body of a human or animals;

- 18. "Drug sample" means a unit of a prescription drug packaged under the authority and responsibility of the manufacturer that is not intended to be sold and is intended to promote the sale of the drug;
- 19. "Durable medical equipment" has the same meaning as provided by Section 2 of this act Section 375.2 of this title;
- 20. "Filled prescription" means a packaged prescription medication to which a label has been affixed which contains such information as is required by the Oklahoma Pharmacy Act;
- 21. "Hospital" means any institution licensed as a hospital by this state for the care and treatment of patients, or a pharmacy operated by the Oklahoma Department of Veterans Affairs;
 - 22. "Licensed practitioner" means:
 - <u>a.</u> an allopathic physician,
 - b. an osteopathic physician,
 - c. a podiatric physician,
 - d. a dentist,

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- e. a veterinarian or,
- f. an optometrist, or
- g. an Advanced Practice Registered Nurse,
- licensed to practice and authorized to prescribe dangerous drugs within the scope of practice of such practitioner;
- 23. "Manufacturer" or "virtual manufacturer" means with respect to a product:

a. a person that holds an application approved under 21

U.S.C., Section 355 or a license issued under 42

U.S.C., Section 262 for such product, or if such

product is not the subject of an approved application

or license, the person who manufactured the product,

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- b. a co-licensed partner of the person described in subparagraph a <u>of this paragraph</u> that obtains the product directly from a person described in this subparagraph or subparagraph a of this paragraph,
- c. an affiliate of a person described in subparagraph a or b of this paragraph who receives the product directly from a person described in this subparagraph or in subparagraph a or b of this paragraph, or
- d. a person who contracts with another to manufacture a product;
- 24. "Manufacturing" means the production, preparation, propagation, compounding, conversion, or processing of a device or a drug, either directly or indirectly by extraction from substances of natural origin or independently by means of chemical or biological synthesis and includes any packaging or repackaging of the substances or labeling or relabeling of its container, and the promotion and marketing of such drugs or devices. The term

 "manufacturing" manufacturing also includes the preparation and promotion of commercially available products from bulk compounds for

resale by licensed pharmacies, licensed practitioners, or other persons;

- 25. "Medical gas" means those gases including those in liquid state upon which the manufacturer or distributor has placed one of several cautions, such as "Rx Only", in compliance with federal law;
- 6 26. "Medical gas order" means an order for medical gas issued 7 by a licensed prescriber;
 - 27. "Medical gas distributor" means a person licensed to distribute, transfer, wholesale, deliver, or sell medical gases on drug orders to suppliers or other entities licensed to use, administer, or distribute medical gas and may also include a patient or ultimate user;
 - 28. "Medical gas supplier" means a person who dispenses medical gases on drug orders only to a patient or ultimate user;
 - 29. "Medicine" means any drug or combination of drugs which has the property of curing, preventing, treating, diagnosing, or mitigating diseases, or which is used for that purpose;
 - 30. "Nonprescription drugs" means medicines or drugs which are sold without a prescription and which are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. Such items shall also include medical and dental supplies and bottled or nonbulk chemicals which are sold or offered for sale to the general public if such articles or preparations meet the

1 requirements of the Federal Food, Drug, and Cosmetic Act, 21
2 U.S.C.A., Section 321 et seq.;

- 31. "Outsourcing facility" including "virtual outsourcing facility" means a facility at one geographic location or address that:
 - a. is engaged in the compounding of sterile drugs,
 - b. has elected to register as an outsourcing facility, and
 - c. complies with all requirements of 21 U.S.C., Section 353b;
- 32. "Package" means the smallest individual saleable unit of product for distribution by a manufacturer or repackager that is intended by the manufacturer for ultimate sale to the dispenser of such product. For the purposes of this paragraph, "individual saleable unit" means the smallest container of a product introduced into commerce by the manufacturer or repackager that is intended by the manufacturer or repackager for individual sale to a dispenser;
- 33. "Person" means an individual, partnership, limited liability company, corporation, or association, unless the context otherwise requires;
- 34. "Pharmacist-in-charge" or "PIC" means the pharmacist licensed in this state responsible for the management control of a pharmacy and all other aspects of the practice of pharmacy in a

licensed pharmacy as defined provided by Section 353.18 of this title;

- 35. "Pharmacy" means a place regularly licensed by the <u>State</u>
 Board of Pharmacy in which prescriptions, drugs, medicines,
 chemicals, and poisons are compounded or dispensed or such place
 where pharmacists practice the profession of pharmacy, or a pharmacy
 operated by the Oklahoma Department of Veterans Affairs;
- 36. "Pharmacy technician", "technician", "Rx tech", or "tech" means a person issued a Technician technician permit by the State Board of Pharmacy to assist the pharmacist and perform nonjudgmental, technical, manipulative, non-discretionary functions in the prescription department under the immediate and direct supervision of a pharmacist;
- 37. "Poison" means any substance which when introduced into the body, either directly or by absorption, produces violent, morbid, or fatal changes, or which destroys living tissue with which such substance comes into contact;
 - 38. "Practice of pharmacy" means:
 - a. the interpretation and evaluation of prescription orders,
 - b. the compounding, dispensing, administering, and labeling of drugs and devices, except labeling by a manufacturer, repackager, or distributor of

nonprescription drugs and commercially packaged legend drugs and devices,

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- c. the participation in drug selection and drug utilization reviews,
- d. the proper and safe storage of drugs and devices and the maintenance of proper records thereof,
- e. the responsibility for advising by counseling and providing information, where professionally necessary or where regulated, of therapeutic values, content, hazards, and use of drugs and devices,
- f. the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy, or
- g. the provision of those acts or services that are necessary to provide pharmaceutical care;
- 39. "Preparation" means an article which may or may not contain sterile products compounded in a licensed pharmacy pursuant to the order of a licensed prescriber;
- 40. "Prescriber" means a person licensed in this state who is authorized to prescribe dangerous drugs within the scope of practice of the person's profession;
- 41. "Prescription" means and includes any order for drug or medical supplies written or signed, or transmitted by word of mouth, telephone, or other means of communication:

a. by a licensed prescriber,

- b. under the supervision of an Oklahoma licensed practitioner, an Oklahoma licensed advanced practice registered nurse or an Oklahoma licensed by a physician assistant pursuant to a practice agreement, or
- c. (1) under the supervision of a supervising physician,

 by a Certified Nurse Practitioner, Clinical Nurse

 Specialist, or Certified Nurse-Midwife licensed

 in this state who has not obtained independent

 prescriptive authority under Section 1 of this

 act, or
 - (2) by a Certified Nurse Practitioner, Clinical Nurse

 Specialist, or Certified Nurse-Midwife licensed

 in this state who has obtained independent

 prescriptive authority under Section 1 of this

 act, or
- <u>d.</u> by an Oklahoma licensed wholesaler or distributor as authorized in Section 353.29.1 of this title;
- 42. "Product" means a prescription drug in a finished dosage form for administration to a patient without substantial further manufacturing, such as capsules, tablets, and lyophilized products before reconstitution. "Product" Product does not include blood

components intended for transfusion, radioactive drugs or biologics and medical gas;

- 43. "Repackager", including "virtual repackager", means a person who owns or operates an establishment that repacks and relabels a product or package for further sale or distribution without further transaction;
- 44. "Sterile drug" means a drug that is intended for parenteral administration, an ophthalmic or oral inhalation drug in aqueous format, or a drug that is required to be sterile under state and federal law;
- current license to practice as a physician from the State Board of Medical Licensure and Supervision, pursuant to the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, or the State Board of Osteopathic Examiners, pursuant to the provisions of the Oklahoma Osteopathic Medicine Act, who supervises an advanced practice registered nurse a Certified Nurse

 Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife as defined in Section 567.3a of this title who has not obtained independent prescriptive authority under Section 1 of this act, and who is not in training as an intern, resident, or fellow. To be eligible to supervise an advanced practice registered nurse, such The supervising physician shall remain in compliance with the rules

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

- 46. "Supportive personnel" means technicians and auxiliary supportive persons who are regularly paid employees of a pharmacy who work and perform tasks in the pharmacy as authorized by Section 353.18A of this title;
- 47. "Third-party logistics provider" including "virtual third-party logistics provider" means an entity that provides or coordinates warehousing, or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product but does not take ownership of the product, nor have responsibility to direct the sale or disposition of the product. For the purposes of this paragraph, "third-party logistics provider" third-party logistics provider does not include shippers and the United States Postal Service;
- 48. "Wholesale distributor" including "virtual wholesale distributor" means a person other than a manufacturer, a manufacturer's co-licensed partner, a third-party logistics provider, or repackager engaged in wholesale distribution as defined by 21 U.S.C., Section 353(e)(4) as amended by the Drug Supply Chain Security Act;
- 49. "County jail" means a facility operated by a county for the physical detention and correction of persons charged with, or

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1 convicted of, criminal offenses or ordinance violations or persons
2 found guilty of civil or criminal contempt;
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- 50. "State correctional facility" means a facility or institution that houses a prisoner population under the jurisdiction of the Department of Corrections;
- 51. "Unit dose package" means a package that contains a single dose drug with the name, strength, control number, and expiration date of that drug on the label; and
- 52. "Unit of issue package" means a package that provides multiple doses of the same drug, but each drug is individually separated and includes the name, lot number, and expiration date.
- SECTION 7. AMENDATORY 59 O.S. 2021, Section 353.1a, is amended to read as follows:

14 Section 353.1a. A. Prescribing 1. Prescriptive authority 15 shall be allowed, under the medical direction of a current 16 supervision agreement with a supervising physician, for an advanced 17 practice nurse a licensed Advanced Practice Registered Nurse 18 recognized by the Oklahoma Board of Nursing in one of the following 19 categories: advanced registered nurse practitioners, clinical nurse 20 specialists, or certified nurse-midwives as a Certified Nurse 21 Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife 22 who has not obtained independent prescriptive authority under 23 Section 1 of this act.

2. Prescriptive authority shall be allowed, independent of a current supervision agreement with a supervising physician, for a licensed Advanced Practice Registered Nurse recognized by the Oklahoma Board of Nursing as a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife who has obtained independent prescriptive authority under Section 1 of this act.

B. The advanced practice nurse Advanced Practice Registered

Nurse may write or sign, or transmit by word of mouth, telephone, or other means of communication an order for drugs or medical supplies that is intended to be filled, compounded, or dispensed by a pharmacist. The supervising physician, if applicable, and the advanced practice nurse prescribing Advanced Practice Registered

Nurse shall be identified at the time of origination of the prescription and the name of the advanced practice nurse prescribing Advanced Practice Registered Nurse shall be printed on the prescription label.

B. C. Pharmacists may dispense prescriptions for non-controlled prescription drugs authorized by an advanced practice nurse Advanced Practice Registered Nurse or physician assistant, not located in Oklahoma this state, provided that they are licensed in the state in which they are actively prescribing.

 $\frac{\text{C. D. 1.}}{\text{D. dangerous}}$ Pharmacists may only dispense prescriptions for controlled dangerous substances prescribed by an $\frac{\text{advanced practice}}{\text{controlled}}$

- nurse or physician assistant Advanced Practice Registered Nurse

 licensed in the State of Oklahoma and supervised by an Oklahoma
 licensed practitioner this state who meets the criteria in paragraph

 or 2 of subsection A of this section.
 - 2. Pharmacists may only dispense prescriptions for controlled dangerous substances prescribed by a physician assistant licensed in this state pursuant to a practice agreement.
- 8 SECTION 8. AMENDATORY 59 O.S. 2021, Section 567.3a, is 9 amended to read as follows:
- 10 Section 567.3a. As used in the Oklahoma Nursing Practice Act:
 - 1. "Board" means the Oklahoma Board of Nursing;

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

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

- a. assessing the health status of individuals, families, and groups,
- analyzing assessment data to determine nursing care needs,
- c. establishing goals to meet identified health care needs,
- d. planning a strategy of care,

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- e. establishing priorities of nursing intervention to implement the strategy of care,
- f. implementing the strategy of care,
- g. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act,
- h. providing safe and effective nursing care rendered directly or indirectly,
- i. evaluating responses to interventions,
- j. teaching the principles and practice of nursing,
- k. managing and supervising the practice of nursing,
- collaborating with other health professionals in the management of health care,

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- m. performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, and
- n. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person Advanced Unlicensed Assistant;
- 4. "Licensed practical nursing" means the practice of nursing under the supervision or direction of a registered nurse Registered Nurse, licensed physician, or dentist. This directed scope of nursing practice includes, but is not limited to:
 - a. contributing to the assessment of the health status of individuals and groups,
 - b. participating in the development and modification of the plan of care,
 - c. implementing the appropriate aspects of the plan of care,
 - d. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act,
 - e. providing safe and effective nursing care rendered directly or indirectly,

1	f.	participating in the evaluation of responses to
2		interventions,
3	g.	teaching basic nursing skills and related principles,
4	h.	performing additional nursing procedures in accordance
5		with knowledge and skills acquired through education
6		beyond nursing preparation, and
7	i.	delegating those nursing tasks as defined in the rules
8		of the Board that may be performed by an advanced
9		unlicensed assistive person Advanced Unlicensed
10		Assistant;
11	5. "Adva	anced Practice Registered Nurse" means a licensed
12	Registered Nu	irse:
13	a.	who has completed an advanced practice registered
14		nursing education program in preparation for one of
15		four recognized advanced practice registered nurse
16		Advanced Practice Registered Nurse roles,
17	b.	who has passed a national certification examination
18		recognized by the Board that measures the advanced
19		practice registered nurse Advanced Practice Registered
20		Nurse role and specialty competencies and who
21		maintains recertification in the role and specialty
22		through a national certification program,
23	С.	who has acquired advanced clinical knowledge and

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skills in preparation for providing both direct and

indirect care to patients; however, the defining

factor for all Advanced Practice Registered Nurses is

that a significant component of the education and

practice focuses on direct care of individuals,

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- d. whose practice builds on the competencies of Registered Nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and increased complexity of skills and interventions, and
- e. who has obtained a license as an Advanced Practice

 Registered Nurse in one of the following roles:

 Certified Registered Nurse Anesthetist, Certified

 Nurse-Midwife, Clinical Nurse Specialist, or Certified

 Nurse Practitioner.

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

The shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation "APRN" APRN or use the respective specialty role titles and abbreviations or to use any other titles or abbreviations that would reasonably lead a person to believe the user is an Advanced Practice Registered Nurse, unless permitted by the Oklahoma Nursing Practice Act. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars (\$100.00) nor more than One Thousand Dollars (\$1,000.00), or by both such imprisonment and fine for each offense:

- 6. "Certified Nurse Practitioner" is means an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care:
 - a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty,
 - b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and
 - c. is in accord with the standards for Certified Nurse

 Practitioners as identified by the certifying body and approved by the Board.

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1 A Certified Nurse Practitioner shall be eligible, in accordance 2 with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as 3 defined by the rules promulgated by the Board pursuant to this 4 5 section and subject to the medical direction of a supervising physician Section 567.4a of this title and Section 1 of this act. 6 7 This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients. 10 The Certified Nurse Practitioner accepts responsibility, 11

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

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- 7. a. "Clinical Nurse Specialist" is means an Advanced

 Practice Registered Nurse who holds:
 - (1) a master's degree or higher in nursing with clinical specialization preparation to function in an expanded role,
 - (2) specialty certification from a national certifying organization recognized by the Board, and
 - (3) an Advanced Practice Registered Nurse license from the Board, and.

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(4) any

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

- b. In the expanded role, the Clinical Nurse Specialist performs at an advanced practice level which shall include, but not be limited to:
 - (1) practicing as an expert clinician in the provision of direct nursing care to a selected population of patients or clients in any setting, including private practice,
 - (2) managing the care of patients or clients with complex nursing problems,
 - (3) enhancing patient or client care by integrating the competencies of clinical practice, education, consultation, and research, and
 - (4) referring patients or clients to other services.
- c. A Clinical Nurse Specialist in accordance with the scope of practice of such Clinical Nurse Specialist shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules

promulgated by the Board pursuant to this section, and subject to the medical direction of a supervising physician Section 567.4a of this title and Section 1 of this act. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

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- d. The Clinical Nurse Specialist accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the Clinical Nurse Specialist;
- 8. "Nurse-Midwife" is "Certified Nurse-Midwife" means a nurse who has received an Advanced Practice Registered Nurse license from the Oklahoma Board of Nursing who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

A Certified Nurse-Midwife in accordance with the scope of practice of such Certified Nurse-Midwife shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician Section 567.4a of this title and Section 1 of this act. This authorization

shall not include the dispensing of drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

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

- 9. "Nurse-midwifery practice" means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally, and gynecologically, occurring within a health care system which provides for medical consultation, medical management, or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives;
 - 10. a. "Certified Registered Nurse Anesthetist" is means an Advanced Practice Registered Nurse who:
 - (1) is certified by the National Board of
 Certification and Recertification for Nurse
 Anesthetists as a Certified Registered Nurse
 Anesthetist within one (1) year following
 completion of an approved certified registered
 nurse anesthetist Certified Registered Nurse
 Anesthetist education program, and continues to
 maintain such recertification by the National

Board of Certification and Recertification for

Nurse Anesthetists, and

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- (2) administers anesthesia in collaboration with a medical doctor, an osteopathic physician, a podiatric physician, or a dentist licensed in this state and under conditions in which timely onsite on-site consultation by such doctor, osteopath, podiatric physician, or dentist is available.
- b. A Certified Registered Nurse Anesthetist, in collaboration with a medical doctor, osteopathic physician, podiatric physician, or dentist licensed in this state, and under conditions in which timely, onsite consultation by such medical doctor, osteopathic physician, podiatric physician, or dentist is available, shall be authorized, pursuant to rules adopted by the Oklahoma Board of Nursing, to order, select, obtain, and administer legend drugs, Schedules II through V controlled substances, devices, and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance, and emergence; and postanesthesia care.
 A Certified Registered Nurse Anesthetist may order,

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select, obtain, and administer drugs only during the perioperative or periobstetrical period.

- c. A Certified Registered Nurse Anesthetist who applies for authorization to order, select, obtain, and administer drugs shall:
 - (1) be currently recognized as a Certified Registered

 Nurse Anesthetist in this state,
 - (2) provide evidence of completion, within the twoyear period immediately preceding the date of
 application, of a minimum of fifteen (15) units
 of continuing education in advanced pharmacology
 related to the administration of anesthesia as
 recognized by the National Board of Certification
 and Recertification for Nurse Anesthetists, and
 - (3) complete and submit a notarized application, on a form prescribed by the Board, accompanied by the application fee established pursuant to this section.
- d. The authority to order, select, obtain, and administer drugs shall be terminated if a Certified Registered Nurse Anesthetist has:
 - (1) ordered, selected, obtained, or administered drugs outside of the Certified Registered Nurse Anesthetist scope of practice or ordered,

selected, obtained, or administered drugs for other than therapeutic purposes, or

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- (2) violated any provision of state laws or rules or federal laws or regulations pertaining to the practice of nursing or the authority to order, select, obtain, and administer drugs.
- e. The Oklahoma Board of Nursing shall notify the <u>State</u>

 Board of Pharmacy after termination of or a change in the authority to order, select, obtain, and administer drugs for a Certified Registered Nurse Anesthetist.
- f. The Board shall provide by rule for biennial application renewal and reauthorization of authority to order, select, obtain, and administer drugs for Certified Registered Nurse Anesthetists. At the time of application renewal, a Certified Registered Nurse Anesthetist shall submit documentation of a minimum of eight (8) units of continuing education, completed during the previous two (2) years, in advanced pharmacology relating to the administration of anesthesia, as recognized by the Council on Recertification of Nurse Anesthetists or the Council on Certification of Nurse Anesthetists National Board of Certification and Recertification for Nurse Anesthetists.

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

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- As used in this paragraph, "collaboration" means an h. agreement between a medical doctor, osteopathic physician, podiatric physician, or dentist performing the procedure or directly involved with the procedure and the Certified Registered Nurse Anesthetist working jointly toward a common goal providing services for the same patient. This collaboration involves the joint formulation, discussion, and agreement of the anesthesia plan by both parties, and the collaborating medical doctor, osteopathic physician, podiatric physician, or dentist performing the procedure or directly involved with the procedure and that collaborating physician shall remain available for timely on-site consultation during the delivery of anesthesia for diagnosis, consultation, and treatment of medical conditions;
- 11. "Supervising physician" means an individual holding a current license to practice as a physician from the State Board of

Medical Licensure and Supervision or the State Board of Osteopathic
Examiners, who supervises a Certified Nurse Practitioner, a Clinical
Nurse Specialist, or a Certified Nurse-Midwife who has not obtained
independent prescriptive authority under Section 1 of this act, and
who is not in training as an intern, resident, or fellow. To be
eligible to supervise such Advanced Practice Registered Nurse, such
The supervising physician shall remain in compliance with the rules
promulgated by the State Board of Medical Licensure and Supervision
or the State Board of Osteopathic Examiners;

- 10 "Supervision of an Advanced Practice Registered Nurse with 12. 11 prescriptive authority" means overseeing and accepting 12 responsibility for the ordering and transmission by assuring 13 availability of the supervising physician to a Certified Nurse 14 Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-15 Midwife of who has not obtained independent prescriptive authority 16 under Section 1 of this act through direct contact, 17 telecommunications, or other appropriate electronic means for 18 consultation, assistance with medical emergencies, or patient 19 referral with respect to written, telephonic, electronic, or oral 20 prescriptions for drugs and other medical supplies, subject to a 21 defined formulary; and
 - 13. "Advanced Unlicensed Assistant" means any person who has successfully completed a certified training program approved by the Board that trains the Advanced Unlicensed Assistant to perform

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    specified technical skills identified by the Board in acute care
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    settings under the direction and supervision of the Registered Nurse
    or, Licensed Practical Nurse or Advanced Practice Registered Nurse.
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        SECTION 9.
                       AMENDATORY 59 O.S. 2021, Section 567.4a, is
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    amended to read as follows:
 6
        Section 567.4a. The Oklahoma Board of Nursing may grant
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    prescriptive authority through the Advanced Practice Registered
    Nurse license to Certified Nurse Practitioners, Clinical Nurse
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    Specialists, and Certified Nurse-Midwives who meet the requirements
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    for prescriptive authority identified by law and in the Board's
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    rules. The rules regarding prescriptive authority recognition
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    promulgated by the Oklahoma Board of Nursing pursuant to paragraphs
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    6 through 9, 11 and 12 of this section, Section 567.3a of this
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    title, and Section 1 of this act shall:
        1. Define the procedure for documenting supervision by a
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    supervising physician licensed in Oklahoma to practice by the State
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1. Define the procedure for documenting supervision by a supervising physician licensed in Oklahoma to practice by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, as defined in Section 567.3a of this title, of a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife who has not obtained independent prescriptive authority under Section 1 of this act. 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

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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 the procedure for documenting independent

 prescriptive authority for Certified Nurse Practitioners, Clinical

 Nurse Specialists, and Certified Nurse-Midwives who have obtained

 independent prescriptive authority under Section 1 of this act;
- 3. 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;

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- 3. 4. 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. 5. Require that beginning July 1, 2002, an Advanced Practice Registered Nurse shall demonstrate demonstrates successful completion of a master's degree or higher in a clinical nurse

1	specialty one of the following Advanced Practice Registered Nurse
2	roles:
3	a. Certified Nurse Practitioner,
4	b. Clinical Nurse Specialist, or
5	<u>c.</u> <u>Certified Nurse-Midwife</u> ,
6	in order to be eligible for initial application for prescriptive
7	authority under the provisions of the Oklahoma Nursing Practice Act;
8	$\frac{5.}{6.}$ Define the method for communicating authority to
9	prescribe or termination of same, and the formulary to the <u>State</u>
10	Board of Pharmacy, all pharmacies, and all registered pharmacists;
11	6. <u>7.</u> Define terminology used in such rules;
12	$rac{7.}{8.}$ Define the parameters for the prescribing practices of
13	the Advanced Practice Registered Nurse;
14	8. <u>9.</u> Define the methods for termination of prescriptive
15	authority for the Advanced Practice Registered Nurse; and
16	9 .
17	10. a. Establish a Formulary Advisory Council that shall
18	develop and submit to the Board recommendations for an
19	exclusionary formulary that shall list drugs or
20	categories of drugs that shall not be prescribed by <u>an</u>
21	Advanced Practice Registered Nurse recognized to
22	prescribe by the Oklahoma Board of Nursing. The
23	Formulary Advisory Council shall also develop and
24	submit to the Board recommendations for practice-

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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. In addition to the other powers and duties of the

 Formulary Advisory Council prescribed by this

 paragraph, the Formulary Advisory Council shall

 develop guidelines for supervising physicians on best

 practices for the supervision of Advanced Practice

 Registered Nurses who have not obtained independent

 prescriptive authority. The supervision guidelines

 shall be published on the Board's website and the

 Formulary Advisory Council shall periodically update

 the guidelines as necessary.
- <u>c.</u> 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;

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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 Pharmacists 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.

d. 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.

e. Members of the Council shall elect a chair and a vice—

chair 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

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 10. AMENDATORY 59 O.S. 2021, Section 567.5a, as amended by Section 1, Chapter 94, O.S.L. 2024 (59 O.S. Supp. 2024, Section 567.5a), is amended to read as follows:

Section 567.5a. A. All applicants for a license to practice as an Advanced Practice Registered Nurse shall be subject to Section 567.8 of this title.

B. An applicant for an initial license to practice as an Advanced Practice Registered Nurse shall:

- 1. Submit a completed written application and appropriate fees as established by the Oklahoma Board of Nursing;
- 2. Submit a criminal history records check that complies with Section 567.18 of this title;
 - 3. Hold a current Registered Nurse license in this state;
- 4. Have completed an advanced practice registered nursing education program in one of the four advanced practice registered nurse Advanced Practice Registered Nurse roles and a specialty area recognized by the Board. Effective January 1, 2016, the applicant shall have completed an accredited graduate level advanced practice registered nursing education program in at least one of the following population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health;
- 5. Be currently certified in an advanced practice specialty certification consistent with educational preparation and by a national certifying body recognized by the Board; and
- 6. Provide any and all other evidence as required by the Board in its rules.
- C. The Board may issue a license by endorsement to an Advanced Practice Registered Nurse licensed under the laws of another state

1 if the applicant meets the qualifications for licensure in this 2 state. An applicant by endorsement shall:

- 1. Submit a completed written application and appropriate fees as established by the Board;
- 2. Submit a criminal history records check that complies with Section 567.18 of this title;
 - 3. Hold a current Registered Nurse license in this state;
- 4. Hold recognition as an Advanced Practice Registered Nurse in a state or territory;
- 5. Have completed an advanced practice registered nursing education program in one of the four roles and a specialty area recognized by the Board. Effective January 1, 2016, the applicant shall have completed an accredited graduate level advanced practice registered nursing education program in at least one of the following population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health;
- 6. Be currently certified in an advanced practice specialty certification consistent with educational preparation and by a national certifying body recognized by the Board;
- 7. Meet continued competency requirements as set forth in Board rules; and
- 8. Provide any and all other evidence as required by the Board in its rules.

D. The Board may issue prescriptive authority recognition by endorsement to an Advanced Practice Registered Nurse licensed as an APRN-CNP Advanced Practice Registered Nurse-Certified Nurse Practitioner (APRN-CNP), APRN-CNS Advanced Practice Registered Nurse-Clinical Nurse Specialist (APRN-CNS), or APRN-CNM Advanced Practice Registered Nurse-Certified Nurse-Midwife (APRN-CNM) under the laws of another state if the applicant meets the requirements set forth in this section. An applicant for prescriptive authority recognition by endorsement shall:

- 1. Submit a completed written application and appropriate fees as established by the Board;
- 2. Hold current Registered Nurse and Advanced Practice
 Registered Nurse licenses (APRN-CNP, APRN-CNS, or APRN-CNM) in the
 state;
- 3. Hold current licensure or recognition as an Advanced Practice Registered Nurse in the same role and specialty with prescribing privileges in another state or territory;
- 4. Submit documentation verifying successful completion of a graduate level graduate-level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management, and didactic and clinical preparation for prescribing incorporated throughout the program;
- 5. Submit a written statement from an Oklahoma licensed physician supervising prescriptive authority as required by the

- 1 | Board in its rules, or submit documentation that the applicant meets
- 2 | the requirements for independent prescriptive authority under
- 3 | Section 1 of this act;
- 4 6. Meet continued competency requirements as set forth in Board
- 5 | rules; and
- 6 7. Provide any and all other evidence as required by the Board
- 7 | in its rules.
- 8 E. An Advanced Practice Registered Nurse license issued under
- 9 this section shall be renewed concurrently with the registered nurse
- 10 Registered Nurse license, provided that qualifying criteria continue
- 11 to be met.
- 12 F. The Board may reinstate a license as set forth in Board
- 13 rules.
- 14 | SECTION 11. AMENDATORY 63 O.S. 2021, Section 2-312, as
- 15 | amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2024,
- 16 | Section 2-312), is amended to read as follows:
- Section 2-312. A. A physician, podiatrist, optometrist, or a
- dentist who has complied with the registration requirements of the
- 19 Uniform Controlled Dangerous Substances Act, in good faith and in
- 20 | the course of such person's professional practice only, may
- 21 prescribe and administer controlled dangerous substances, or may
- 22 cause the same to be administered by medical or paramedical
- personnel acting under the direction and supervision of the
- 24 physician, podiatrist, optometrist, or dentist, and only may

dispense controlled dangerous substances pursuant to the provisions of Sections 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

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- B. A veterinarian who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of the professional practice of the veterinarian only, and not for use by a human being, may prescribe, administer, and dispense controlled dangerous substances and may cause them to be administered by an assistant or orderly under the direction and supervision of the veterinarian.
- 10 C. 1. An advanced practice nurse Advanced Practice Registered 11 Nurse who is recognized to prescribe by the Oklahoma Board of 12 Nursing as an advanced registered nurse practitioner, clinical nurse 13 specialist or certified nurse-midwife, a Certified Nurse 14 Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife 15 but who has not obtained independent prescriptive authority under 16 Section 1 of this act and therefore is subject to medical direction 17 by a current supervision agreement with a supervising physician, 18 pursuant to Section 567.3a of Title 59 of the Oklahoma Statutes, and 19 who has complied with the registration requirements of the Uniform 20 Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule 21 22 III, IV, and V controlled dangerous substances.
 - 2. An Advanced Practice Registered Nurse who is recognized to prescribe by the Oklahoma Board of Nursing as a Certified Nurse

Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife

who has obtained independent prescriptive authority under Section 1

of this act, and who has complied with the registration requirements

of the Uniform Controlled Dangerous Substances Act, in good faith

and in the course of professional practice only, may prescribe and

administer Schedule III, IV, and V controlled dangerous substances.

- 3. An Advanced Practice Registered Nurse who is recognized to prescribe, with or without independence, as a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse Midwife, who is employed or contracted by a hospital, defined pursuant to Section 1-701 of Title 63 of the Oklahoma Statutes, may prescribe and administer certain Schedule II Controlled Dangerous Substances, for acute pain in the hospital setting and hydrocodone or hydrocodone-containing drugs regardless of schedule, for take-home use for no more than three (3) days.
- D. An advanced practice nurse Advanced Practice Registered

 Nurse who is recognized to order, select, obtain, and administer

 drugs by the Oklahoma Board of Nursing as a certified registered

 nurse anesthetist Certified Registered Nurse Anesthetist pursuant to

 Section 353.1b of Title 59 of the Oklahoma Statutes and who has

 complied with the registration requirements of the Uniform

 Controlled Dangerous Substances Act, in good faith and in the course

 of such practitioner's professional practice only, may order,

 select, obtain, and administer Schedules II through V controlled

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dangerous substances in a preanesthetic preparation or evaluation; anesthesia induction, maintenance, or emergence; or postanesthesia care setting only. A certified registered nurse anesthetist

Certified Registered Nurse Anesthetist may order, select, obtain, and administer such drugs only during the perioperative or periobstetrical period.
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E. A physician assistant who is recognized to prescribe by the State Board of Medical Licensure and Supervision under the medical direction of a supervising physician, pursuant to Section 519.6 of Title 59 of the Oklahoma Statutes, and who has complied with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may prescribe and administer Schedule II through V controlled dangerous substances.

SECTION 12. This act shall become effective November 1, 2025.

17 | 60-1-13030 TJ 03/04/25