

**COMMITTEE AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB2584 \_\_\_\_\_  
Of the printed Bill  
Page \_\_\_\_\_ Section \_\_\_\_\_ Lines \_\_\_\_\_  
Of the Engrossed Bill

By deleting the content of the entire measure, and by inserting in lieu thereof the following language:

**AMEND TITLE TO CONFORM TO AMENDMENTS**

Adopted: \_\_\_\_\_

Amendment submitted by: Kyle Hilbert

\_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

1 STATE OF OKLAHOMA

2 1st Session of the 60th Legislature (2025)

3 PROPOSED POLICY  
4 COMMITTEE SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 2584

By: Hilbert

7  
8 PROPOSED POLICY COMMITTEE SUBSTITUTE

9 An Act relating to physician assistants; amending 59  
10 O.S. 2021, Section 353.1a, which relates to the  
11 Oklahoma Pharmacy Act; clarifying which prescriptions  
12 for controlled dangerous substances pharmacists may  
13 dispense; amending 59 O.S. 2021, Sections 519.2,  
14 519.3, 519.6, 519.11, as amended by Section 1,  
15 Chapter 164, O.S.L. 2022, and 521.2 (59 O.S. Supp.  
16 2024, Section 519.11), which relate to the Physician  
17 Assistant Act; modifying definitions; increasing the  
18 number of Physician Assistant Committee members;  
19 clarifying certain requirements for the chair;  
20 increasing member requirements for a quorum; adding  
21 provisions regarding postgraduate clinical practice;  
22 clarifying filing requirements for practice  
23 agreements; clarifying language regarding practicing  
24 medicine, prescribing drugs, and using medical  
supplies under a practice agreement; modifying  
billing and payment authority; amending 63 O.S. 2021,  
Section 1-317, as last amended by Section 133,  
Chapter 452, O.S.L. 2024 (63 O.S. Supp. 2024, Section  
1-317), which relates to the Oklahoma Public Health  
Code; clarifying the authority of physician  
assistants to carry out certain functions; amending  
63 O.S. 2021, Sections 2-101, as last amended by  
Section 1, Chapter 308, O.S.L. 2024, and 2-312, as  
amended by Section 2, Chapter 184, O.S.L. 2022 (63  
O.S. Supp. 2024, Sections 2-101 and 2-312), which  
relate to the Uniform Controlled Dangerous Substances  
Act; modifying definitions related to physician  
assistants; clarifying which physician assistants may  
prescribe and administer certain controlled

1 substances; repealing 59 O.S. 2021, Section 521.4,  
2 which relates to physician supervision and practice  
3 agreements; and declaring an emergency.  
4

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

6 SECTION 1. AMENDATORY 59 O.S. 2021, Section 353.1a, is  
7 amended to read as follows:

8 Section 353.1a A. Prescribing authority shall be allowed,  
9 under the medical direction of a supervising physician, for an  
10 advanced practice nurse recognized by the Oklahoma Board of Nursing  
11 in one of the following categories: advanced registered nurse  
12 practitioners, clinical nurse specialists, or certified nurse-  
13 midwives. The advanced practice nurse may write or sign, or  
14 transmit by word of mouth, telephone or other means of communication  
15 an order for drugs or medical supplies that is intended to be  
16 filled, compounded, or dispensed by a pharmacist. The supervising  
17 physician and the advanced practice nurse shall be identified at the  
18 time of origination of the prescription and the name of the advanced  
19 practice nurse shall be printed on the prescription label.

20 B. Pharmacists may dispense prescriptions for non-controlled  
21 prescription drugs authorized by an advanced practice nurse or  
22 physician assistant, not located in Oklahoma, provided that they are  
23 licensed in the state in which they are actively prescribing.  
24

1 C. Pharmacists may only dispense prescriptions for controlled  
2 dangerous substances prescribed by ~~an~~:

3 1. An advanced practice nurse ~~or physician assistant~~ licensed  
4 in the State of Oklahoma and supervised by an Oklahoma-licensed  
5 practitioner; or

6 2. A physician assistant licensed in the State of Oklahoma ~~and~~  
7 ~~supervised by an Oklahoma-licensed practitioner.~~

8 SECTION 2. AMENDATORY 59 O.S. 2021, Section 519.2, is  
9 amended to read as follows:

10 Section 519.2 As used in the Physician Assistant Act:

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

13 2. "Committee" means the Physician Assistant Committee;

14 3. "Practice of medicine" means services which require training  
15 in the diagnosis, treatment and prevention of disease, including the  
16 use and administration of drugs, and which are performed by  
17 physician assistants so long as such services are within the  
18 physician assistants' skill~~r~~. For a physician assistant required to  
19 practice under supervision of a delegating physician, services form  
20 a component of the physician's scope of practice, and are provided  
21 with physician supervision, including authenticating by signature  
22 any form that may be authenticated by the delegating physician's  
23 signature with prior delegation by the physician;

24

1 4. ~~"Patient care setting" means and includes, but is not~~  
2 ~~limited to, a physician's office, clinic, hospital, nursing home,~~  
3 ~~extended care facility, patient's home, ambulatory surgical center,~~  
4 ~~hospice facility or any other setting authorized by the delegating~~  
5 ~~physician;~~

6 5. "Physician assistant" means a health care professional,  
7 qualified by academic and clinical education and licensed by the  
8 State Board of Medical Licensure and Supervision, to practice  
9 medicine ~~with physician supervision~~ as a physician assistant;

10 6. 5. "Delegating physician" means an individual holding a  
11 license in good standing as a physician from the State Board of  
12 Medical Licensure and Supervision or the State Board of Osteopathic  
13 Examiners, who supervises one or more physician assistants and  
14 delegates decision making pursuant to the practice agreement;

15 7. 6. "Supervision" means overseeing or delegating the  
16 activities of the medical services rendered by a physician assistant  
17 through a practice agreement between a ~~medical doctor or osteopathic~~  
18 delegating physician performing procedures or directly or indirectly  
19 ~~involved with the treatment of a patient,~~ and the physician  
20 assistant working jointly toward a common goal of providing  
21 services. Delegation shall be defined by the practice agreement.  
22 The physical presence of the delegating physician is not required as  
23 long as the delegating physician and physician assistant are or can  
24 be easily in contact with each other by telecommunication. At all

1 times a physician assistant required to practice under supervision  
2 shall be considered an agent of the delegating physician;

3 ~~8.~~ 7. "Telecommunication" means the use of electronic  
4 technologies to transmit words, sounds or images for interpersonal  
5 communication, clinical care (telemedicine) and review of electronic  
6 health records; and

7 ~~9.~~ 8. "Practice agreement" means a written agreement between a  
8 physician assistant and ~~the~~ a delegating physician concerning the  
9 scope of practice of the physician assistant to only be determined  
10 by the delegating physician and the physician assistant based on the  
11 education, training, skills and experience of the physician  
12 assistant. The agreement shall involve the joint formulation,  
13 discussion and agreement on the methods of supervision and  
14 collaboration for diagnosis, consultation and treatment of medical  
15 conditions and shall include the scope of and any limitations on  
16 prescribing. A practice agreement is required for a physician  
17 assistant as described in subsection C of Section 519.6 of this  
18 title.

19 SECTION 3. AMENDATORY 59 O.S. 2021, Section 519.3, is  
20 amended to read as follows:

21 Section 519.3 A. There is hereby created the Physician  
22 Assistant Committee, which shall be composed of ~~seven (7)~~ nine (9)  
23 members. ~~Three~~ Five members of the Committee shall be physician  
24 assistants appointed by the State Board of Medical Licensure and

1 Supervision from a list of qualified individuals submitted by the  
2 Oklahoma Academy of Physician Assistants. One member shall be a  
3 physician appointed by the Board from its membership. One member  
4 shall be a physician appointed by the Board from a list of qualified  
5 individuals submitted by the Oklahoma State Medical Association and  
6 who is not a member of the Board. One member shall be a physician  
7 appointed by the State Board of Osteopathic Examiners from its  
8 membership. One member shall be a physician appointed by the State  
9 Board of Osteopathic Examiners from a list of qualified individuals  
10 submitted by the Oklahoma Osteopathic Association and who is not a  
11 member of said board.

12 B. The term of office for each member of the Committee shall be  
13 five (5) years.

14 C. The Committee shall meet at least quarterly. At the initial  
15 meeting of each calendar year, the Committee members shall elect a  
16 chair from the physician assistant members. The chair or his or her  
17 designee shall represent the Committee at all meetings of the Board.  
18 ~~Four~~ Five members shall constitute a quorum for the purpose of  
19 conducting official business of the Committee.

20 D. The State Board of Medical Licensure and Supervision is  
21 hereby granted the power and authority to promulgate rules, which  
22 are in accordance with the provisions of Section 519.1 et seq. of  
23 this title, governing the requirements for licensure as a physician  
24 assistant, as well as to establish standards for training, approve

1 institutions for training, and regulate the standards of practice of  
2 a physician assistant after licensure, including the power of  
3 revocation of a license.

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

11 F. 1. The Committee shall advise the Board on all matters  
12 pertaining to the practice of physician assistants.

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

21 3. The Committee shall assist and advise the Board in all  
22 hearings involving physician assistants who are deemed to be in  
23 violation of Section 519.1 et seq. of this title or the rules of the  
24 Board.



1 SECTION 4. AMENDATORY 59 O.S. 2021, Section 519.6, is  
2 amended to read as follows:

3 Section 519.6 A. No health care services may be performed by a  
4 physician assistant unless a current license is on file with and  
5 approved by the State Board of Medical Licensure and Supervision.

6 B. A physician assistant with six thousand two hundred forty  
7 (6,240) or more hours of postgraduate clinical practice experience  
8 who has reported those hours to the Board shall not be required to  
9 practice under the supervision of a delegating physician.

10 1. A physician assistant may report the completion of  
11 postgraduate clinical practice experience to the Board at any time  
12 after completion of at least six thousand two hundred forty (6,240)  
13 such hours.

14 2. Hours earned prior to the enactment of this subsection shall  
15 be counted towards the six thousand two hundred forty (6,240) hours.

16 3. The Board shall maintain, make available, and keep updated,  
17 on the Internet website of the Board, a list of physician assistants  
18 who have reported completion of six thousand two hundred forty  
19 (6,240) or more postgraduate clinical practice experience hours.

20 4. The Board shall, within ninety (90) days of enactment,  
21 prescribe a form for reporting postgraduate clinical practice  
22 experience by a physician assistant. The Board shall make available  
23 and keep updated on the Internet website of the Board the prescribed  
24 form. This reporting form may be filed electronically. The Board

1 shall not charge a fee for reporting hours or filing of the  
2 prescribed form.

3 5. Nothing in this subsection shall prohibit a physician  
4 assistant from maintaining a practice agreement; however, such an  
5 agreement is not required for a physician assistant with the  
6 reported six thousand two hundred forty (6,240) hours of  
7 postgraduate clinical practice experience, provided any practice  
8 agreements are subject to the requirements of paragraphs 1, 2, 3,  
9 and 4 of subsection C of this section.

10 6. Nothing in this subsection shall restrict the ability of the  
11 Board to require supervision as a part of disciplinary action  
12 against the license of a physician assistant.

13 C. A physician assistant with less than six thousand two  
14 hundred forty (6,240) hours of postgraduate clinical practice  
15 experience or who has completed six thousand two hundred forty  
16 (6,240) hours but has not reported those hours to the Board shall  
17 practice under the supervision of a delegating physician with the  
18 following requirements:

19 1. All practice agreements and any amendments shall be filed  
20 with the State Board of Medical Licensure and Supervision within ten  
21 (10) business days of being executed. Practice agreements may be  
22 filed electronically. The State Board of Medical Licensure and  
23 Supervision shall not charge a fee for filing practice agreements or  
24 amendments ~~of~~ to practice agreements.;

1        ~~B.~~ 2. A physician assistant may have practice agreements with  
2 multiple allopathic or osteopathic physicians. Each physician shall  
3 be in good standing with the State Board of Medical Licensure and  
4 Supervision or the State Board of Osteopathic Examiners~~;~~;

5        ~~C.~~ 3. The delegating physician need not be physically present  
6 nor be specifically consulted before each delegated patient care  
7 service is performed by a physician assistant, so long as the  
8 delegating physician and physician assistant are or can be easily in  
9 contact with one another by means of telecommunication. ~~In all~~  
10 ~~patient care settings, the~~ The delegating physician shall provide  
11 appropriate methods of participating in health care services  
12 provided by the physician assistant including:

- 13            a. being responsible for the formulation or approval of  
14                    all orders and protocols, whether standing orders,  
15                    direct orders or any other orders or protocols, which  
16                    direct the delivery of health care services provided  
17                    by a physician assistant, and periodically reviewing  
18                    such orders and protocols,
- 19            b. regularly reviewing the health care services provided  
20                    by the physician assistant and any problems or  
21                    complications encountered,
- 22            c. being available physically or through telemedicine or  
23                    direct telecommunications for consultation, assistance  
24                    with medical emergencies or patient referral,

1 d. reviewing a sample of outpatient medical records.

2 Such reviews shall take place at a site agreed upon  
3 between the delegating physician and physician  
4 assistant in the practice agreement which may also  
5 occur using electronic or virtual conferencing, and

6 e. that it remains clear that the physician assistant is  
7 an agent of the delegating physician; but, in no event  
8 shall the delegating physician be an employee of the  
9 physician assistant-;

10 ~~D.~~ 4. In patients with newly diagnosed complex illnesses, the  
11 physician assistant shall contact the delegating physician within  
12 forty-eight (48) hours of the physician assistant's initial  
13 examination or treatment and schedule the patient for appropriate  
14 evaluation by the delegating physician as directed by the physician.  
15 The delegating physician shall determine which conditions qualify as  
16 complex illnesses based on the clinical setting and the skill and  
17 experience of the physician assistant.

18 ~~E.~~ 1. D. A physician assistant ~~under the direction of a~~  
19 ~~delegating physician~~ not practicing under a practice agreement may  
20 prescribe written and oral prescriptions and orders. The physician  
21 assistant not practicing under a practice agreement may prescribe  
22 medical supplies, services, and drugs, including controlled  
23 medications in Schedules ~~II~~ III through V pursuant to Section 2-312  
24 of Title 63 of the Oklahoma Statutes, ~~and medical supplies and~~

1 ~~services as delegated by the delegating physician and as approved by~~  
2 ~~the State Board of Medical Licensure and Supervision after~~  
3 ~~consultation with the State Board of Pharmacy on the Physician~~  
4 ~~Assistant Drug Formulary. Physician assistants not practicing under~~  
5 ~~a practice agreement may not dispense drugs, but may request,~~  
6 ~~receive, and sign for professional samples and may distribute~~  
7 ~~professional samples to patients.~~

8 2. ~~A physician assistant may write an order for a Schedule II~~  
9 ~~drug for immediate or ongoing administration on site. Prescriptions~~  
10 ~~and orders for Schedule II drugs written by a physician assistant~~  
11 ~~must be included on a written protocol determined by the delegating~~  
12 ~~physician and approved by the medical staff committee of the~~  
13 ~~facility or by direct verbal order of the delegating physician.~~  
14 ~~Physician assistants may not dispense drugs, but may request,~~  
15 ~~receive, and sign for professional samples and may distribute~~  
16 ~~professional samples to patients.~~

17 ~~F. E. A physician assistant may perform health care services in~~  
18 ~~patient care settings as authorized by the delegating physician~~  
19 ~~practicing under a practice agreement may prescribe written and oral~~  
20 ~~prescriptions and orders. The physician assistant practicing under~~  
21 ~~a practice agreement may prescribe medical supplies, services, and~~  
22 ~~drugs, including controlled medications in Schedules II through V~~  
23 ~~pursuant to Section 2-312 of Title 63 of the Oklahoma Statutes,~~  
24 ~~written and oral prescriptions and orders only as delegated by the~~

1 delegating physician, and prescriptions and orders for Schedule II  
2 drugs written by such physician assistant shall be included on a  
3 written protocol determined by the delegating physician. Physician  
4 assistants practicing under a practice agreement may not dispense  
5 drugs, but may request, receive, and sign for professional samples  
6 and may distribute professional samples to patients. Provided that  
7 a physician assistant practicing under a practice agreement may not  
8 prescribe any controlled medications in a Schedule that the  
9 delegating physician is not registered to prescribe.

10 ~~G.~~ F. Each physician assistant licensed under the Physician  
11 Assistant Act shall keep his or her license available for inspection  
12 at the primary place of business and shall, when engaged in  
13 professional activities, identify himself or herself as a physician  
14 assistant.

15 ~~H.~~ G. A physician assistant shall be bound by the provisions  
16 contained in Sections 725.1 through 725.5 of ~~Title 59 of the~~  
17 ~~Oklahoma Statutes~~ this title.

18 SECTION 5. AMENDATORY 59 O.S. 2021, Section 519.11, as  
19 amended by Section 1, Chapter 164, O.S.L. 2022 (59 O.S. Supp. 2024,  
20 Section 519.11), is amended to read as follows:

21 Section 519.11 A. Nothing in the Physician Assistant Act shall  
22 be construed to prevent or restrict the practice, services or  
23 activities of any persons of other licensed professions or personnel  
24 supervised by licensed professions in this state from performing

1 work incidental to the practice of their profession or occupation,  
2 if that person does not represent himself or herself as a physician  
3 assistant.

4 B. Nothing stated in the Physician Assistant Act shall prevent  
5 any hospital from requiring the physician assistant or the  
6 delegating physician to meet and maintain certain staff appointment  
7 and credentialing qualifications for the privilege of practicing as,  
8 or utilizing, a physician assistant in the hospital.

9 ~~C. Nothing in the Physician Assistant Act shall be construed to~~  
10 ~~permit a physician assistant to practice medicine or prescribe drugs~~  
11 ~~and medical supplies in this state except when such actions are~~  
12 ~~performed under the supervision and at the direction of a physician~~  
13 ~~or physicians approved by the State Board of Medical Licensure and~~  
14 ~~Supervision.~~

15 ~~D.~~ Nothing herein shall be construed to require licensure under  
16 the Physician Assistant Act of a physician assistant student  
17 enrolled in a physician assistant educational program accredited by  
18 the Accreditation Review Commission on Education for the Physician  
19 Assistant.

20 ~~E.~~ D. Notwithstanding any other provision of law, no one who is  
21 not a physician licensed to practice medicine in this state may  
22 perform acts restricted to such physicians pursuant to the  
23 provisions of Section 1-731 of Title 63 of the Oklahoma Statutes.  
24 This ~~paragraph~~ subsection is inseverable.

1        ~~F.~~ E. Nothing in the Physician Assistant Act shall limit the  
2 activities of a physician assistant in the performance of their  
3 duties if the physician assistant is employed by or under contract  
4 with the United States Department of Veterans Affairs or if the  
5 physician assistant is employed by, under contract with, or  
6 commissioned by one of the uniformed services; provided, the  
7 physician assistant must be currently licensed in this state or any  
8 other state or currently credentialed as a physician assistant by  
9 the United States Department of Veterans Affairs or the applicable  
10 uniformed service. Any physician assistant who is employed by or  
11 under contract with the United States Department of Veterans Affairs  
12 or is employed by, under contract with, or commissioned by one of  
13 the uniformed services and practices outside of such employment,  
14 contract, or commission shall be subject to the Physician Assistant  
15 Act while practicing outside of such employment, contract, or  
16 commission. As used in this subsection, "uniformed services" shall  
17 have the same meaning as provided by Title 10 of the ~~U.S.~~ United  
18 States Code.

19        SECTION 6.        AMENDATORY        59 O.S. 2021, Section 521.2, is  
20 amended to read as follows:

21        Section 521.2 A. Payment for services within the physician  
22 assistant's scope of practice by a health insurance plan shall be  
23 made when ordered or performed by the physician assistant, if the  
24 same service would have been covered if ordered or performed by a



1 physician. ~~An in-network~~ A physician assistant shall be authorized  
2 to bill for and receive direct payment for the medically necessary  
3 services the physician assistant delivers.

4 B. To ensure accountability and transparency for patients,  
5 payers and the health care system, ~~an in-network~~ a physician  
6 assistant shall be identified as the rendering professional in the  
7 billing and claims process when the physician assistant delivers  
8 medical or surgical services to patients.

9 C. No insurance company or third-party payer shall impose a  
10 practice, education, or collaboration requirement that is  
11 inconsistent with or more restrictive than existing physician  
12 assistant state laws or regulations.

13 SECTION 7. AMENDATORY 63 O.S. 2021, Section 1-317, as  
14 last amended by Section 133, Chapter 452, O.S.L. 2024 (63 O.S. Supp.  
15 2024, Section 1-317), is amended to read as follows:

16 Section 1-317. A. A death certificate for each death which  
17 occurs in this state shall be filed with the State Department of  
18 Health, within three (3) days after such death.

19 B. The funeral director shall personally sign the death  
20 certificate and shall be responsible for filing the death  
21 certificate. If the funeral director is not available, the person  
22 acting as such who first assumes custody of a dead body in  
23 accordance with Section 1158 of Title 21 of the Oklahoma Statutes  
24 shall personally sign and file the death certificate. The personal

1 data shall be obtained from the next of kin or the best qualified  
2 person or source available. The funeral director or person acting  
3 as such shall notify the person providing the personal data that it  
4 is a felony to knowingly provide false data or misrepresent any  
5 person's relationship to the decedent. The certificate shall be  
6 completed as to personal data and delivered to the attending  
7 physician or the medical examiner responsible for completing the  
8 medical certification portion of the certificate of death within  
9 twenty-four (24) hours after the death. No later than July 1, 2012,  
10 the personal data, and no later than July 1, 2017, the medical  
11 certificate portion, shall be entered into the prescribed electronic  
12 system provided by the State Registrar of Vital Statistics and the  
13 information submitted to the State Registrar of Vital Statistics.  
14 The resultant certificate produced by the electronic system shall be  
15 provided to the physician or medical examiner for medical  
16 certification within twenty-four (24) hours after the death.

17 C. The medical certification shall be completed and signed  
18 within forty-eight (48) hours after death by the physician,  
19 physician assistant, or advanced practice registered nurse in charge  
20 of the patient's care for the illness or condition which resulted in  
21 death, except when inquiry as to the cause of death is required by  
22 Section 938 of this title. No later than July 1, 2017, the medical  
23 certification portion of certificate data shall be entered into the  
24 prescribed electronic system provided by the State Registrar of

1 Vital Statistics and the information submitted to the State  
2 Registrar of Vital Statistics.

3 D. In the event that the physician, physician assistant, or  
4 advanced practice registered nurse in charge of the patient's care  
5 for the illness or condition which resulted in death is not in  
6 attendance at the time of death, the medical certification shall be  
7 completed and signed within forty-eight (48) hours after death by  
8 the physician, physician assistant, or advanced practice registered  
9 nurse in attendance at the time of death, except:

10 1. When the patient is under hospice care at the time of death,  
11 the medical certification may be signed by the hospice's medical  
12 director; and

13 2. When inquiry as to the cause of death is required by Section  
14 938 of this title.

15 Provided, that such certification, if signed by other than the  
16 attending physician, physician assistant, or advanced practice  
17 registered nurse, shall note on the face the name of the attending  
18 physician, physician assistant, or advanced practice registered  
19 nurse and that the information shown is only as reported.

20 E. A certifier completing cause of death on a certificate of  
21 death who knows that a lethal drug, overdose or other means of  
22 assisting suicide within the meaning of Sections 3141.2 through  
23 3141.4 of this title caused or contributed to the death shall list  
24 that means among the chain of events under cause of death or list it

1 in the box that describes how the injury occurred. If such means is  
2 in the chain of events under cause of death or in the box that  
3 describes how the injury occurred, the certifier shall indicate  
4 "suicide" as the manner of death.

5 F. The authority of a physician assistant subject to subsection  
6 C of Section 519.6 of Title 59 of the Oklahoma Statutes to carry out  
7 the functions described in this section shall be governed by the  
8 practice agreement as provided by Section 519.6 of Title 59 of the  
9 Oklahoma Statutes.

10 SECTION 8. AMENDATORY 63 O.S. 2021, Section 2-101, as  
11 last amended by Section 1, Chapter 308, O.S.L. 2024 (63 O.S. Supp.  
12 2024, Section 2-101), is amended to read as follows:

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

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

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

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

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

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

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

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

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

21 7. "Chronic pain" means pain that persists beyond the usual  
22 course of an acute disease or healing of an injury. Chronic pain  
23 may or may not be associated with an acute or chronic pathologic  
24

1 process that causes continuous or intermittent pain over months or  
2 years;

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

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

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

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

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

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

5 14. "Dispense" means to deliver a controlled dangerous  
6 substance to an ultimate user or human research subject by or  
7 pursuant to the lawful order of a practitioner, including the  
8 prescribing, administering, packaging, labeling or compounding  
9 necessary to prepare the substance for such distribution.

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

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

14 16. "Distributor" means a commercial entity engaged in the  
15 distribution or reverse distribution of narcotics and dangerous  
16 drugs and who complies with all regulations promulgated by the  
17 federal Drug Enforcement Administration and the Oklahoma State  
18 Bureau of Narcotics and Dangerous Drugs Control;

19 17. "Drug" means articles:

20 a. recognized in the official United States Pharmacopeia,  
21 official Homeopathic Pharmacopoeia of the United  
22 States, or official National Formulary, or any  
23 supplement to any of them,  
24

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

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

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

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

10         18. "Drug paraphernalia" means all equipment, products, and  
11 materials of any kind which are used, intended for use, or fashioned  
12 specifically for use in planting, propagating, cultivating, growing,  
13 harvesting, manufacturing, compounding, converting, producing,  
14 processing, preparing, testing, analyzing, packaging, repackaging,  
15 storing, containing, concealing, injecting, ingesting, inhaling, or  
16 otherwise introducing into the human body, a controlled dangerous  
17 substance in violation of the Uniform Controlled Dangerous  
18 Substances Act including, but not limited to:

19           a.   kits used, intended for use, or fashioned specifically  
20           for use in planting, propagating, cultivating,  
21           growing, or harvesting of any species of plant which  
22           is a controlled dangerous substance or from which a  
23           controlled dangerous substance can be derived,  
24



- 1           b.   kits used, intended for use, or fashioned specifically  
2           for use in manufacturing, compounding, converting,  
3           producing, processing, or preparing controlled  
4           dangerous substances,
- 5           c.   isomerization devices used, intended for use, or  
6           fashioned specifically for use in increasing the  
7           potency of any species of plant which is a controlled  
8           dangerous substance,
- 9           d.   testing equipment used, intended for use, or fashioned  
10           specifically for use in identifying or in analyzing  
11           the strength, effectiveness, or purity of controlled  
12           dangerous substances,
- 13           e.   scales and balances used, intended for use, or  
14           fashioned specifically for use in weighing or  
15           measuring controlled dangerous substances,
- 16           f.   diluents and adulterants, such as quinine  
17           hydrochloride, mannitol, mannite, dextrose, and  
18           lactose used, intended for use, or fashioned  
19           specifically for use in cutting controlled dangerous  
20           substances,
- 21           g.   separation gins and sifters used, intended for use, or  
22           fashioned specifically for use in removing twigs and  
23           seeds from, or in otherwise cleaning or refining,  
24           marijuana,

- 1 h. blenders, bowls, containers, spoons, and mixing  
2 devices used, intended for use, or fashioned  
3 specifically for use in compounding controlled  
4 dangerous substances,
- 5 i. capsules, balloons, envelopes, and other containers  
6 used, intended for use, or fashioned specifically for  
7 use in packaging small quantities of controlled  
8 dangerous substances,
- 9 j. containers and other objects used, intended for use,  
10 or fashioned specifically for use in parenterally  
11 injecting controlled dangerous substances into the  
12 human body,
- 13 k. hypodermic syringes, needles, and other objects used,  
14 intended for use, or fashioned specifically for use in  
15 parenterally injecting controlled dangerous substances  
16 into the human body, except as authorized by Section  
17 2-1101 of this title,
- 18 l. objects used, intended for use, or fashioned  
19 specifically for use in ingesting, inhaling, or  
20 otherwise introducing marijuana, cocaine, hashish, or  
21 hashish oil into the human body, such as:
- 22 (1) metal, wooden, acrylic, glass, stone, plastic, or  
23 ceramic pipes with or without screens, permanent  
24 screens, hashish heads, or punctured metal bowls,

- 1 (2) water pipes,
- 2 (3) carburetion tubes and devices,
- 3 (4) smoking and carburetion masks,
- 4 (5) roach clips, meaning objects used to hold burning
- 5 material, such as a marijuana cigarette, that has
- 6 become too small or too short to be held in the
- 7 hand,
- 8 (6) miniature cocaine spoons and cocaine vials,
- 9 (7) chamber pipes,
- 10 (8) carburetor pipes,
- 11 (9) electric pipes,
- 12 (10) air-driven pipes,
- 13 (11) chillums,
- 14 (12) bongs, or
- 15 (13) ice pipes or chillers,
- 16 m. all hidden or novelty pipes, and
- 17 n. any pipe that has a tobacco bowl or chamber of less
- 18 than one-half (1/2) inch in diameter in which there is
- 19 any detectable residue of any controlled dangerous
- 20 substance as defined in this section or any other
- 21 substances not legal for possession or use;
- 22 provided, however, the term drug paraphernalia shall not include
- 23 separation gins intended for use in preparing tea or spice, clamps
- 24 used for constructing electrical equipment, water pipes designed for

1 ornamentation in which no detectable amount of an illegal substance  
2 is found or pipes designed and used solely for smoking tobacco,  
3 traditional pipes of an American Indian tribal religious ceremony,  
4 antique pipes that are thirty (30) years of age or older, or drug  
5 testing strips possessed by a person for purposes of determining the  
6 presence of fentanyl or a fentanyl-related compound;

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

15 20. "Harm-reduction services" means programs established to:  
16 a. reduce the spread of infectious diseases related to  
17 injection drug use,  
18 b. reduce drug dependency, overdose deaths, and  
19 associated complications, and  
20 c. increase safe recovery and disposal of used syringes  
21 and sharp waste;

22 21. "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 such materials is controlled by state or  
2 federal guidelines;

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

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

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

1        25. "Imitation controlled substance" means a substance that is  
2 not a controlled dangerous substance, which by dosage unit  
3 appearance, color, shape, size, markings or by representations made,  
4 would lead a reasonable person to believe that the substance is a  
5 controlled dangerous substance, or is a drug intended solely for  
6 veterinary purposes that is not a controlled dangerous substance and  
7 is being used outside of the scope of practice or normal course of  
8 business, as defined by the State Board of Veterinary Medical  
9 Examiners, or is a federal Food and Drug Administration-approved  
10 drug that is not a controlled dangerous substance and is being used  
11 outside the scope of approval for illicit purposes such as  
12 adulterating or lacing other controlled dangerous substances. In  
13 the event the appearance of the dosage unit or use is not reasonably  
14 sufficient to establish that the substance is an imitation  
15 controlled substance, the court or authority concerned should  
16 consider, in addition to all other factors, the following factors:  
17        a. statements made by an owner or by any other person in  
18            control of the substance concerning the nature of the  
19            substance, or its use or effect,  
20        b. statements made to the recipient that the substance  
21            may be resold for inordinate profit,  
22        c. whether the substance is packaged in a manner normally  
23            used for illicit controlled substances,  
24

- d. evasive tactics or actions utilized by the owner or person in control of the substance to avoid detection by law enforcement authorities,
- e. prior convictions, if any, of an owner, or any other person in control of the object, under state or federal law related to controlled substances or fraud, and
- f. the proximity of the substances to controlled dangerous substances;

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

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

- a. has never previously been issued a prescription for the drug or its pharmaceutical equivalent in the past year, or
- b. requires a prescription for the drug or its pharmaceutical equivalent due to a surgical procedure or new acute event and has previously had a

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

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

18 30. "Manufacture" means the production, preparation,  
19 propagation, compounding or processing of a controlled dangerous  
20 substance, either directly or indirectly by extraction from  
21 substances of natural or synthetic origin, or independently by means  
22 of chemical synthesis or by a combination of extraction and chemical  
23 synthesis. "Manufacturer" includes any person who packages,  
24 repackages or labels any container of any controlled dangerous



1 substance, except practitioners who dispense or compound  
2 prescription orders for delivery to the ultimate consumer;

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

- 8 a. the mature stalks of such plant or fiber produced from  
9 such stalks,
- 10 b. oil or cake made from the seeds of such plant,  
11 including cannabidiol derived from the seeds of the  
12 marijuana plant,
- 13 c. any other compound, manufacture, salt, derivative,  
14 mixture or preparation of such mature stalks (except  
15 the resin extracted therefrom), including cannabidiol  
16 derived from mature stalks, fiber, oil or cake,
- 17 d. the sterilized seed of such plant which is incapable  
18 of germination,
- 19 e. for any person participating in a clinical trial to  
20 administer cannabidiol for the treatment of severe  
21 forms of epilepsy pursuant to Section 2-802 of this  
22 title, a drug or substance approved by the federal  
23 Food and Drug Administration for use by those  
24 participants,

- 1 f. for any person or the parents, legal guardians or  
2 caretakers of the person who have received a written  
3 certification from a physician licensed in this state  
4 that the person has been diagnosed by a physician as  
5 having Lennox-Gastaut syndrome, Dravet syndrome, also  
6 known as severe myoclonic epilepsy of infancy, or any  
7 other severe form of epilepsy that is not adequately  
8 treated by traditional medical therapies, spasticity  
9 due to multiple sclerosis or due to paraplegia,  
10 intractable nausea and vomiting, appetite stimulation  
11 with chronic wasting diseases, the substance  
12 cannabidiol, a nonpsychoactive cannabinoid, found in  
13 the plant *Cannabis sativa* L. or any other preparation  
14 thereof, that has a tetrahydrocannabinol concentration  
15 not more than three-tenths of one percent (0.3%) and  
16 that is delivered to the patient in the form of a  
17 liquid,
- 18 g. any federal Food and Drug Administration-approved drug  
19 or substance, or
- 20 h. industrial hemp, from the plant *Cannabis sativa* L. and  
21 any part of such plant, whether growing or not, with a  
22 delta-9 tetrahydrocannabinol concentration not more  
23 than three-tenths of one percent (0.3%) on a dry-  
24 weight basis which shall only be grown pursuant to the

1 Oklahoma Industrial Hemp Program and may be shipped  
2 intrastate and interstate;

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

8 33. "Mid-level practitioner" means an Advanced Practice  
9 Registered Nurse as defined and within parameters specified in  
10 Section 567.3a of Title 59 of the Oklahoma Statutes, or a certified  
11 animal euthanasia technician as defined in Section 698.2 of Title 59  
12 of the Oklahoma Statutes, or an animal control officer registered by  
13 the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control  
14 under subsection B of Section 2-301 of this title within the  
15 parameters of such officer's duties under Sections 501 through 508  
16 of Title 4 of the Oklahoma Statutes;

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

- 21 a. opium, coca leaves and opiates,
- 22 b. a compound, manufacture, salt, derivative or  
23 preparation of opium, coca leaves or opiates,

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

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

22 36. "Opium poppy" means the plant of the species *Papaver*  
23 *somniferum* L., except the seeds thereof;

1       37. "Palliative care" means a specialized medical service for  
2 people of any age and at any stage of a serious illness or life-  
3 altering medical event that focuses on navigating complex medical  
4 decisions while providing patient autonomy and access to  
5 information. Utilizing a holistic and interdisciplinary team  
6 approach, palliative care addresses physical, intellectual,  
7 emotional, social, and spiritual needs. Palliative care may be  
8 provided in the inpatient, outpatient, or home care setting and  
9 strives to improve quality of life for both the patient and the  
10 family;

11       38. "Patient-provider agreement" means a written contract or  
12 agreement that is executed between a practitioner and a patient  
13 prior to the commencement of treatment for chronic pain using an  
14 opioid drug as a means to:

- 15           a. explain the possible risk of development of physical  
16                or psychological dependence in the patient and prevent  
17                the possible development of addiction,
- 18           b. document the understanding of both the practitioner  
19                and the patient regarding the patient-provider  
20                agreement of the patient,
- 21           c. establish the rights of the patient in association  
22                with treatment and the obligations of the patient in  
23                relation to the responsible use, discontinuation of  
24                use, and storage of opioid drugs, including any

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

22 39. "Peace officer" means a police officer, sheriff, deputy  
23 sheriff, district attorney's investigator, investigator from the  
24 Office of the Attorney General, or any other person elected or

1 appointed by law to enforce any of the criminal laws of this state  
2 or of the United States;

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

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

8 42. "Practitioner" means:

- 9 a. (1) a medical doctor or osteopathic physician,  
10 (2) a dentist,  
11 (3) a podiatrist,  
12 (4) an optometrist,  
13 (5) a veterinarian,  
14 (6) ~~a physician assistant or~~ an Advanced Practice  
15 Registered Nurse under the supervision of a  
16 licensed medical doctor or osteopathic physician,  
17 or a physician assistant,  
18 (7) a scientific investigator, or  
19 (8) any other person,  
20 licensed, registered or otherwise permitted to  
21 prescribe, distribute, dispense, conduct research with  
22 respect to, use for scientific purposes or administer  
23 a controlled dangerous substance in the course of  
24 professional practice or research in this state, or

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

7           43. "Production" includes the manufacture, planting,  
8           cultivation, growing or harvesting of a controlled dangerous  
9           substance;

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

16          45. "State" means the State of Oklahoma or any other state of  
17          the United States;

18          46. "Straw person" or "straw party", also known as a "front",  
19          means a third party who:

20           a. is put up in name only to take part in a transaction  
21           or otherwise is a nominal party to a transaction with  
22           no actual control,  
23  
24



1           b. acts on behalf of another person to obtain title to  
2           property and executes documents and instruments the  
3           principal may direct respecting property, or

4           c. purchases property for another for the purpose of  
5           concealing the identity of the real purchaser or to  
6           accomplish some purpose otherwise in violation of the  
7           Oklahoma Statutes;

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

19          48. a. "Synthetic controlled substance" means a substance:

- 20               (1) the chemical structure of which is substantially  
21               similar to the chemical structure of a controlled  
22               dangerous substance in Schedule I or II,  
23               (2) which has a stimulant, depressant, or  
24               hallucinogenic effect on the central nervous

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

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

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

19 c. Synthetic controlled substance does not include:

20 (1) a controlled dangerous substance,

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

23 (3) with respect to a particular person any  
24 substance, if an exemption is in effect for

1           investigational use, for that person under the  
2           provisions of Section 505 of the Federal Food,  
3           Drug, and Cosmetic Act, 21 U.S.C., Section 355,  
4           to the extent conduct with respect to such  
5           substance is pursuant to such exemption, or

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

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

14          49. "Tetrahydrocannabinols" means all substances that have been  
15          chemically synthesized to emulate the tetrahydrocannabinols of  
16          marijuana, specifically including any tetrahydrocannabinols derived  
17          from industrial hemp; and

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

1 SECTION 9. AMENDATORY 63 O.S. 2021, Section 2-312, as  
2 amended by Section 2, Chapter 184, O.S.L. 2022 (63 O.S. Supp. 2024,  
3 Section 2-312), is amended to read as follows:

4 Section 2-312. A. A physician, podiatrist, optometrist or a  
5 dentist who has complied with the registration requirements of the  
6 Uniform Controlled Dangerous Substances Act, in good faith and in  
7 the course of such person's professional practice only, may  
8 prescribe and administer controlled dangerous substances, or may  
9 cause the same to be administered by medical or paramedical  
10 personnel acting under the direction and supervision of the  
11 physician, podiatrist, optometrist or dentist, and only may dispense  
12 controlled dangerous substances pursuant to the provisions of  
13 Sections 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

14 B. A veterinarian who has complied with the registration  
15 requirements of the Uniform Controlled Dangerous Substances Act, in  
16 good faith and in the course of the professional practice of the  
17 veterinarian only, and not for use by a human being, may prescribe,  
18 administer, and dispense controlled dangerous substances and may  
19 cause them to be administered by an assistant or orderly under the  
20 direction and supervision of the veterinarian.

21 C. An advanced practice nurse who is recognized to prescribe by  
22 the Oklahoma Board of Nursing as an advanced registered nurse  
23 practitioner, clinical nurse specialist or certified nurse-midwife,  
24 who is subject to medical direction by a supervising physician,

1 pursuant to Section 567.3a of Title 59 of the Oklahoma Statutes, and  
2 who has complied with the registration requirements of the Uniform  
3 Controlled Dangerous Substances Act, in good faith and in the course  
4 of professional practice only, may prescribe and administer Schedule  
5 III, IV and V controlled dangerous substances.

6 D. An advanced practice nurse who is recognized to order,  
7 select, obtain and administer drugs by the Oklahoma Board of Nursing  
8 as a certified registered nurse anesthetist pursuant to Section  
9 353.1b of Title 59 of the Oklahoma Statutes and who has complied  
10 with the registration requirements of the Uniform Controlled  
11 Dangerous Substances Act, in good faith and in the course of such  
12 practitioner's professional practice only, may order, select, obtain  
13 and administer Schedules II through V controlled dangerous  
14 substances in a preanesthetic preparation or evaluation; anesthesia  
15 induction, maintenance or emergence; or postanesthesia care setting  
16 only. A certified registered nurse anesthetist may order, select,  
17 obtain and administer such drugs only during the perioperative or  
18 periobstetrical period.

19 E. A physician assistant who is recognized to prescribe by the  
20 State Board of Medical Licensure and Supervision under ~~the medical~~  
21 ~~direction of a supervising physician,~~ pursuant to Section 519.6 of  
22 Title 59 of the Oklahoma Statutes, and who has complied with the  
23 registration requirements of the Uniform Controlled Dangerous  
24 Substances Act, in good faith and in the course of professional

1 practice only, may prescribe and administer Schedule II through V  
2 controlled dangerous substances subject to the restrictions in  
3 Section 519.6 of Title 59 of the Oklahoma Statutes.

4 SECTION 10. REPEALER 59 O.S. 2021, Section 521.4, is  
5 hereby repealed.

6 SECTION 11. It being immediately necessary for the preservation  
7 of the public peace, health or safety, an emergency is hereby  
8 declared to exist, by reason whereof this act shall take effect and  
9 be in full force from and after its passage and approval.

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