

BILL SUMMARY

1st Session of the 60th Legislature

Bill No.:	HB2298
Version:	CS
Request Number:	
Author:	Speaker Hilbert
Date:	3/10/2025
Impact:	State Budget: \$0

Research Analysis

The committee substitute for HB 2298 specifies that the proof of three years of practice with a prescriptive authority supervised by a physician for the application will not exclude practice hours obtained prior to the effective date of this act. The pcs also specifies that the requirement to carry malpractice insurance will only pertain to the APRN and will not require the APRN to provide that coverage to any supervising or collaborating physician. The CS outlines requirements for eligibility to serve as a supervising physician and provides that the supervising physician may charge a reasonable fee. A supervising physician who charges a fee but then fails to provide supervision may be disciplined by their respective board. All supervising physicians must have a written agreement with the APRN they supervise. Notice must be given to the APRN of any periods of unavailability. The supervising physician must report changes to the supervising relationship within 30 days. The Board will promulgate rules establishing expectations for proper supervision to APRNs. The pcs adds that an APRN who is recognized to prescribe, with or without supervision, who is employed or contracted by a hospital, 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 days.

HB 2298 allows a qualified Advanced Practice Registered Nurse (APRN) to apply to the Oklahoma Board of Nursing for the authority to prescribe and order independent of supervision. The application for independent prescriptive authority will include the provisions specified in the measure. The measure requires a licensed practitioner to carry malpractice insurance. The Oklahoma Board of Nursing must promulgate rules governing advertising of health care services by APRNs. Nothing in this fact will be construed to allow an APRN to perform any medical service or prescribe any medication beyond those authorized under state law. The State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners will make available a list of physicians that are available to supervise APRNs. The measure also requires the Formulary Advisory Council to develop guidelines for supervising physicians on best practices on supervising APRNs. The measure also provides that prescriptive authority is allowed for a licensed APRN under a supervising physician in addition to the independent authority addressed in the measure. Pharmacists may only dispense prescriptions for controlled dangerous substances prescribed by a physician assistant license in this state pursuant to a practice agreement. The measure allows APRNs who have obtained independent prescriptive authority to prescribe and administer Schedule III, IV, and V controlled dangerous substances.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

HB 2298 in its current form deals with regulation and licensing at the Oklahoma Board of Nursing. The Board of Nursing is a nonappropriated licensing agency. Any additional efforts as a result of the measure are anticipated to be absorbable through the Boards existing resources. For these reasons HB 2298 in its current form is not anticipated to have a direct fiscal impact on the State Budget or State Revenues.

Prepared By: John McPhetridge, House Fiscal Director

Other Considerations

None.

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