ENGROSSED HOUSE BILL NO. 1013

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By: Cockroft, Ownbey,
Cleveland, Cannaday, West
(Kevin), Murdock, Tadlock,
Osborn (Leslie),
Dunnington, Sanders,
Griffith, Mulready,
Renegar, Roberts (Sean),
Fourkiller and McEntire of
the House

and

Griffin of the Senate

An Act relating to professions and occupations; amending 59 O.S. 2011, Section 353.1a, which relates to prescribing authority of advanced practice registered nurse; removing supervisory physician requirement; updating statutory references; removing requirement that certain information be identified; amending 59 O.S. 2011, Section 567.3a, which relates to definitions used in the Oklahoma Nursing Practice Act; modifying and deleting certain definitions; amending 59 O.S. 2011, Section 567.4a, which relates to prescriptive authority; permitting Oklahoma Board of Nursing to grant and limit prescribing and ordering authority to certain licensees; deleting requirements of certain rules promulgated by the Board; amending 59 O.S. 2011, Section 567.5a, as amended by Section 2, Chapter 228, O.S.L. 2013 (59 O.S. Supp. 2016, Section 567.5a), which relates to license to practice as Advanced Practice Registered Nurse; removing requirement to submit certain statement from Oklahoma physician; amending 63 O.S. 2011, Section 2-312, which relates to the authority to prescribe controlled dangerous substances; updating statutory references; providing advanced practice registered nurse may only dispense controlled dangerous substances pursuant to certain provisions; requiring Advanced Practice Registered Nurse or employer to carry certain malpractice

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insurance; requiring facility to carry certain liability insurance for licensed health care providers; prohibiting Advanced Practice Registered Nurse from prescribing certain substance; providing for exception; permitting Advanced Practice Registered Nurse to be referred to by certain title; requiring Advanced Practice Registered Nurse to work with certain individuals for certain time period prior to entering independent practice; requiring supervising fee not to exceed certain amount; requiring Advanced Practice Registered Nurse to work during certain time period under the supervision of certain individuals in certain areas; repealing 59 O.S. 2011, Section 567.4b, which relates to the Formulary Advisory Council; 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. AMENDATORY 59 O.S. 2011, Section 353.1a, is amended to read as follows:

Section 353.1a Prescribing authority shall be allowed, under the medical direction of a supervising physician, for an advanced practice nurse recognized by the Oklahoma Board of Nursing in one of the following categories: advanced registered certified nurse practitioners, clinical nurse specialists, or certified nursemidwives. The advanced practice 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 and the advanced practice nurse shall be identified at the

time of origination of the prescription and the name of the advanced practice nurse shall be printed on the prescription label.

SECTION 2. AMENDATORY 59 O.S. 2011, Section 567.3a, is amended to read as follows:

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 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,

1 b. analyzing assessment data to determine nursing care 2 needs. 3 establishing goals to meet identified health care C. 4 needs, 5 d. planning a strategy of care, establishing priorities of nursing intervention to 6 е. 7 implement the strategy of care, f. implementing the strategy of care, 8 9 g. delegating such tasks as may safely be performed by 10 others, consistent with educational preparation and 11 that do not conflict with the provisions of the 12 Oklahoma Nursing Practice Act, 1.3 h. providing safe and effective nursing care rendered 14 directly or indirectly, 15 evaluating responses to interventions, i. 16 teaching the principles and practice of nursing, j. 17 k. managing and supervising the practice of nursing, 18 collaborating with other health professionals in the 1. 19 management of health care, 20 performing additional nursing functions in accordance m. 2.1 with knowledge and skills acquired beyond basic 22 nursing preparation, and 23 24

- n. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;
- 4. "Licensed practical nursing" means the practice of nursing under the supervision or direction of a 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,
 - f. participating in the evaluation of responses to interventions,
 - g. teaching basic nursing skills and related principles,

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- h. performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation, and
 - i. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;
- 5. "Advanced Practice Registered Nurse" means a licensed Registered Nurse:
 - a. who has completed an advanced practice registered nursing education program in preparation for one of four recognized advanced practice registered nurse roles,
 - b. who has passed a national certification examination recognized by the Board that measures the advanced practice registered nurse role and specialty competencies and who maintains recertification in the role and specialty through a national certification program,
 - c. who has acquired advanced clinical knowledge and 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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1	d.	whose practice builds on the competencies of
2		Registered Nurses by demonstrating a greater depth and
3		breadth of knowledge, a greater synthesis of data, and
4		increased complexity of skills and interventions, and
5	е.	who has been educationally prepared to assume

- e. who has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis and management of patient problems which may include the use and prescription of pharmacological and nonpharmacological interventions,
- who has clinical experience of sufficient depth and breadth to reflect the license, and
- g. 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.

Practicing as an Advanced Practice Registered Nurse means an expanded scope of nursing in a role and population focus approved by the Board, with or without compensation or personal profit, and includes the registered nurse scope of practice. The scope of an Advanced Practice Registered Nurse may include, but is not limited to, performing acts of advanced assessment; diagnosing; prescribing and ordering nonpharmacological interventions, including, but not

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limited to, durable medical equipment, medical devices, nutrition,

blood and blood products; and supportive services, including, but

not limited to, home health care, hospice and physical and

occupational therapy. Advanced Practice Registered Nurses may serve

services, nutrition,

not limited to, home health care, hospice and physical and

occupational therapy. Advanced Practice Registered Nurses may serve

services, nutrition,

Advanced Practice Registered Nurses are expected to practice as licensed practitioners within standards established and/or recognized by the Board. Each Advanced Practice Registered Nurse is accountable to patients, the nursing profession and the Board for complying with the requirements of the Oklahoma Nursing Practice Act and accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, for planning for the management of situations beyond the Advanced Practice Registered Nurse's expertise and for consulting with or referring patients to other health care providers, as appropriate.

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" 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".

It shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation "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 this 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 an Advanced Practice
 Registered Nurse who performs in an expanded role in the delivery of
 - 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
 - e. 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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is prepared to function as a licensed practitioner, providing

primary or acute care in accordance with education and specialty

certification, along the wellness-illness continuum to a specific

population in diverse settings. The Certified Nurse Practitioner

diagnoses and treats patients with undifferentiated symptoms as well

as those with established diagnoses. The Certified Nurse

Practitioner practices in accordance with the standards for

certified nurse practitioner practice as defined by the professional

associations recognized by the Board.

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe and order, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. 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.

The Certified Nurse Practitioner 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 Practitioner;

1	7.	a.	"Cli	nical Nurse Specialist" is an Advanced Practice
2			Regi	stered Nurse who holds:
3			(1)	a master's degree or higher in nursing with
4				clinical specialization preparation to function
5				in an expanded role,
6			(2)	specialty certification from a national
7				certifying organization recognized by the Board,
8			(3)	a certificate of recognition from the Board, and
9			(4)	any nurse holding a specialty certification as a
10				Clinical Nurse Specialist valid on January 1,
11				1994, granted by a national certifying
12				organization recognized by the Board, shall be
13				deemed to be a Clinical Nurse Specialist under
14				the provisions of the Oklahoma Nursing Practice
15				Act.
16		b.	In t	he expanded role, the Clinical Nurse Specialist
17			perf	forms at an advanced practice level which shall
18			incl	ude, but not be limited to:
19			(1)	practicing as an expert clinician in the
20				provision of direct nursing care to a selected
21				population of patients or clients in any setting,
22				including private practice,
23			(2)	managing the care of patients or clients with
24				complex nursing problems,

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(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 as a licensed practitioner, diagnosing and treating patients with undifferentiated symptoms as well as those with established diagnoses, in a specialized area of nursing practice to specific populations in diverse settings. The Clinical Nurse Specialist practices in accordance with the standards for clinical nurse specialist practice as defined by the professional associations recognized by the Board.

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 and order, as defined by the rules promulgated by the Board pursuant to this section, and subject to the medical direction of a supervising physician. 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.

c. b.

- d. c. 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 a qualified registered nurse who has received a certificate of recognition from the Oklahoma Board of Nursing who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives an Advanced Practice Registered Nurse who is prepared to function as a licensed practitioner providing a full range of primary health care services in diverse settings to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and treating the male partner of female patients for sexually transmitted infection and reproductive health. The Certified Nurse-Midwife practices in accordance with the standards for nurse-midwife practice as defined by the professional associations recognized by the Board.

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 and order, as defined by the rules promulgated by the Board pursuant to this

section and subject to the medical direction of a supervising

physician. 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.

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 an Advanced Practice Registered Nurse who:
 - (1) is certified by the Council on Certification of

 Nurse Anesthetists as a Certified Registered

 Nurse Anesthetist within one (1) year following

 completion of an approved certified registered

 nurse anesthetist education program, and

 continues to maintain such recertification by the

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Council on Recertification of Nurse Anesthetists,
and

- (2) administers anesthesia under the supervision of a medical doctor, an osteopathic physician, a podiatric physician or a dentist licensed in this state and under conditions in which timely onsite consultation by such doctor, osteopath, podiatric physician or dentist is available.
- b. A Certified Registered Nurse Anesthetist, under the supervision of 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. Certified Registered Nurse Anesthetist may order, select, obtain and administer drugs only during the perioperative or periobstetrical period.

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- 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 Council on Recertification of
 Nurse Anesthetists or the Council on
 Certification of 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,

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- selected, obtained or administered drugs for other than therapeutic purposes, or
- (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 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.
- 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; and

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, and who is not in training as an intern, resident, or fellow. To be eligible to supervise such Advanced Practice Registered Nurse, such 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;

12. "Supervision of an Advanced Practice Registered Nurse with prescriptive authority" means overseeing and accepting responsibility for the ordering and transmission by a Certified Nurse Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-Midwife of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary; and

13. 10. "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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1 specified technical skills identified by the Board in acute care 2 settings under the direction and supervision of the Registered Nurse 3 or Licensed Practical Nurse. SECTION 3. AMENDATORY 59 O.S. 2011, Section 567.4a, is 4 5 amended to read as follows 6 Section 567.4a The Board may grant prescribing and ordering 7 authority through the Advanced Practice Registered Nurse license to 8 Certified Nurse Practitioners, Certified Nurse-Midwives and Clinical 9 Nurse Specialists meeting requirements identified in the Board's 10 rules. The Board may limit the ability of Certified Nurse 11 Practitioners, Certified Nurse-Midwives and Clinical Nurse 12 Specialists to prescribe and order. All licensed Certified Nurse 13 Practitioners, Certified Nurse-Midwives and Clinical Nurse 14 Specialists who are granted prescribing and ordering authority are 15 authorized to diagnose, prescribe and institute therapy or referrals 16 of patients to health care agencies, health care providers and 17 community resources. They are authorized to prescribe, procure, 18 administer and dispense over-the-counter, legend and controlled 19 substances. They plan and initiate a therapeutic regimen that 20 includes ordering and prescribing medical devices and equipment, 21 nutrition, diagnostic and supportive services, including, but not 22 limited to, speech therapy, home health care, hospice and physical 23 and occupational therapy.

The rules regarding prescriptive prescribing and ordering authority recognition promulgated by the Oklahoma Board of Nursing pursuant to paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title shall:

- 1. Define the procedure for documenting supervision by a physician licensed in Oklahoma to practice by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners. Such procedure shall include a written statement that defines appropriate referral, consultation, and collaboration between the advanced practice nurse, recognized to prescribe as defined in paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title, and the supervising physician. The written statement shall include a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. The written statement shall be part of the initial application and the renewal application submitted to the Board for recognition for prescriptive authority for the advanced practice nurse. Changes to the written statement shall be filed with the Board within thirty (30) days of the change and shall be effective on filing;
- 2. Define minimal requirements for initial application for prescriptive authority which shall include, but not be limited to, evidence of completion of a minimum of forty-five (45) contact hours

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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

3. 2. Define minimal requirements for application for renewal of prescriptive authority which shall include, but not be limited to, documentation of a minimum of 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, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority;

4. 3. Require that beginning July 1, 2002, an advanced practice nurse Advanced Practice Registered Nurse shall demonstrate successful completion of a master's degree in a clinical nurse specialty in order to be eligible for initial application for prescriptive authority under the provisions of this act;

prescriptive authority;

5. Define the method for communicating authority to prescribe
or termination of same, and the formulary to the Board of Pharmacy,
all pharmacies, and all registered pharmacists;

- 6. 4. Define terminology used in such rules;
- 7. 5. Define the parameters for the prescribing practices of the advanced practice nurse Advanced Practice Registered Nurse; and
- 8. 6. Define the methods for termination of prescriptive authority for advanced practice nurses; and
 - 9_ Establish a Formulary Advisory Council that shall develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by advanced practice nurses recognized to prescribe by the Oklahoma Board of Nursing. The Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of advanced practice 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.

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1	b.	The Formulary Advisory Council shall be composed of
2		twelve (12) members as follows:
3		(1) four members, to include a pediatrician, an
4		obstetrician-gynecological physician, a general
5		internist, and a family practice physician;
6		provided that three of such members shall be
7		appointed by the Oklahoma State Medical
8		Association, and one shall be appointed by the
9		Oklahoma Osteopathic Association,
10		(2) four members who are registered pharmacists,
11		appointed by the Oklahoma Pharmaceutical
12		Association, and
13		(3) four members, one of whom shall be an advanced
14		registered nurse practitioner, one of whom shall
15		be a clinical nurse specialist, one of whom shall
16		be a certified nurse-midwife, and one of whom
17		shall be a current member of the Oklahoma Board
18		of Nursing, all of whom shall be appointed by the
19		Oklahoma Board of Nursing.
20	e.	All professional members of the Formulary Advisory
21		Council shall be in active clinical practice, at least
22		fifty percent (50%) of the time, within their defined
23		area of specialty. The members of the Formulary
24		Advisory Council shall sorge at the pleasure of the

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appointing authority for a term of three (3) years.

The terms of the members shall be staggered. Members of the Council may serve beyond the expiration of their term of office until a successor is appointed by the original appointing authority. A vacancy on the Council shall be filled for the balance of the unexpired term by the original appointing authority.

d. Members of the Council shall elect a chair and a vicechair 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 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 the
Advanced Practice Registered Nurse.

SECTION. 4 AMENDATORY 59 O.S. 2011, Section 567.5a, as amended by Section 2, Chapter 228, O.S.L. 2013 (59 O.S. Supp. 2016, 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:
- 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. Have completed an advanced practice registered nursing education program in one of the four 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 if the applicant meets the qualifications for licensure in this state. An applicant by endorsement shall:
- 1. Submit a completed written application and appropriate fees as established by the Board;
 - 2. Hold a current Registered Nurse license in this state;
- 3. Hold recognition as an Advanced Practice Registered Nurse in a state or territory;
- 4. 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;
- 5. Be currently certified in an advanced practice specialty certification consistent with educational preparation and by a national certifying body recognized by the Board;
- 6. Meet continued competency requirements as set forth in Board rules; and
- 7. 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, APRN-CNS, or 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 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 Board in its rules;
- 6. Meet continued competency requirements as set forth in Board rules; and

- 7.6. Provide any and all other evidence as required by the Board in its rules.
- E. An Advanced Practice Registered Nurse license issued under this section shall be renewed concurrently with the registered nurse license provided that qualifying criteria continue to be met.
- F. The Board may reinstate a license as set forth in Board rules.
- SECTION 5. AMENDATORY 63 O.S. 2011, 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 Uniform Controlled Dangerous Substances Act, in good faith and in the course of such person's professional practice only, may prescribe and administer controlled dangerous substances, or may cause the same to be administered by medical or paramedical personnel acting under the direction and supervision of the physician, podiatrist, optometrist or dentist, and only may dispense controlled dangerous substances pursuant to the provisions of Sections 355, 355.1 and 355.2 of Title 59 of the Oklahoma Statutes.

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.
- C. An advanced practice <u>registered</u> nurse who is recognized to prescribe by the Oklahoma Board of Nursing as an advanced registered a certified nurse practitioner, clinical nurse specialist or certified nurse-midwife, who is subject to medical direction by a supervising physician, pursuant to Section 567.3a 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 <u>II</u>, III, IV and V controlled dangerous substances, and only may dispense controlled dangerous substances pursuant to the provisions of Sections 355.1 and 355.2 of <u>Title 59 of the Oklahoma Statutes</u>.
- D. An advanced practice <u>registered</u> nurse who is recognized to order, select, obtain and administer drugs by the Oklahoma Board of Nursing as a 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 dangerous substances in a preanesthetic preparation or evaluation; anesthesia induction, maintenance or emergence; or postanesthesia

- care setting only. A certified registered nurse anesthetist may order, select, obtain and administer such drugs only during the perioperative or periobstetrical period.
 - 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 subsection D of 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 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.27 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - Either an Advanced Practice Registered Nurse or his or her employer shall be required to carry One Million/Three Million Dollars (\$1,000,000.00/\$3,000,000.00) of malpractice insurance.
 - SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.28 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - A facility shall be required to carry Five Million Dollars (\$5,000,000.00) of liability insurance for each licensed health care provider employed at such facility.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.29 of Title 59, unless there is created a duplication in numbering, reads as follows:

An Advanced Practice Registered Nurse shall be prohibited from prescribing a Schedule II controlled dangerous substance for greater than a seven-day period, except for attention deficit medication prescribed to patients, which shall not exceed a thirty-day supply.

SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.30 of Title 59, unless there is created a duplication in numbering, reads as follows:

An Advanced Practice Registered Nurse may be referred to as a nurse practitioner doctor.

SECTION 10. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.31 of Title 59, unless there is created a duplication in numbering, reads as follows:

An Advanced Practice Registered Nurse shall be required to work three (3) years in his or her specialty with either an allopathic or osteopathic physician or an Advanced Practice Registered Nurse with at least ten (10) years of experience prior to entering an independent practice. The supervising fee may not exceed Five Hundred Dollars (\$500.00) per month during the three (3) years.

SECTION 11. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 567.32 of Title 59, unless there is created a duplication in numbering, reads as follows:

1.3

1	Notwithstanding anything in this act to the contrary, beginning
2	November 1, 2017, and ending October 31, 2019, an Advanced Practice
3	Registered Nurse shall be required to work under the supervision of
4	an allopathic or osteopathic physician in counties in which there is
5	not a federally recognized shortage of physicians as determined by
6	the Health Resources and Services Administration.
7	SECTION 12. REPEALER 59 O.S. 2011, Section 567.4b, is
8	hereby repealed.
9	SECTION 13. This act shall become effective November 1, 2017.
10	Passed the House of Representatives the 1st day of March, 2017.
11	
12	
13	Presiding Officer of the House of Representatives
13 14	of Representatives
14	of Representatives
14 15	of Representatives
14 15 16	of Representatives Passed the Senate the day of, 2017.
14151617	of Representatives Passed the Senate the day of, 2017.
14 15 16 17 18	of Representatives Passed the Senate the day of, 2017.
14 15 16 17 18	of Representatives Passed the Senate the day of, 2017.
14 15 16 17 18 19 20	of Representatives Passed the Senate the day of, 2017.
14 15 16 17 18 19 20 21	of Representatives Passed the Senate the day of, 2017.