

1 ENGROSSED SENATE  
2 BILL NO. 888

By: Standridge of the Senate

and

Echols of the House

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5  
6 An Act relating to controlled dangerous substances;  
7 defining terms; requiring pain management clinics to  
8 register with State Board of Medical Licensure and  
9 Supervision; providing exemptions; stipulating  
10 registration procedures; requiring clinics to  
11 designate physician; stipulating procedures for  
12 revocation and suspension of registration; limiting  
13 period of suspension; requiring new registration  
14 application if clinic changes ownership; specifying  
15 physician responsibilities; providing facility and  
16 physical operations requirements; stipulating certain  
17 infection control requirements; providing health and  
18 safety requirements; providing certain quality  
19 assurance requirements; stipulating certain data  
20 collection and reporting requirements; providing that  
21 designated physician is responsible for ensuring  
22 compliance with all requirements; providing  
23 penalties; directing promulgation of rules; amending  
24 59 O.S. 2011, Section 355.1, as amended by Section  
21, Chapter 230, O.S.L. 2015 (59 O.S. Supp. 2020,  
Section 355.1), which relates to dispensation of  
dangerous drugs; providing certain limitations on  
dispensation of controlled dangerous substances;  
providing exception; providing for codification; and  
providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified  
in the Oklahoma Statutes as Section 2-1101 of Title 63, unless there  
is created a duplication in numbering, reads as follows:

1 As used in this act:

2 1. "Board eligible" means successful completion of an  
3 anesthesia, physical medicine and rehabilitation, rheumatology or  
4 neurology residency program approved by the Accreditation Council  
5 for Graduate Medical Education or the American Osteopathic  
6 Association for a period of six (6) years from successful completion  
7 of such residency program;

8 2. "Chronic nonmalignant pain" means pain unrelated to cancer  
9 which persists beyond the usual course of disease or the injury that  
10 is the cause of the pain or more than ninety (90) calendar days  
11 after surgery; and

12 3. "Pain management clinic" or "clinic" means any publicly or  
13 privately owned facility:

14 a. that advertises in any medium for any type of pain  
15 management services, or

16 b. where in any month a majority of patients are  
17 prescribed opioids, benzodiazepines, barbiturates or  
18 carisoprodol for the treatment of chronic nonmalignant  
19 pain.

20 SECTION 2. NEW LAW A new section of law to be codified  
21 in the Oklahoma Statutes as Section 2-1102 of Title 63, unless there  
22 is created a duplication in numbering, reads as follows:

23 A. Each pain management clinic shall register with the State  
24 Board of Medical Licensure and Supervision unless:

1           1. The majority of the physicians who provide services in the  
2 clinic primarily provide surgical services;

3           2. The clinic is owned by a publicly held corporation whose  
4 shares are traded on a national exchange or on the over-the-counter  
5 market and whose total assets at the end of the corporation's most  
6 recent fiscal quarter exceeded Fifty Million Dollars  
7 (\$50,000,000.00);

8           3. The clinic is affiliated with an accredited medical school  
9 at which training is provided for medical students, residents or  
10 fellows;

11           4. The clinic does not prescribe controlled dangerous  
12 substances for the treatment of pain;

13           5. The clinic is owned by a corporate entity exempt from  
14 federal taxation under 26 U.S.C., Section 501(c)(3) (1954);

15           6. The clinic is wholly owned and operated by one or more  
16 board-eligible or board-certified anesthesiologists, physiatrists,  
17 rheumatologists or neurologists; or

18           7. The clinic is wholly owned and operated by a physician  
19 multispecialty practice where one or more board-eligible or board-  
20 certified medical specialists, who have also completed fellowships  
21 in pain medicine approved by the Accreditation Council for Graduate  
22 Medical Education or who are also certified in pain medicine by the  
23 American Board of Pain Medicine or a board approved by the American  
24 Board of Medical Specialties, the American Association of Physician

1 Specialists or the American Osteopathic Association, perform  
2 interventional pain procedures of the type routinely billed using  
3 surgical codes.

4 B. Each clinic location shall be registered separately  
5 regardless of whether the clinic is operated under the same business  
6 name or management as another clinic.

7 C. As a part of registration, a clinic shall designate a  
8 physician who is responsible for complying with all requirements  
9 related to registration and operation of the clinic in compliance  
10 with this act. Within ten (10) calendar days after termination of a  
11 designated physician, the clinic shall notify the State Board of  
12 Medical Licensure and Supervision of the identity of another  
13 designated physician for that clinic. The designated physician  
14 shall have a full, active and unencumbered license pursuant to  
15 Section 480 et seq. or Section 620 et seq. of Title 59 of the  
16 Oklahoma Statutes and shall practice at the clinic location for  
17 which the physician has assumed responsibility. Failing to have a  
18 licensed designated physician practicing at the location of the  
19 registered clinic may be the basis for a summary suspension of the  
20 clinic registration certificate as described in this section.

21 D. The State Board of Medical Licensure and Supervision shall  
22 deny registration to any clinic that is not fully owned by a  
23 physician licensed pursuant to Section 480 et seq. or Section 620 et  
24 seq. of Title 59 of the Oklahoma Statutes or group of physicians,

1 each of whom is licensed pursuant to Section 480 et seq. or Section  
2 620 et seq. of Title 59 of the Oklahoma Statutes.

3 E. The State Board of Medical Licensure and Supervision shall  
4 deny registration to any pain management clinic owned by or with any  
5 contractual or employment relationship with a physician:

6 1. Whose Drug Enforcement Administration number has ever been  
7 revoked;

8 2. Whose application for a license to prescribe, dispense or  
9 administer a controlled substance has been denied by any  
10 jurisdiction;

11 3. Who has been convicted of or pleaded guilty or nolo  
12 contendere to, regardless of adjudication, an offense that  
13 constitutes a felony for receipt of illicit or diverted drugs,  
14 including a controlled substance listed in Schedule I, II, III, IV  
15 or V of the Uniform Controlled Dangerous Substances Act, in this  
16 state, any other state or the United States.

17 F. If the State Board of Medical Licensure and Supervision  
18 finds that a pain management clinic does not meet the requirement of  
19 subsection D of this section or is owned, directly or indirectly, by  
20 a person meeting any criteria listed in subsection E of this  
21 section, the State Board of Medical Licensure and Supervision shall  
22 revoke the certificate of registration previously issued by the  
23 State Board of Medical Licensure and Supervision. As determined by  
24 rule, the State Board of Medical Licensure and Supervision may grant

1 an exemption to denying a registration or revoking a previously  
2 issued registration if more than ten (10) years have elapsed since  
3 adjudication. As used in this section, the term "convicted"  
4 includes an adjudication of guilt following a plea of guilty or nolo  
5 contendere or the forfeiture of a bond when charged with a crime.

6 G. If the registration of a pain management clinic is revoked  
7 or suspended, the designated physician of the pain management  
8 clinic, the owner or lessor of the pain management clinic property,  
9 the manager and the proprietor shall cease to operate the facility  
10 as a pain management clinic as of the effective date of the  
11 suspension or revocation.

12 H. If a pain management clinic registration is revoked or  
13 suspended, the designated physician of the pain management clinic,  
14 the owner or lessor of the clinic property, the manager or the  
15 proprietor is responsible for removing all signs and symbols  
16 identifying the premises as a pain management clinic.

17 I. If the clinic's registration is revoked, any person named in  
18 the registration documents of the pain management clinic, including  
19 persons owning or operating the pain management clinic, shall not,  
20 as an individual or as a part of a group, apply to operate a pain  
21 management clinic for five (5) years after the date the registration  
22 is revoked.

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1 J. The period of suspension for the registration of a pain  
2 management clinic shall be prescribed by the State Board of Medical  
3 Licensure and Supervision but shall not exceed one (1) year.

4 K. A change of ownership of a registered pain management clinic  
5 requires submission of a new registration application.

6 SECTION 3. NEW LAW A new section of law to be codified  
7 in the Oklahoma Statutes as Section 2-1103 of Title 63, unless there  
8 is created a duplication in numbering, reads as follows:

9 A. A physician shall not practice medicine in a pain management  
10 clinic if the clinic is not registered with the State Board of  
11 Medical Licensure and Supervision as required by this act. Any  
12 physician who qualifies to practice medicine in a pain management  
13 clinic pursuant to rules adopted by the State Board of Medical  
14 Licensure and Supervision may continue to practice medicine in a  
15 pain management clinic as long as the physician continues to meet  
16 the qualifications prescribed in the rules. A physician who  
17 violates this subsection is subject to disciplinary action by his or  
18 her appropriate medical regulatory board.

19 B. Only a physician licensed pursuant to Section 480 et seq. or  
20 Section 620 et seq. of Title 59 of the Oklahoma Statutes may  
21 prescribe a controlled dangerous substance on the premises of a  
22 registered pain management clinic. No person shall dispense any  
23 controlled dangerous substance on the premises of a pain management  
24 clinic.

1 C. A physician, a physician assistant or an Advanced Practice  
2 Registered Nurse shall perform a physical examination of a patient  
3 on the same day that the physician prescribes a controlled substance  
4 to a patient at a pain management clinic. If the physician  
5 prescribes more than a seventy-two-hour dose of controlled dangerous  
6 substances for the treatment of chronic nonmalignant pain, the  
7 physician shall document in the patient's record the reason for  
8 prescribing that quantity.

9 D. A physician authorized to prescribe controlled dangerous  
10 substances who practices at a pain management clinic is responsible  
11 for maintaining the control and security of his or her prescription  
12 blanks and any other method used for prescribing controlled  
13 dangerous substance pain medication. The physician shall notify, in  
14 writing, the State Board of Medical Licensure and Supervision within  
15 twenty-four (24) hours following any theft or loss of a prescription  
16 blank or breach of any other method for prescribing pain medication.

17 E. The designated physician of a pain management clinic shall  
18 notify the applicable board in writing of the date of termination of  
19 employment within ten (10) calendar days after terminating his or  
20 her employment with a pain management clinic that is required to be  
21 registered pursuant to this act. Each physician practicing in a  
22 pain management clinic shall advise the State Board of Medical  
23 Licensure and Supervision, in writing, within ten (10) calendar days  
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1 after beginning or ending his or her practice at a pain management  
2 clinic.

3 F. Each physician practicing in a pain management clinic is  
4 responsible for ensuring compliance with the following facility and  
5 physical operations requirements:

6 1. A pain management clinic shall be located and operated at a  
7 publicly accessible fixed location and shall:

8 a. display a sign that can be viewed by the public that  
9 contains the clinic name, hours of operations and a  
10 street address,

11 b. have a publicly listed telephone number and a  
12 dedicated phone number to send and receive facsimiles  
13 with a facsimile machine that shall be operational  
14 twenty-four (24) hours per day,

15 c. have emergency lighting and communications,

16 d. have a reception and waiting area,

17 e. provide a restroom,

18 f. have an administrative area, including room for  
19 storage of medical records, supplies and equipment,

20 g. have private patient examination rooms,

21 h. have treatment rooms, if treatment is being provided  
22 to the patients, and

23 i. display a printed sign located in a conspicuous place  
24 in the waiting room viewable by the public with the

1 name and contact information of the clinic's  
2 designated physician and the names of all physicians  
3 practicing in the clinic; and

4 2. This section does not excuse a physician from providing any  
5 treatment or performing any medical duty without the proper  
6 equipment and materials as required by the standard of care. This  
7 section does not supersede the level of care, skill or treatment  
8 recognized in general law related to health care licensure.

9 G. Each physician practicing in a pain management clinic is  
10 responsible for ensuring compliance with the following infection  
11 control requirements:

12 1. The clinic shall maintain equipment and supplies to support  
13 infection prevention and control activities;

14 2. The clinic shall identify infection risks based on the  
15 following:

- 16 a. geographic location, community and population served,
- 17 b. the care, treatment and services it provides, and
- 18 c. an analysis of its infection surveillance and control  
19 data; and

20 3. The clinic shall maintain written infection prevention  
21 policies and procedures that address the following:

- 22 a. prioritized risks,
- 23 b. limiting unprotected exposure to pathogens,

- 1 c. limiting the transmission of infections associated  
2 with procedures performed in the clinic, and  
3 d. limiting the transmission of infections associated  
4 with the clinic's use of medical equipment, devices  
5 and supplies.

6 H. Each physician practicing in a pain management clinic is  
7 responsible for ensuring compliance with the following health and  
8 safety requirements:

9 1. The clinic, including its grounds, buildings, furniture,  
10 appliances and equipment shall be structurally sound, in good  
11 repair, clean and free from health and safety hazards;

12 2. The clinic shall have evacuation procedures in the event of  
13 an emergency, which shall include provisions for the evacuation of  
14 disabled patients and employees;

15 3. The clinic shall have a written facility-specific disaster  
16 plan specifying actions that will be taken in the event of clinic  
17 closure due to unforeseen disasters and shall include provisions for  
18 the protection of medical records; and

19 4. Each clinic shall have at least one employee on the premises  
20 during patient care hours who is certified in basic life support and  
21 is trained in reacting to accidents and medical emergencies until  
22 emergency medical personnel arrive.

23 I. The designated physician is responsible for ensuring  
24 compliance with the following quality assurance requirements:

1        1. Each pain management clinic shall have an ongoing quality  
2 assurance program that objectively and systematically:

- 3            a. monitors and evaluates the quality and appropriateness  
4                      of patient care,
- 5            b. evaluates methods to improve patient care,
- 6            c. identifies and corrects deficiencies within the  
7                      facility,
- 8            d. alerts the designated physician to identify and  
9                      resolve recurring problems, and
- 10           e. provides for opportunities to improve the facility's  
11                      performance and to enhance and improve the quality of  
12                      care provided to the public; and

13        2. The designated physician shall establish a quality assurance  
14 program that includes the following components:

- 15            a. the identification, investigation and analysis of the  
16                      frequency and causes of adverse incidents to patients,
- 17            b. the identification of trends or patterns of incidents,
- 18            c. the development of measures to correct, reduce,  
19                      minimize or eliminate the risk of adverse incidents to  
20                      patients, and
- 21            d. the documentation of these functions and periodic  
22                      review no less than quarterly of such information by  
23                      the designated physician.

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1 J. The designated physician is responsible for ensuring  
2 compliance with the following data collection and reporting  
3 requirements:

4 1. The designated physician for each pain management clinic  
5 shall report all adverse incidents to the State Board of Medical  
6 Licensure and Supervision; and

7 2. The designated physician shall also report to the State  
8 Board of Medical Licensure and Supervision, in writing, on a  
9 quarterly basis the following data:

- 10 a. the number of new and repeat patients seen and treated  
11 at the clinic who are prescribed controlled dangerous  
12 substance medications for the treatment of chronic,  
13 nonmalignant pain,
- 14 b. the number of patients discharged due to drug abuse,  
15 c. the number of patients discharged due to drug  
16 diversion, and
- 17 d. the number of patients treated at the clinic whose  
18 domicile is located somewhere other than in this  
19 state. A patient's domicile is the patient's fixed or  
20 permanent home to which he or she intends to return  
21 even though he or she may temporarily reside  
22 elsewhere.

1 SECTION 4. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 2-1104 of Title 63, unless there  
3 is created a duplication in numbering, reads as follows:

4 A. The State Board of Medical Licensure and Supervision may  
5 impose an administrative fine on a clinic of up to Five Thousand  
6 Dollars (\$5,000.00) per violation for violating the requirements of  
7 this act or the rules of the State Board of Medical Licensure and  
8 Supervision. In determining whether a penalty is to be imposed, and  
9 in fixing the amount of the fine, the State Board of Medical  
10 Licensure and Supervision shall consider the following factors:

11 1. The gravity of the violation, including the probability that  
12 death or serious physical or emotional harm to a patient has  
13 resulted, or could have resulted, from the pain management clinic's  
14 actions or the actions of the physician, the severity of the action  
15 or potential harm and the extent to which the provisions of the  
16 applicable laws or rules were violated;

17 2. What actions, if any, the owner or designated physician took  
18 to correct the violations;

19 3. Whether there were any previous violations at the pain  
20 management clinic; and

21 4. The financial benefits that the pain management clinic  
22 derived from committing or continuing to commit the violation.

23 B. Each day a violation continues after the date fixed for  
24 termination of the violation as ordered by the State Board of

1 Medical Licensure and Supervision constitutes an additional,  
2 separate and distinct violation.

3 C. The State Board of Medical Licensure and Supervision may  
4 impose a fine and, in the case of an owner-operated pain management  
5 clinic, revoke or deny a pain management clinic's registration if  
6 the clinic's designated physician knowingly and intentionally  
7 misrepresents actions taken to correct a violation.

8 D. An owner or designated physician of a pain management clinic  
9 who concurrently operates an unregistered pain management clinic is  
10 subject to an administrative fine of Five Thousand Dollars  
11 (\$5,000.00) per day.

12 E. If the owner of a pain management clinic that requires  
13 registration fails to apply to register the clinic upon a change of  
14 ownership and operates the clinic under the new ownership, the owner  
15 is subject to a fine of Five Thousand Dollars (\$5,000.00).

16 SECTION 5. NEW LAW A new section of law to be codified  
17 in the Oklahoma Statutes as Section 2-1105 of Title 63, unless there  
18 is created a duplication in numbering, reads as follows:

19 All affected agencies and boards shall promulgate such rules as  
20 are necessary to implement the provisions of this act.

21 SECTION 6. AMENDATORY 59 O.S. 2011, Section 355.1, as  
22 amended by Section 21, Chapter 230, O.S.L. 2015 (59 O.S. Supp. 2020,  
23 Section 355.1), is amended to read as follows:

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1 Section 355.1. A. Except as provided for in Section 353.1 et  
2 seq. of this title, only a licensed practitioner may dispense  
3 dangerous drugs to such practitioner's patients, and only for the  
4 expressed purpose of serving the best interests and promoting the  
5 welfare of such patients. The dangerous drugs shall be dispensed in  
6 an appropriate container to which a label has been affixed. Such  
7 label shall include the name and office address of the licensed  
8 practitioner, date dispensed, name of patient, directions for  
9 administration, prescription number, the trade or generic name and  
10 the quantity and strength, not meaning ingredients, of the drug  
11 therein contained; provided, this requirement shall not apply to  
12 compounded medicines. The licensed practitioner shall keep a  
13 suitable book, file or record in which shall be preserved for a  
14 period of not less than five (5) years a record of every dangerous  
15 drug compounded or dispensed by the licensed practitioner.

16 B. A prescriber desiring to dispense dangerous drugs pursuant  
17 to this section shall register annually with the appropriate  
18 licensing board as a dispenser, through a regulatory procedure  
19 adopted and prescribed by such licensing board.

20 C. A prescriber who dispenses professional samples to patients  
21 shall be exempt from the requirement of subsection B of this section  
22 if:

23 1. The prescriber furnishes the professional samples to the  
24 patient in the package provided by the manufacturer;



1 2. No charge is made to the patient; and

2 3. An appropriate record is entered in the patient's chart.

3 D. This section shall not apply to the services provided  
4 through the State Department of Health, city/county health  
5 departments, or the Department of Mental Health and Substance Abuse  
6 Services.

7 E. This section shall not apply to organizations and services  
8 incorporated as state or federal tax-exempt charitable nonprofit  
9 entities and/or organizations and services receiving all or part of  
10 their operating funds from a local, state or federal governmental  
11 entity; provided, such organizations and services shall comply with  
12 the labeling and recordkeeping requirements set out in subsection A  
13 of this section.

14 F. A prescriber who issues a prescription for a controlled  
15 dangerous substance shall not dispense the controlled dangerous  
16 substance pursuant to such prescription. A prescriber shall not  
17 dispense a controlled dangerous substance pursuant to a prescription  
18 issued by another prescriber if the dispensing prescriber has a  
19 financial interest in the practice of the prescribing prescriber.  
20 The restrictions on dispensing of controlled dangerous substances  
21 provided by this subsection shall not apply to substance abuse  
22 treatment programs or services.

23 SECTION 7. This act shall become effective November 1, 2021.  
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