

Senate Bill 1565

Sponsored by Senator COURTNEY (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Permits supervising physician or supervising physician organization to apply to Oregon Medical Board for dispensing authority for physician assistant. Requires supervising physician or supervising physician organization to register facility from which physician assistant will dispense as drug outlet with State Board of Pharmacy.

Removes limitation providing that Oregon State Board of Nursing may grant dispensing authority only to nurse practitioner in area that lacks readily available access to pharmacy services.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to dispensing of drugs; creating new provisions; amending ORS 677.510, 677.515, 677.545,
3 678.390, 689.005 and 689.305; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2012 Act is added to and made a part of ORS 677.495 to**
6 **677.545.**

7 **SECTION 2. (1)(a) A supervising physician or supervising physician organization may**
8 **apply to the Oregon Medical Board for authority for a physician assistant to dispense drugs**
9 **specified by the supervising physician or supervising physician organization.**

10 **(b) Notwithstanding paragraph (a) of this subsection, a physician assistant may not dis-**
11 **pende controlled substances classified in schedules I through IV under the federal Controlled**
12 **Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.**

13 **(2) The board shall adopt rules establishing standards and qualifications for physician**
14 **assistants with dispensing authority. The rules must require:**

15 **(a) A physician assistant seeking dispensing authority to complete a drug dispensing**
16 **training program; and**

17 **(b) The supervising physician or supervising physician organization that applies for dis-**
18 **pensing authority for a physician assistant to:**

19 **(A) Provide the board with a plan for drug delivery and control;**

20 **(B) Submit an annual report to the board on the physician assistant's use of dispensing**
21 **authority;**

22 **(C) Submit to the board a list of the drugs or classes of drugs that the supervising phy-**
23 **sician or supervising physician organization proposes to authorize the physician assistant to**
24 **dispense; and**

25 **(D) Submit to the board documentation showing that the supervising physician or**
26 **supervising physician organization has registered the facility from which the physician as-**
27 **stant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS**
28 **689.305.**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a**
 2 **drug dispensing training program for physician assistants and adopt that program by rule.**

3 **(4) Drugs dispensed by a physician assistant with dispensing authority under this section**
 4 **must be personally dispensed by the physician assistant.**

5 **SECTION 3.** ORS 689.005 is amended to read:

6 689.005. As used in this chapter:

7 (1) “Administer” means the direct application of a drug or device whether by injection,
 8 inhalation, ingestion, or any other means, to the body of a patient or research subject by:

9 (a) A practitioner or the practitioner’s authorized agent; or

10 (b) The patient or research subject at the direction of the practitioner.

11 (2) “Approved continuing pharmacy education program” means those seminars, classes,
 12 meetings, workshops and other educational programs on the subject of pharmacy approved by the
 13 board.

14 (3) “Board of pharmacy” or “board” means the State Board of Pharmacy.

15 (4) “Continuing pharmacy education” means:

16 (a) Professional, pharmaceutical post-graduate education in the general areas of socio-economic
 17 and legal aspects of health care;

18 (b) The properties and actions of drugs and dosage forms; and

19 (c) The etiology, characteristics and therapeutics of the disease state.

20 (5) “Continuing pharmacy education unit” means the unit of measurement of credits for ap-
 21 proved continuing education courses and programs.

22 (6) “Deliver” or “delivery” means the actual, constructive or attempted transfer of a drug or
 23 device other than by administration from one person to another, whether or not for a consideration.

24 (7) “Device” means an instrument, apparatus, implement, machine, contrivance, implant, in vitro
 25 reagent or other similar or related article, including any component part or accessory, which is re-
 26 quired under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

27 (8) “Dispense” or “dispensing” means the preparation and delivery of a prescription drug pur-
 28 suant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent
 29 administration to or use by a patient or other individual entitled to receive the prescription drug.

30 (9) “Distribute” means the delivery of a drug other than by administering or dispensing.

31 (10) “Drug” means:

32 (a) Articles recognized as drugs in the official United States Pharmacopoeia, official National
 33 Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any
 34 of them;

35 (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of dis-
 36 ease in a human or other animal;

37 (c) Articles, other than food, intended to affect the structure or any function of the body of hu-
 38 mans or other animals; and

39 (d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c)
 40 of this subsection.

41 (11) “Drug order” means a written order, in a hospital or other inpatient care facility, for an
 42 ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by
 43 other means of communication from a practitioner, that is immediately reduced to writing by a
 44 pharmacist, licensed nurse or other practitioner.

45 (12) “Drug outlet” means any pharmacy, nursing home, shelter home, convalescent home, ex-

1 tended care facility, drug abuse treatment center, penal institution, hospital, family planning clinic,
2 student health center, retail store, wholesaler, manufacturer, mail-order vendor or other establish-
3 ment with facilities located within or out of this state that is engaged in dispensing, delivery or
4 distribution of drugs within this state.

5 (13) "Drug room" means a secure and lockable location within an inpatient care facility that
6 does not have a licensed pharmacy.

7 (14) "Electronically transmitted" or "electronic transmission" means a communication sent or
8 received through technological apparatuses, including computer terminals or other equipment or
9 mechanisms linked by telephone or microwave relays, or any similar apparatus having electrical,
10 digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

11 (15) "Institutional drug outlet" means hospitals and inpatient care facilities where medications
12 are dispensed to another health care professional for administration to patients served by the hos-
13 pitals or facilities.

14 (16) "Intern" means a person who is enrolled in or has completed a course of study at a school
15 or college of pharmacy approved by the board and who is licensed with the board as an intern.

16 (17) "Internship" means a professional experiential program approved by the board under the
17 supervision of a licensed pharmacist registered with the board as a preceptor.

18 (18) "Itinerant vendor" means a person who sells or distributes nonprescription drugs by passing
19 from house to house, or by haranguing the people on the public streets or in public places, or who
20 uses the customary devices for attracting crowds, recommending their wares and offering them for
21 sale.

22 (19) "Labeling" means the process of preparing and affixing of a label to any drug container
23 exclusive, however, of the labeling by a manufacturer, packer or distributor of a nonprescription
24 drug or commercially packaged legend drug or device.

25 (20) "Manufacture" means the production, preparation, propagation, compounding, conversion
26 or processing of a device or a drug, either directly or indirectly by extraction from substances of
27 natural origin or independently by means of chemical synthesis or by a combination of extraction
28 and chemical synthesis and includes any packaging or repackaging of the substances or labeling or
29 relabeling of its container, except that this term does not include the preparation or compounding
30 of a drug by an individual for their own use or the preparation, compounding, packaging or labeling
31 of a drug:

32 (a) By a practitioner as an incident to administering or dispensing of a drug in the course of
33 professional practice; or

34 (b) By a practitioner or by the practitioner's authorization under supervision of the practitioner
35 for the purpose of or as an incident to research, teaching or chemical analysis and not for sale.

36 (21) "Manufacturer" means a person engaged in the manufacture of drugs.

37 (22) "Nonprescription drug outlet" means shopkeepers and itinerant vendors registered under
38 ORS 689.305.

39 (23) "Nonprescription drugs" means drugs which may be sold without a prescription and which
40 are prepackaged for use by the consumer and labeled in accordance with the requirements of the
41 statutes and regulations of this state and the federal government.

42 (24) "Person" means an individual, corporation, partnership, association or any other legal en-
43 tity.

44 (25) "Pharmacist" means an individual licensed by this state to engage in the practice of phar-
45 macy.

1 (26) "Pharmacy" means a place that meets the requirements of rules of the board, is licensed
 2 and approved by the board where the practice of pharmacy may lawfully occur and includes
 3 apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and
 4 prescription laboratories but does not include a place used by a manufacturer or wholesaler.

5 (27) "Pharmacy technician" means a person licensed by the State Board of Pharmacy who assists
 6 the pharmacist in the practice of pharmacy pursuant to rules of the board.

7 (28) "Practice of pharmacy" means:

8 (a) The interpretation and evaluation of prescription orders;

9 (b) The compounding, dispensing and labeling of drugs and devices, except labeling by a man-
 10 ufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs
 11 and devices;

12 (c) The prescribing and administering of vaccines and immunizations pursuant to ORS 689.645;

13 (d) The administering of drugs and devices to the extent permitted under ORS 689.655;

14 (e) The participation in drug selection and drug utilization reviews;

15 (f) The proper and safe storage of drugs and devices and the maintenance of proper records
 16 therefor;

17 (g) The responsibility for advising, where necessary or where regulated, of therapeutic values,
 18 content, hazards and use of drugs and devices;

19 (h) The monitoring of therapeutic response or adverse effect to drug therapy; and

20 (i) The offering or performing of those acts, services, operations or transactions necessary in the
 21 conduct, operation, management and control of pharmacy.

22 (29) "Practitioner" means a person licensed and operating within the scope of such license to
 23 prescribe, dispense, conduct research with respect to or administer drugs in the course of profes-
 24 sional practice or research:

25 (a) In this state; or

26 (b) In another state or territory of the United States if the person does not reside in Oregon and
 27 is registered under the federal Controlled Substances Act.

28 **(30) "Practitioner dispensing drug outlet" means a drug outlet from which a physician**
 29 **assistant licensed under ORS 677.505 to 677.525 is engaged in the dispensing of drugs.**

30 [(30)] (31) "Preceptor" means a pharmacist or a person licensed by the board to supervise the
 31 internship training of a licensed intern.

32 [(31)] (32) "Prescription drug" or "legend drug" means a drug which is:

33 (a) Required by federal law, prior to being dispensed or delivered, to be labeled with either of
 34 the following statements:

35 (A) "Caution: Federal law prohibits dispensing without prescription"; or

36 (B) "Caution: Federal law restricts this drug to use by or on the order of a licensed
 37 veterinarian"; or

38 (b) Required by any applicable federal or state law or regulation to be dispensed on prescription
 39 only or is restricted to use by practitioners only.

40 [(32)] (33) "Prescription" or "prescription drug order" means a written, oral or electronically
 41 transmitted direction, given by a practitioner authorized to prescribe drugs, for the preparation and
 42 use of a drug. When the context requires, "prescription" also means the drug prepared under such
 43 written, oral or electronically transmitted direction.

44 [(33)] (34) "Retail drug outlet" means a place used for the conduct of the retail sale, adminis-
 45 tering or dispensing or compounding of drugs or chemicals or for the administering or dispensing

1 of prescriptions and licensed by the board as a place wherein the practice of pharmacy may lawfully
2 occur.

3 [(34)] (35) "Shopkeeper" means a business or other establishment, open to the general public, for
4 the sale or nonprofit distribution of drugs.

5 [(35)] (36) "Unit dose" means a sealed single-unit container so designed that the contents are
6 administered to the patient as a single dose, direct from the container. Each unit dose container
7 must bear a separate label, be labeled with the name and strength of the medication, the name of
8 the manufacturer or distributor, an identifying lot number and, if applicable, the expiration date of
9 the medication.

10 [(36)] (37) "Wholesale drug outlet" means any person who imports, stores, distributes or sells for
11 resale any drugs including legend drugs and nonprescription drugs.

12 **SECTION 4.** ORS 689.305 is amended to read:

13 689.305. (1) All drug outlets shall annually register with the State Board of Pharmacy.

14 (2)(a) Each drug outlet shall apply for a certificate of registration in one or more of the fol-
15 lowing classifications:

16 (A) Retail drug outlet.

17 (B) Institutional drug outlet.

18 (C) Manufacturing drug outlet.

19 (D) Wholesale drug outlet.

20 (E) Nonprescription drug outlet.

21 **(F) Practitioner dispensing drug outlet.**

22 (b) No individual who is employed by a corporation which is registered under any classification
23 listed in paragraph (a) of this subsection need register under the provisions of this section.

24 (3) The board shall establish by rule under the powers granted to it under ORS 689.155 and
25 689.205 the criteria which each drug outlet must meet to qualify for registration in each classifica-
26 tion designated in subsection (2)(a) of this section. The board may issue various types of certificates
27 of registration with varying restrictions to the designated outlets where the board deems it neces-
28 sary by reason of the type of drug outlet requesting a certificate.

29 (4) It shall be lawful for a drug outlet registered under this section to sell and distribute
30 nonprescription drugs. Drug outlets engaging in the sale and distribution of such items shall not be
31 deemed to be improperly engaged in the practice of pharmacy.

32 **SECTION 5.** ORS 677.510 is amended to read:

33 677.510. (1) A person licensed to practice medicine under this chapter may not use the services
34 of a physician assistant without the prior approval of the Oregon Medical Board.

35 (2) A supervising physician or a supervising physician organization may apply to the board to
36 use the services of a physician assistant. The application [*shall*] **must**:

37 (a) If the applicant is not a supervising physician organization, state the name and contact in-
38 formation of the supervising physician;

39 (b) If the applicant is a supervising physician organization:

40 (A) State the names and contact information of all supervising physicians; and

41 (B) State the name of the primary supervising physician required by subsection (5) of this sec-
42 tion;

43 (c) Generally describe the medical services provided by each supervising physician;

44 (d) Contain a statement acknowledging that each supervising physician has reviewed statutes
45 and rules relating to the practice of physician assistants and the role of a supervising physician; and

1 (e) Provide such other information in such a form as the board may require.

2 (3) The board shall approve or reject an application within seven working days after the board
3 receives the application, unless the board is conducting an investigation of the supervising physician
4 or of any of the supervising physicians in a supervising physician organization applying to use the
5 services of a physician assistant.

6 (4) A supervising physician organization shall provide the board with a list of the supervising
7 physicians in the supervising physician organization. The supervising physician organization shall
8 continually update the list and notify the board of any changes.

9 (5) A supervising physician organization shall designate a primary supervising physician and
10 notify the board in the manner prescribed by the board.

11 (6)(a) A physician assistant may not practice medicine until the physician assistant enters into
12 a practice agreement with a supervising physician or supervising physician organization whose ap-
13 plication has been approved under subsection (3) of this section. The practice agreement must:

14 (A) Include the name, contact information and license number of the physician assistant and
15 each supervising physician.

16 (B) Describe the degree and methods of supervision that the supervising physician or supervising
17 physician organization will use. The degree of supervision, whether general, direct or personal, must
18 be based on the level of competency of the physician assistant as judged by the supervising physi-
19 cian.

20 (C) Generally describe the medical duties delegated to the physician assistant.

21 (D) Describe the services or procedures common to the practice or specialty that the physician
22 assistant is not permitted to perform.

23 (E) Describe the prescriptive and medication administration privileges that the physician as-
24 sistant will exercise.

25 (F) Provide the list of settings and licensed facilities in which the physician assistant will pro-
26 vide services.

27 (G) State that the physician assistant and each supervising physician is in full compliance with
28 the laws and regulations governing the practice of medicine by physician assistants, supervising
29 physicians and supervising physician organizations and acknowledge that violation of laws or regu-
30 lations governing the practice of medicine may subject the physician assistant and supervising phy-
31 sician or supervising physician organization to discipline.

32 (H) Be signed by the supervising physician or the primary supervising physician of the super-
33 vising physician organization and by the physician assistant.

34 (I) Be updated at least every two years.

35 (b) The supervising physician or supervising physician organization shall provide the board with
36 a copy of the practice agreement within 10 days after the physician assistant begins practice with
37 the supervising physician or supervising physician organization. The supervising physician or
38 supervising physician organization shall keep a copy of the practice agreement at the practice lo-
39 cation and make a copy of the practice agreement available to the board on request. The practice
40 agreement is not subject to board approval, but the board may request a meeting with a supervising
41 physician or supervising physician organization and a physician assistant to discuss a practice
42 agreement.

43 (7) A physician assistant's supervising physician shall ensure that the physician assistant is
44 competent to perform all duties delegated to the physician assistant. The supervising physician or
45 supervising physician organization and the physician assistant are responsible for ensuring the

1 competent practice of the physician assistant.

2 (8) A supervising physician or the agent of a supervising physician must be competent to per-
3 form the duties delegated to the physician assistant by the supervising physician or by a supervising
4 physician organization.

5 (9) The board may not require that a supervising physician be physically present at all times
6 when the physician assistant is providing services, but may require that:

7 (a) The physician assistant have access to personal or telephone communication with a super-
8 vising physician when the physician assistant is providing services; and

9 (b) The proximity of a supervising physician and the methods and means of supervision be ap-
10 propriate to the practice setting and the patient conditions treated in the practice setting.

11 (10)(a) A supervising physician organization may supervise any number of physician assistants.
12 The board may not adopt rules limiting the number of physician assistants that a supervising phy-
13 sician organization may supervise.

14 (b) A physician assistant who is supervised by a supervising physician organization may be
15 supervised by any of the supervising physicians in the supervising physician organization.

16 (11) If a physician assistant is not supervised by a supervising physician organization, the phy-
17 sician assistant may be supervised by no more than four supervising physicians, unless the board
18 approves a request from the physician assistant, or from a supervising physician, for the physician
19 assistant to be supervised by more than four supervising physicians.

20 (12) A supervising physician who is not acting as part of a supervising physician organization
21 may supervise four physician assistants, unless the board approves a request from the supervising
22 physician or from a physician assistant for the supervising physician to supervise more than four
23 physician assistants.

24 (13) A supervising physician who is not acting as part of a supervising physician organization
25 may designate a physician to serve as the agent of the supervising physician for a predetermined
26 period of time.

27 (14) A physician assistant may render services in any setting included in the practice agreement.

28 [(15) A physician assistant may apply to the board for emergency drug dispensing authority. The
29 board shall consider the criteria adopted by the Physician Assistant Committee under ORS 677.545 (4)
30 in reviewing the application. A physician assistant with emergency drug dispensing authority may
31 dispense only drugs that have been prepared or prepackaged by a licensed pharmacist, manufacturing
32 drug outlet or wholesale drug outlet authorized to do so under ORS chapter 689.]

33 [(16)] (15) A physician assistant for whom an application under this section has been approved
34 by the board on or after January 2, 2006, shall submit to the board, within 24 months after the ap-
35 proval, documentation of completion of:

36 (a) A pain management education program approved by the board and developed in conjunction
37 with the Pain Management Commission established under ORS 413.570; or

38 (b) An equivalent pain management education program, as determined by the board.

39 **SECTION 6.** ORS 677.515 is amended to read:

40 677.515. (1) A physician assistant licensed under ORS 677.512 may provide any medical service,
41 including prescribing and administering controlled substances in schedules II through V under the
42 federal Controlled Substances Act:

43 (a) That is delegated by the physician assistant's supervising physician or supervising physician
44 organization;

45 (b) That is within the scope of practice of the physician assistant;

1 (c) That is within the scope of practice of the supervising physician or supervising physician
2 organization;

3 (d) That is provided under the supervision of the supervising physician or supervising physician
4 organization;

5 (e) That is generally described in and in compliance with the practice agreement; and

6 (f) For which the physician assistant has obtained informed consent as provided in ORS 677.097,
7 if informed consent is required.

8 (2) This chapter does not prohibit a student enrolled in a program for educating physician as-
9 sistants approved by the board from rendering medical services if the services are rendered in the
10 course of the program.

11 (3) The degree of independent judgment that a physician assistant may exercise shall be deter-
12 mined by the supervising physician, or supervising physician organization, and the physician assist-
13 ant in accordance with the practice agreement.

14 (4) A supervising physician, upon the approval of the board and in accordance with the rules
15 established by the board, may delegate to the physician assistant the authority to administer and
16 *[dispense limited emergency medications and to]* prescribe medications pursuant to this section and
17 ORS 677.535 to 677.545. *[Neither]* The board *[nor]* **and** the Physician Assistant Committee *[shall]*
18 **may not** limit the privilege of administering, dispensing and prescribing to population groups
19 federally designated as underserved, or to geographic areas of the state that are federally designated
20 health professional shortage areas, federally designated medically underserved areas or areas des-
21 ignated as medically disadvantaged and in need of primary health care providers by the Director
22 of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to
23 this subsection *[shall]* **must** bear the name, office address and telephone number of the supervising
24 physician.

25 (5) This chapter does not require or prohibit a physician assistant from practicing in a hospital
26 licensed pursuant to ORS 441.015 to 441.089.

27 (6) Prescriptions for medications prescribed by a physician assistant in accordance with this
28 section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 to 677.545 and dispensed by a licensed
29 pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling
30 of such a prescription does not constitute evidence of negligence on the part of the pharmacist if
31 the prescription was dispensed within the reasonable and prudent practice of pharmacy.

32 **SECTION 7.** ORS 677.545 is amended to read:

33 677.545. The Physician Assistant Committee shall:

34 (1) Review and make recommendations to the Oregon Medical Board regarding all matters re-
35 lating to physician assistants, including but not limited to:

- 36 (a) Applications for licensure;
- 37 (b) Disciplinary proceedings; and
- 38 (c) Renewal requirements.

39 *[(2) Review applications of physician assistants for dispensing privileges.]*

40 *[(3)]* **(2)** Recommend approval or disapproval of applications submitted under subsection (1) *[or*
41 *(2)]* of this section to the board.

42 *[(4) Recommend criteria to be used in granting dispensing privileges under ORS 677.515.]*

43 *[(5)]* **(3)** Review the criteria for prescriptive privileges that may include all or parts of Schedules
44 II, III, IV and V controlled substances and the procedures for physician assistants, supervising
45 physicians and supervising physician organizations to follow in exercising the prescriptive privi-

1 leges. A statement regarding Schedule II controlled substances prescriptive privileges must be in-
 2 cluded in the practice agreement. The Schedule II controlled substances prescriptive privileges of
 3 a physician assistant [*shall be*] **are** limited by the practice agreement and may be restricted further
 4 by the supervising physician or supervising physician organization at any time. The supervising
 5 physician or supervising physician organization shall notify the physician assistant and the board
 6 of any additional restrictions imposed by the supervising physician or supervising physician organ-
 7 ization. To be eligible for Schedule II controlled substances prescriptive privileges, a physician as-
 8 sistant must be certified by the National Commission on Certification of Physician Assistants and
 9 must complete all required continuing medical education coursework.

10 **SECTION 8.** ORS 678.390 is amended to read:

11 678.390. (1) The Oregon State Board of Nursing may grant to a certified nurse practitioner or
 12 certified clinical nurse specialist the privilege of writing prescriptions, including prescriptions for
 13 controlled substances listed in schedules II, III, III N, IV and V.

14 (2) A certified nurse practitioner or certified clinical nurse specialist may submit an application
 15 to the Oregon State Board of Nursing to dispense prescription drugs. The Oregon State Board of
 16 Nursing shall provide immediate notice to the State Board of Pharmacy upon receipt and upon ap-
 17 proval of an application from a certified nurse practitioner or certified clinical nurse specialist for
 18 authority to dispense prescription drugs to the patients of the applicant.

19 (3) An application for the authority to dispense prescription drugs as authorized under sub-
 20 section [(1)] (2) of this section must include:

21 (a) Evidence of completion of a prescription drug dispensing training program jointly developed
 22 and adopted by rule by the Oregon State Board of Nursing and the State Board of Pharmacy.

23 [(b) *Except when a certified nurse practitioner is seeking authority to dispense prescription drugs*
 24 *at a qualified institution of higher education as defined in ORS 399.245, demonstration of a lack of*
 25 *readily available access to pharmacy services in the practice area of the applicant and that the lack*
 26 *of access would be corrected by granting authority to dispense prescription drugs by the applicant.*
 27 *Lack of readily available access to pharmacy services for patients may be established by evidence:]*

28 [(A) *That the patients of the applicant are located:]*

29 [(i) *Outside the boundaries of a metropolitan statistical area;]*

30 [(ii) *Thirty or more highway miles from the closest hospital within the major population center in*
 31 *a metropolitan statistical area; or]*

32 [(iii) *In a county with a population of less than 75,000; or]*

33 [(B) *Of financial barrier to access, including but not limited to receiving services from a health care*
 34 *safety net clinic or eligibility for participation in a patient assistance program of a pharmaceutical*
 35 *company.]*

36 [(c)] (b) Any other information required by the Oregon State Board of Nursing.

37 (4) Prescription drugs dispensed by a certified nurse practitioner or certified clinical nurse
 38 specialist [*shall*] **must** be personally dispensed by the certified nurse practitioner or certified clin-
 39 ical nurse specialist, except that nonjudgmental dispensing functions may be delegated to staff as-
 40 sistants when:

41 (a) The accuracy and completeness of the prescription is verified by the certified nurse practi-
 42 tioner or certified clinical nurse specialist; and

43 (b) The prescription drug is labeled with the name of the patient to whom it is being dispensed.

44 (5) The Oregon State Board of Nursing shall adopt rules requiring:

45 (a) Drugs dispensed by certified nurse practitioners and certified clinical nurse specialists to be

1 either prepackaged by a manufacturer registered with the State Board of Pharmacy or repackaged
2 by a pharmacist licensed by the State Board of Pharmacy under ORS chapter 689;

3 (b) Labeling requirements for drugs dispensed by certified nurse practitioners and certified
4 clinical nurse specialists that are the same as labeling requirements required of pharmacies licensed
5 under ORS chapter 689;

6 (c) Record keeping requirements for prescriptions and drug dispensing by a certified nurse
7 practitioner and a certified clinical nurse specialist that are the same as the record keeping re-
8 quirements required of pharmacies licensed under ORS chapter 689;

9 (d) A dispensing certified nurse practitioner and a dispensing certified clinical nurse specialist
10 to have available at the dispensing site a hard copy or electronic version of prescription drug re-
11 ference works commonly used by professionals authorized to dispense prescription medications; and

12 (e) A dispensing certified nurse practitioner and a dispensing certified clinical nurse specialist
13 to allow representatives of the State Board of Pharmacy, upon receipt of a complaint, to inspect a
14 dispensing site after prior notice to the Oregon State Board of Nursing.

15 (6) The Oregon State Board of Nursing has sole disciplinary authority regarding certified nurse
16 practitioners and certified clinical nurse specialists who have drug dispensing authority.

17 (7) The privilege of writing prescriptions and dispensing drugs may be denied, suspended or re-
18 voked by the Oregon State Board of Nursing upon proof that the privilege has been abused. The
19 procedure shall be a contested case under ORS chapter 183. Disciplinary action under this sub-
20 section is grounds for discipline of the certified nurse practitioner or certified clinical nurse spe-
21 cialist in the same manner as a licensee may be disciplined under ORS 678.111.

22 **SECTION 9. (1) Section 2 of this 2012 Act and the amendments to ORS 677.510, 677.515,**
23 **677.545, 678.390, 689.005 and 689.305 by sections 3 to 8 of this 2012 Act become operative on**
24 **June 1, 2012.**

25 **(2) The Oregon Medical Board, the State Board of Pharmacy and the Oregon State Board**
26 **of Nursing may take any action on or before the operative date specified in subsection (1)**
27 **of this section that is necessary to enable the boards to exercise, on and after the operative**
28 **date specified in subsection (1) of this section, all of the duties, functions and powers con-**
29 **ferred on the boards by section 2 of this 2012 Act and the amendments to ORS 677.510,**
30 **677.515, 677.545, 678.390, 689.005 and 689.305 by sections 3 to 8 of this 2012 Act.**

31 **SECTION 10. This 2012 Act being necessary for the immediate preservation of the public**
32 **peace, health and safety, an emergency is declared to exist, and this 2012 Act takes effect**
33 **on its passage.**

34