This office has received your request for a written Attorney General Opinion regarding agency action to be taken by the Oklahoma Board of Nursing under an agreed order in Board case 6.019.17. The proposed action is to continue the suspension of license and again refer the licensee to the Board’s peer-based substance abuse monitoring program. The licensee may apply for reinstatement of the license within sixty days of acceptance into the program. If default from substance abuse monitoring, the agreed order allows the Board to revoke the license for five years and impose a $3,000 fine. The licensee falsified the individual narcotic records of two residents at a nursing center. The licensee recorded 120 tablets of Hydrocodone after accepting a pharmacy delivery of 180 tablets of Hydrocodone for the first resident and recorded 112 tablets of Hydrocodone after accepting a pharmacy delivery of 240 tablets for a second resident. The licensee was terminated from the nursing center after testing positive for amphetamines. Soon thereafter, the licensee admitted an addiction to drugs and alcohol and voluntarily entered the Board’s peer-based substance abuse monitoring program but defaulted a month later.

The Oklahoma Nursing Practice Act, 59 O.S.2011 & Supp.2016, §§ 567.1–567.20, authorizes agreed disciplinary orders involving the imposition of substance abuse monitoring, see 59 O.S.Supp.2016, § 567.4(F)(3)(b). The Act authorizes discipline when a nurse "fails to care for patients adequately or to conform to the minimum standards of acceptable nursing;" is "intemperate in the use of alcohol or drugs" in a way that "could endanger patients;" is guilty of "unprofessional conduct as defined in the rules of the Board;" violates "an order of the Board," or defaults from peer-based substance abuse monitoring. Id. § 567.8(B)(3), (4), (7), (9), (11). Given the licensee’s admission of drug abuse and default from substance abuse monitoring, it is reasonable for the Board to require additional substance abuse monitoring with significant consequences upon further default.
It is, therefore, the official opinion of the Attorney General that the Oklahoma Board of Nursing has adequate support for the conclusion this action advances the State of Oklahoma's policy that nurses adhere to minimum standards of care and professionalism.

E. SCOTT PRUITT
ATTORNEY GENERAL OF OKLAHOMA