Kim Glazier, Executive Director
Oklahoma Board of Nursing
2915 N. Classen Blvd., Ste. 524
Oklahoma City, Oklahoma 73106

Dear Executive Director Glazier:

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 6.023.17. 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 can apply for reinstatement of the license within sixty days of acceptation into the program. If the licensee defaults from the program again, the action calls for revocation of the license for five years and imposes a $2,500 fine. While working in a nursing center, the licensee failed to document the waste or administration of two Percocet tablets, a controlled dangerous substance, consecutively for three days for one resident and failed to document the waste or administration of Lorazepam for another resident. On the same day, the licensee administered an extra dose of Norco 5/325 mg, without a physician’s order, to a third resident, in addition to the three prescribed. The licensee refused to submit to a for-cause drug screen requested by the center administrator and was thereafter terminated. The licensee later admitted abuse of Oxycodone to the Board and entered the peer-based substance abuse monitoring program. The licensee defaulted three months later and defaulted.

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 nurses are “intemperate in the use of alcohol or drugs” in a way that "could endanger patients;” when they engage in “unprofessional conduct as defined in the rules of the Board;” when they violate orders of the Board; or when they default from peer-based substance abuse monitoring. Id. § 567.8(B)(4), (7), (9), (11). Given the licensee’s admission of drug abuse and prior default from substance abuse monitoring, it is reasonable 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