

ENROLLED SENATE  
BILL NO. 1080

By: Snyder of the Senate  
and  
Seikel of the House

An Act relating to public health and safety; amending 63 O.S. 1991, Sections 1-860.6, as amended by Section 3, Chapter 236, O.S.L. 1992, 1-860.9 and 1-1918, as amended by Section 1, Chapter 173, O.S.L. 1992 (63 O.S. Supp. 1995, Sections 1-860.6 and 1-1918), which relate to the Oklahoma Hospice Licensing Act and the Nursing Home Care Act; modifying requirements for filing of an application for a hospice license; expanding patients' rights and responsibilities; requiring certain disclosure; providing for penalties and fines; providing for method of determination of fines; allowing certain election in lieu of fine; clarifying language; providing for codification; providing an effective date; and declaring an emergency.

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

SECTION 1. AMENDATORY 63 O.S. 1991, Section 1-860.6, as amended by Section 3, Chapter 236, O.S.L. 1992 (63 O.S. Supp. 1995, Section 1-860.6), is amended to read as follows:

Section 1-860.6 A. No public or private agency or person shall establish, conduct or maintain a hospice or hold itself out to the public as a hospice without first obtaining a license from the State Department of Health.

B. An application for a hospice license shall be filed on a form prescribed by the Department and shall be accompanied by:

1. The license fee required by Section 1-860.15 of this title;
2. Documentation of complete disclosure for the applicant which shall include, but not be limited to, the name, mailing address and finding address of every stockholder with at least five percent (5%) ownership interest in the hospice;
3. Satisfactory proof that the hospice is in compliance with the provisions of the Oklahoma Hospice Licensing Act, Section 1-

860.1 et seq. of this title, and any rules and minimum standards promulgated by the State Board of Health pursuant to the Oklahoma Hospice Licensing Act; and

4. Proof of sufficient financial ability to operate and conduct the hospice in accordance with the requirements of the Oklahoma Hospice Licensing Act.

C. The initial application shall be accompanied by a plan for the delivery of home and inpatient hospice services to patients and their families. Such plan shall contain, but not be limited to:

1. The estimated average number of patients to be served monthly;

2. The geographic area in which hospice services will be available;

3. A listing of services which are or will be provided, either directly by the applicant or through contractual arrangements with existing health care providers;

4. Provisions for the implementation of hospice home care within three (3) months of licensure;

5. The name and qualifications of any existing or potential health care provider with whom the hospice may enter into a contract; and

6. The projected annual operating cost of the hospice.

D. A license issued for the operation of a hospice program, unless sooner suspended or revoked, shall expire automatically one (1) year from the date of issuance. At least sixty (60) days prior to the expiration date, an application for license renewal shall be submitted to the Department on forms furnished by the Department. The license shall be renewed if the applicant has complied with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the provisions of the Oklahoma Hospice Licensing Act. The application for license renewal shall be accompanied by an update of the plan for delivery of hospice services only if information contained in the plan submitted pursuant to subsection C of this section is no longer applicable or up-to-date.

E. A hospice for which a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the Department of such proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

F. The license shall:

1. Be displayed in a conspicuous place inside the hospice program office;

2. Be valid only in the possession of the person or public agency to which it is issued;

3. Not be subject to sale, assignment, or other transfer, voluntary or involuntary; and

4. Not be valid for any hospice other than the hospice for which originally issued.

G. Any person who, prior to January 1, 1991, provided hospice services to any patient shall be entitled to operate as a hospice pursuant to the provisions of the Oklahoma Hospice Licensing Act without making application and obtaining a license pursuant to the provisions of the Oklahoma Hospice Licensing Act for one (1) year after September 1, 1991, provided such person otherwise complies with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the act. Thereafter any person providing hospice services shall make application, obtain a license, and comply with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the act.

SECTION 2. AMENDATORY 63 O.S. 1991, Section 1-860.9, is amended to read as follows:

Section 1-860.9 A. After notice and hearing pursuant to the provisions of Section 1-860.10 of this title, the State Department of Health may:

1. Deny a license to an applicant who does not meet the requirements for licensure pursuant to the provisions of the Oklahoma Hospice Licensing Act;
2. Refuse to renew, suspend or revoke a license to a hospice which is not in compliance with the provisions of the Oklahoma Hospice Licensing Act or with the rules promulgated by the State Board of Health pursuant to the provisions of the Oklahoma Hospice Licensing Act;
3. Deny, refuse to renew, suspend or revoke a license to an applicant or hospice which has a history of noncompliance or incomplete or partial compliance with the provisions of the Oklahoma Hospice Licensing Act or with the rules promulgated by the Board pursuant to the Oklahoma Hospice Licensing Act, or for which there is other satisfactory evidence which demonstrates that the applicant or hospice is unlikely to provide care or treatment to the patients in the care of the hospice in a manner which warrants public trust;
4. Deny, refuse to renew, suspend or revoke a license to an applicant or hospice which has insufficient financial or other resources to the extent that the applicant or hospice is incapable of ensuring or providing adequate care or treatment to the patients; or
5. Assess administrative penalties pursuant to Article II of the Administrative Procedures Act.

B. Any of the following actions by a hospice or any of its employees shall be grounds for action by the Department against a hospice:

1. A violation of the provisions of the Oklahoma Hospice Licensing Act or of any of the rules promulgated thereto; or
2. An intentional or negligent act materially affecting the health or safety of a patient.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-860.9a of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Any person who has been determined by the State Department of Health to have violated any provision of the Oklahoma Hospice Licensing Act or any rule or order of the State Board of Health issued pursuant thereto may be assessed an administrative fine of not less than Fifty Dollars (\$50.00) nor more than One Thousand Dollars (\$1,000.00) for each day that the violation continues. The maximum administrative fine shall not exceed Ten Thousand Dollars (\$10,000.00) for any related series of violations that do not constitute immediate jeopardy to residents. A fine of not less than Five Hundred Dollars (\$500.00) per day nor more than Two Thousand Five Hundred Dollars (\$2,500.00) per day may be assessed for any violation constituting immediate jeopardy to residents.

B. The amount of the fine shall be assessed by the Department, pursuant to the provisions of subsection A of this section, after notice and hearing. In determining the amount of the fine, the Department shall include, but not be limited to, consideration of:

1. The nature, circumstances, and gravity of the violation;
2. The repetitive nature of the violation by the hospice or by other hospices operated by the same entity;
3. The previous degree of difficulty in obtaining compliance with the Oklahoma Hospice Licensing Act or the rules promulgated pursuant thereto; and
4. With respect to the person found to have committed the violation, the degree of culpability and evidence of a substantial show of good faith by such person in attempting to achieve

compliance with the provisions of the Oklahoma Hospice Licensing Act.

C. Any license holder may elect to surrender the license of such holder in lieu of such fine but shall be forever barred from obtaining a reissuance of the license or any other license issued pursuant to the Oklahoma Hospice Licensing Act.

SECTION 4. AMENDATORY 63 O.S. 1991, Section 1-1918, as amended by Section 1, Chapter 173, O.S.L. 1992 (63 O.S. Supp. 1995, Section 1-1918), is amended to read as follows:

Section 1-1918. A. All principles enumerated in this section shall be posted in a conspicuous, easily accessible place in each facility. Each resident and personally appointed representative of the resident, if any, shall be verbally advised and provided a written copy of such principles prior to or upon admission to the facility. The facility shall ensure that its staff is familiar with and observes the rights and responsibilities enumerated in this section. The facility shall make available to each resident, upon reasonable requests, a current written statement of such rights and responsibilities.

B. A statement of rights and responsibilities shall include, but not be limited to, the following:

1. Every resident's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed upon and the facility shall encourage and assist in the exercise of these rights;

2. Every resident shall have the right to have private communications, including telephonic communications and visits and consultations with the physician, attorney, meetings of family and resident groups or any other person or persons of the resident's choice, and may send and promptly receive, unopened, the resident's personal mail;

3. Every resident shall have the right, without fear of reprisal or discrimination, to present grievances with respect to treatment or care that is or fails to be furnished on behalf of the resident or others to the facility's staff or administrator, to governmental officials or to any other person and to organize to join with other residents or individuals within or outside of the facility to work for improvements in resident care. The family of a resident shall have the right to meet in the facility with other residents' families. Every resident shall have the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents;

4. Every resident shall have the right to manage such resident's own financial affairs, unless the resident delegates the responsibility, in writing, to the facility. The resident shall have at least a quarterly accounting of any personal financial transactions undertaken in the resident's behalf by the facility during any period of time the resident has delegated such responsibilities to the facility;

5. Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident unless adjudged to be mentally incapacitated shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated;

6. Every resident shall receive respect and privacy in the medical care program of the resident. Case discussion,

consultation, examination and treatment shall remain confidential and shall be conducted discreetly. Personal and medical records shall be confidential, and shall include such documentation or information so as to alert a health care provider or an emergency medical care facility of the existence of a directive to physicians or a living will;

7. Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered;

8. Every resident shall be informed by the facility, at the time of admission, of the facility's policy regarding the provision of hospice services. The facility's policy shall:

- a. specify whether the facility provides hospice services, either directly or through contractual arrangements with other hospice providers,
- b. specify whether the facility permits hospice services to be provided in the facility by any other hospice services or only by hospice services contracted by the facility,
- c. provide that each resident shall receive a list of hospice services with which the facility contracts, and
- d. provide for complete disclosure to the resident of the facility's relationship with any hospice service that is the result of ownership or an ownership interest of five percent (5%) or more;

9. Every resident shall have the right to receive notice before the room or roommate of the resident in the facility is changed and if the resident has a telephone in his or her room, the resident must be informed of any charges to be incurred when moving;

10. Every resident shall have the right to retain and use personal clothing and possessions, unless medically contraindicated, and shall have the right to security in the storage and use of such clothing and possessions;

11. Every resident shall have the right to receive courteous and respectful care and treatment and a written statement of the services provided by the facility, including those required to be offered on an as-needed basis, and a statement of related charges, including any costs for services not covered under medicare or medicaid, or not covered by the facility's basic per diem rate;

12. Every resident shall be free from mental and physical abuse, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency;

13. Every resident shall receive a statement of the facility's regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of the other residents;

14. Every resident shall receive a statement that, should they be adjudicated incompetent and have no ability to be restored to legal capacity, the above rights and responsibilities shall be exercised by a court-appointed representative;

15. No resident shall be required to perform services for a facility;

16. Every resident shall have privacy for spousal visits. Every resident may share a room with the resident's spouse, if the spouse is residing in the same facility;

17. When a physician indicates it is appropriate, a facility shall immediately notify the resident's next of kin, or representative of the resident's death or when the resident's death appears to be imminent;

18. Every resident shall have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and

19. Every resident shall have the right to examine, upon reasonable request, the results of the most recent survey of the facility conducted by the State Department of Health with respect to the facility and any plan of correction in effect with respect to the facility.

C. A facility shall, at the point that a resident requires hospice services, inform the resident or the personally appointed representative of the resident, if any, verbally and in writing of the resident's right to hospice services pursuant to the facility's policy at the time of the resident's admission.

D. No licensed facility shall deny appropriate care on the basis of the resident's source of payment as defined in the regulations. Appropriate care shall not include duplication of services by a nursing home, hospice, or any combination of care providers.

E. Each facility shall prepare a written plan and provide appropriate staff training to implement each resident's rights as stated in this section.

F. Any person convicted of violating any provisions of this section shall be guilty of a misdemeanor, punishable by a fine of not less than One Hundred Dollars (\$100.00), nor more than Three Hundred Dollars (\$300.00), or imprisonment in the county jail for not more than thirty (30) days, or by both such fine and imprisonment.

G. In addition to the penalties provided in this section, an action may be brought against an individual by any resident who is injured by any violation of this section, or who shall suffer injury from any person whose threats would cause a violation of this section if carried through, may maintain an action to prevent, restrain or enjoin a violation or threatened violation. If a violation or threatened violation of this section shall be established in any action, the court shall enjoin and restrain or otherwise prohibit the violation or threatened violation and assess in favor of the plaintiff and against the defendant the cost of the suit, and the reasonable attorney fees incurred by the plaintiff. If damages are alleged and proved in the action, the plaintiff shall be entitled to recover from the defendant the actual damages sustained by the plaintiff. If it is proved in an action that the defendant's conduct was willful or in reckless disregard of the rights provided by this section, punitive damages may be assessed.

H. Any employee of a state agency that inspects any nursing facility or special facility shall report any flagrant violations of this act or any other statute to the administrative head of the state agency, who shall immediately take whatever steps are necessary to correct the situation including, when appropriate, reporting the violation to the district attorney of the county in which the violation occurred.

I. Upon the death of a resident who has no sources of payment for funeral services, the facility shall immediately notify appropriate county officials who shall be responsible for funeral and burial procedures of the deceased in the same manner as with any indigent resident of the county.

SECTION 5. This act shall become effective July 1, 1996.

SECTION 6. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.