

1 **SENATE FLOOR VERSION**

2 February 24, 2014

3 COMMITTEE SUBSTITUTE  
4 FOR

5 SENATE BILL NO. 1879

By: Standridge of the Senate

and

Echols of the House

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8  
9 [ hospice facilities - requirements managed by  
10 certified administrators - licenses and  
11 certifications - codification - effective date ]  
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13 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

14 SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-860.4, is  
15 amended to read as follows:

16 Section 1-860.4. A. A hospice shall comply with the following:

17 1. A hospice shall coordinate its services with those of the  
18 patient's primary or attending physician;

19 2. A hospice shall coordinate its services with professional  
20 and nonprofessional services already in the community. A hospice  
21 may contract for some elements of its services to a patient and  
22 family, provided direct patient care is maintained with the patient  
23 and the hospice team so that overall coordination of services can be  
24 maintained by the hospice team. The majority of hospice services

1 available through a hospice shall be provided directly by the  
2 licensee. Any contract entered into between a hospice and health  
3 care provider shall specify that the hospice retain the  
4 responsibility for planning, coordinating and prescribing hospice  
5 services on behalf of a hospice patient and the hospice patient's  
6 family. No hospice may charge fees for services provided directly  
7 by the hospice team which duplicate contractual services provided to  
8 the patient or the patient's family;

9 3. The hospice team shall be responsible for coordination and  
10 continuity between inpatient and home care aspects of care;

11 4. A hospice shall not contract with a health care provider or  
12 another hospice that has or has been given a conditional license  
13 within the last eighteen (18) months;

14 5. Hospice services shall provide a symptom control process, to  
15 be provided by a hospice team skilled in physical and psychosocial  
16 management of distressing signs and symptoms;

17 6. Hospice care shall be available twenty-four (24) hours a  
18 day, seven (7) days a week;

19 7. A hospice shall have a bereavement program which shall  
20 provide a continuum of supportive and therapeutic services for the  
21 family;

22 8. The unit of care in a hospice program shall be composed of  
23 the patient and family;

24

1           9. A hospice program shall provide a continuum of care and a  
2 continuity of care providers throughout the length of care for the  
3 patient and to the family through the bereavement period;

4           10. A hospice program shall not impose the dictates of any  
5 value or belief system on its patients and their families;

6           11. a. Admission to a hospice shall be upon the order of a  
7 physician licensed pursuant to the laws of this state  
8 and shall be dependent on the expressed request and  
9 informed consent of the patient and family.

10           b. The hospice program shall have admission criteria and  
11 procedures that reflect:

12                   (1) the patient and family's desire and need for  
13 service,

14                   (2) the participation of the attending physician, and

15                   (3) the diagnosis and prognosis of the patient.

16           c. (1) Any hospice or employee or agent thereof who  
17 knowingly or intentionally solicits patients or  
18 pays to or offers a benefit to any person, firm,  
19 association, partnership, corporation or other  
20 legal entity for securing or soliciting patients  
21 for the hospice or hospice services in this  
22 state, upon conviction thereof, shall be guilty  
23 of a misdemeanor and shall be punished by a fine  
24 of not less than Five Hundred Dollars (\$500.00)

1 and not more than Two Thousand Dollars  
2 (\$2,000.00).

3 (2) In addition to any other penalties or remedies  
4 provided by law:

5 (a) a violation of this section by a hospice or  
6 employee or agent thereof shall be grounds  
7 for disciplinary action by the State  
8 Department of Health, and

9 (b) the State Department of Health may institute  
10 an action to enjoin violation or potential  
11 violation of this section. The action for  
12 an injunction shall be in addition to any  
13 other action, proceeding or remedy  
14 authorized by law.

15 (3) This subparagraph shall not be construed to  
16 prohibit:

17 (a) advertising, except that advertising which:

18 (i) is false, misleading or deceptive,

19 (ii) advertises professional superiority or  
20 the performance of a professional  
21 service in a superior manner, and

22 (iii) is not readily subject to verification,  
23 and  
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1 (b) remuneration for advertising, marketing or  
2 other services that are provided for the  
3 purpose of securing or soliciting patients,  
4 provided the remuneration is:

5 (i) set in advance,

6 (ii) consistent with the fair market value  
7 of the services, and

8 (iii) not based on the volume or value of any  
9 patient referrals or business otherwise  
10 generated between the parties, and

11 (c) any payment, business arrangements or  
12 payments practice not prohibited by 42  
13 U.S.C., Section 1320a-7b(b), or any  
14 regulations promulgated pursuant thereto.

15 (4) This paragraph shall not apply to licensed  
16 insurers, including but not limited to group  
17 hospital service corporations or health  
18 maintenance organizations which reimburse,  
19 provide, offer to provide or administer hospice  
20 services under a health benefits plan for which  
21 it is the payor when it is providing those  
22 services under a health benefits plan; ~~and~~

23 12. A hospice program shall develop and maintain a quality  
24 assurance program that includes:

- 1 a. evaluation of services,  
2 b. regular chart audits, and  
3 c. organizational review; and

4 13. A hospice program shall be managed by an administrator  
5 meeting certification requirements as developed and approved by the  
6 Department.

7 B. A hospice team shall consist of, as a minimum, a physician,  
8 a registered nurse, and a social worker or counselor, each of whom  
9 shall be licensed as required by the laws of this state. The team  
10 may also include clergy and such volunteers as are necessary to  
11 provide hospice services. A registered nurse licensed pursuant to  
12 the laws of this state shall be employed by the hospice as a patient  
13 care coordinator to supervise and coordinate the palliative and  
14 supportive care for patients and families provided by a hospice  
15 team.

16 C. 1. An up-to-date record of the services given to the  
17 patient and family shall be kept by the hospice team. Records shall  
18 contain pertinent past and current medical, nursing, social, and  
19 such other information that is necessary for the safe and adequate  
20 care of the patient and the family. Notations regarding all aspects  
21 of care for the patient and family shall be made in the record.  
22 When services are terminated, the record shall show the date and  
23 reason for termination;

1           2. Information received by persons employed by or providing  
2 services to a hospice, or information received by the State  
3 Department of Health through reports or inspection shall be deemed  
4 privileged and confidential information and shall not be disclosed  
5 to any person other than the patient or the family without the  
6 written consent of that patient, the patient's guardian or the  
7 patient's family.

8           D. 1. A hospice program shall have a clearly defined and  
9 organized governing body, which has autonomous authority for the  
10 conduct of the hospice program;

11           2. The hospice program shall have an administrator who shall be  
12 responsible for the overall coordination and administration of the  
13 hospice program.

14           SECTION 2.       NEW LAW       A new section of law to be codified  
15 in the Oklahoma Statutes as Section 1-862 of Title 63, unless there  
16 is created a duplication in numbering, reads as follows:

17           A. The State Department of Health shall have authority to issue  
18 certifications to qualified persons as hospice administrators, and  
19 shall establish qualification criteria for each type of hospice  
20 administrators. The Department may collaborate with statewide  
21 organizations specializing in the administration of hospice care to  
22 develop the qualification and certification criteria provided for in  
23 this section.

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1 SECTION 3. This act shall become effective November 1, 2014.

2 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES  
3 February 24, 2014 - DO PASS AS AMENDED  
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