

**COMMITTEE AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3463 \_\_\_\_\_  
Of the printed Bill  
Page \_\_\_\_\_ Section \_\_\_\_\_ Lines \_\_\_\_\_  
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

**AMEND TITLE TO CONFORM TO AMENDMENTS**

Adopted: \_\_\_\_\_

Amendment submitted by: Tammy West

\_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 57th Legislature (2020)

3 PROPOSED COMMITTEE  
4 SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 3463

By: West (Tammy)

7 PROPOSED COMMITTEE SUBSTITUTE

8 An Act relating to assisted living centers; amending  
9 Section 1, Chapter 311, O.S.L. 2019 (63 O.S. Supp.  
10 2019, Section 1-881), which relates to prescribing  
11 antipsychotic drugs to long-term care facility  
12 residents; modifying definition; amending 63 O.S.  
13 2011, Section 1-890.8, as amended by Section 1,  
14 Chapter 248, O.S.L. 2013 (63 O.S. Supp. 2019, Section  
15 1-890.8), which relates to the plan of accommodation  
16 for certain disabled residents; modifying criteria  
17 for prescription of an antipsychotic drug for  
18 residents; requiring reassessments; listing  
19 requirements; requiring documentation; and providing  
20 an effective date.

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

22 SECTION 1. AMENDATORY Section 1, Chapter 311, O.S.L.  
23 2019 (63 O.S. Supp. 2019, Section 1-881), is amended to read as  
24 follows:

Section 1-881. A. As used in this section:

1. "Antipsychotic drug" means a drug, sometimes called a major  
tranquilizer, used to treat symptoms of severe psychiatric  
disorders, including, but not limited to, schizophrenia and bipolar  
disorder;

1        2. "Long-term care facility" means:

2            a. a nursing facility as defined by Section 1-1902 of  
3            ~~Title 63 of the Oklahoma Statutes~~ this title,

4            b. the nursing facility component of a continuum of care  
5            facility as defined under the Continuum of Care and  
6            Assisted Living Act, or

7            c. the nursing care component of a life care community as  
8            defined by the Long-term Care Insurance Act;

9        3. "Resident" means a resident as defined by Section 1-1902 of  
10 ~~Title 63 of the Oklahoma Statutes~~ this title;

11        4. "Representative of a resident" means a representative of a  
12 resident as defined by Section 1-1902 of ~~Title 63 of the Oklahoma~~  
13 ~~Statutes~~ this title; and

14        5. "Prescribing clinician" means:

15            a. an allopathic or osteopathic physician licensed by and  
16            in good standing with the State Board of Medical  
17            Licensure and Supervision or the State Board of  
18            Osteopathic Examiners, as appropriate,

19            b. a physician assistant licensed by and in good standing  
20            with the State Board of Medical Licensure and  
21            Supervision, or

22            c. an Advanced Practice Registered Nurse licensed by and  
23            in good standing with the Oklahoma Board of Nursing.  
24

1 B. Except in case of an emergency in which the resident poses  
2 harm to the resident or others, no long-term care facility resident  
3 shall be prescribed or administered an antipsychotic drug that was  
4 not already prescribed to the resident prior to admission to the  
5 facility unless each of the following conditions has been satisfied:

6 1. The resident has been examined by the prescribing clinician  
7 and diagnosed with a psychiatric condition and the prescribed drug  
8 is approved by the United States Food and Drug Administration for  
9 that condition or prescribed in accordance with generally accepted  
10 clinical practices;

11 2. The prescribing clinician, or a previous prescribing  
12 clinician, has unsuccessfully attempted to accomplish the drug's  
13 intended effect using contemporary and generally accepted  
14 nonpharmacological care options, and has documented those attempts  
15 and their results in the resident's medical record or has deemed  
16 that those attempts would not be medically appropriate based upon a  
17 physical examination by the prescribing clinician and documented the  
18 rationale in the resident's medical record;

19 3. The facility has provided to the resident or representative  
20 of a resident a written explanation of applicable informed consent  
21 laws. The explanation shall be written in language that the  
22 resident or representative of a resident can be reasonably expected  
23 to understand;

24

1           4. The prescribing clinician has confirmed with the nursing  
2 facility verbally or otherwise that written, informed consent has  
3 been obtained from the resident or representative of the resident  
4 that meets the requirements of subsection C of this section; and

5           5. In the event a long-term care facility resident is  
6 prescribed an antipsychotic medication in the case of an emergency,  
7 the prescribing physician shall prescribe the minimum dosage and  
8 duration that is prudent for the resident's condition and shall  
9 examine the patient in person within thirty (30) days.

10          C. Except in the case of an emergency as provided for in  
11 subsection B of this section, the prescribing clinician shall  
12 confirm that written, voluntary informed consent to authorize the  
13 administration of an antipsychotic drug to a facility resident has  
14 been obtained from the resident or the representative of the  
15 resident prior to the initial administration of the antipsychotic  
16 drug. Voluntary informed consent shall, at minimum, consist of the  
17 following:

18           1. The prescribing clinician has confirmed that a signed,  
19 written affirmation has been obtained from the resident or the  
20 representative of the resident that the resident has been informed  
21 of all pertinent information concerning the administration of an  
22 antipsychotic drug in language that the signer can reasonably be  
23 expected to understand. Pertinent information shall include, but  
24 not be limited to:

- a. the reason for the drug's prescription and the intended effect of the drug on the resident's condition,
- b. the nature of the drug and the procedure for its administration, including dosage, administration schedule, method of delivery and expected duration for the drug to be administered,
- c. risks, common side effects and potential severe adverse reactions associated with the administration of the drug,
- d. the right of the resident or representative of the resident to refuse the administration of the antipsychotic drug and the medical consequences of such refusal, and
- e. an explanation of pharmacological and nonpharmacological alternatives to the administration of antipsychotic drugs and the resident's right to choose such alternatives; and

2. Except in the case of an emergency as provided for in subsection B of this section, the prescribing clinician shall inform the resident or the representative of the resident of the existence of the long-term care facility's policies and procedures for compliance with informed consent requirements. The facility shall

1 make these available to the resident or representative of the  
2 resident prior to administering any antipsychotic drug upon request.

3 D. 1. Antipsychotic drug prescriptions and administration  
4 shall be consistent with standards for dosage, duration and  
5 frequency of administration that are generally accepted for the  
6 resident's condition.

7 2. Throughout the duration of the administration of an  
8 antipsychotic drug and at generally accepted intervals approved for  
9 the resident's condition, the prescribing clinician or designee  
10 shall monitor the resident's condition and evaluate drug performance  
11 with respect to the condition for which the drug was prescribed.  
12 The prescribing clinician shall provide documentation of the status  
13 of the resident's condition to the resident or the representative of  
14 the resident upon request and without unreasonable delay.

15 3. Any change in dosage or duration of the administration of an  
16 antipsychotic drug shall be justified by the prescribing clinician  
17 with documentation on the resident's record of the clinical  
18 observations that warranted the change.

19 E. 1. No long-term care facility shall deny admission or  
20 continued residency to a person on the basis of the person's or his  
21 or her representative's refusal to the administration of  
22 antipsychotic drugs, unless the prescribing clinician or care  
23 facility can demonstrate that the resident's refusal would place the  
24

1 health and safety of the resident, the facility staff, other  
2 residents or visitors at risk.

3 2. Any care facility that alleges that the resident's refusal  
4 to consent to the administration of antipsychotic drugs will place  
5 the health and safety of the resident, the facility staff, other  
6 residents or visitors at risk shall document the alleged risk in  
7 detail and shall present this documentation to the resident or the  
8 representative of the resident, to the State Department of Health  
9 and to the Long-Term Care Ombudsman<sup>7</sup>, and shall inform the resident  
10 or the representative of the resident of the resident's right to  
11 appeal to the State Department of Health. The documentation of the  
12 alleged risk shall include a description of all nonpharmacological  
13 or alternative care options attempted and why they were unsuccessful  
14 or why the prescribing clinician determined alternative treatments  
15 were not medically appropriate for the condition following a  
16 physical examination.

17 F. The provisions of this section shall not apply to a hospice  
18 patient as defined in Section 1-860.2 of ~~Title 63 of the Oklahoma~~  
19 ~~Statutes~~ this title.

20 SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-890.8, as  
21 amended by Section 1, Chapter 248, O.S.L. 2013 (63 O.S. Supp. 2019,  
22 Section 1-890.8), is amended to read as follows:

23 Section 1-890.8 A. Residents of an assisted living center may  
24 receive home care services and intermittent, periodic, or recurrent



1 nursing care through a home care agency under the provisions of the  
2 Home Care Act.

3 B. Residents of an assisted living center may receive hospice  
4 home services under the provisions of the Oklahoma Hospice Licensing  
5 Act.

6 C. Nothing in the foregoing provisions shall be construed to  
7 prohibit any resident of an assisted living center from receiving  
8 such services from any person who is exempt from the provisions of  
9 the Home Care Act.

10 D. The assisted living center shall monitor and assure the  
11 delivery of those services. All nursing services shall be in  
12 accordance with the written orders of the personal or attending  
13 physician of the resident.

14 E. A resident of an assisted living center or the family or  
15 legal representative of the resident shall be required to disclose  
16 any third-party provider of medical services or supplies prior to  
17 service delivery.

18 F. Any third-party provider of medical services or supplies  
19 shall comply with the provisions of subsection D of this section.

20 G. Notwithstanding the foregoing provisions, a resident of an  
21 assisted living center, or the family or legal representative of the  
22 resident, may privately contract or arrange for private nursing  
23 services under the orders and supervision of the personal or  
24 attending physician of the resident, private monitoring, private

1 sitters or companions, personal domestic servants, or personal  
2 staff.

3 H. If a resident of an assisted living center develops a  
4 disability or a condition that is consistent with the facility's  
5 discharge criteria:

6 1. The personal or attending physician of a resident, a  
7 representative of the assisted living center, and the resident or  
8 the designated representative of the resident shall determine by and  
9 through a consensus of the foregoing persons any reasonable and  
10 necessary accommodations, in accordance with the current building  
11 codes, the rules of the State Fire Marshal, and the requirements of  
12 the local fire jurisdiction, and additional services required to  
13 permit the resident to remain in place in the assisted living center  
14 as the least restrictive environment and with privacy and dignity;

15 2. All accommodations or additional services shall be described  
16 in a written plan of accommodation, signed by the personal or  
17 attending physician of the resident, a representative of the  
18 assisted living center and the resident or the designated  
19 representative of the resident;

20 3. The person or persons responsible for performing, monitoring  
21 and assuring compliance with the plan of accommodation shall be  
22 expressly specified in the plan of accommodation and shall include  
23 the assisted living center and any of the following:

24 a. the personal or attending physician of the resident,

- 1           b.    a home care agency,
- 2           c.    a hospice, or
- 3           d.    other designated persons.

4           The plan of accommodation shall be reviewed at least quarterly  
5 by a licensed health care professional;

6           4.    If the parties identified in paragraph 1 of this subsection  
7 fail to reach a consensus on a plan of accommodation, the assisted  
8 living center shall give written notice to the resident, the legal  
9 representative or the resident or such persons as are designated in  
10 the resident's contract with the assisted living center, of the  
11 termination of the residency of the resident in the assisted living  
12 center in accordance with the provisions of the resident's contract  
13 with the assisted living center. Such notice shall not be less than  
14 thirty (30) calendar days prior to the date of termination, unless  
15 the assisted living center or the personal or attending physician of  
16 the resident determines the resident is in imminent peril or the  
17 continued residency of the resident places other persons at risk of  
18 imminent harm;

19           5.    If any party identified in paragraph 1 of this subsection  
20 determines that the plan of accommodation is not being met, such  
21 party shall notify the other parties and a meeting shall be held  
22 between the parties within ten (10) business days to re-evaluate the  
23 plan of accommodation; and

1           6. Any resident aggrieved by a decision to terminate residency  
2 may seek injunctive relief in the district court of the county in  
3 which the assisted living center is located. Such action shall be  
4 filed no later than ten (10) days after the receipt of the written  
5 notice of termination.

6           I. When an antipsychotic drug is prescribed for a resident, the  
7 assisted living center shall do all of the following:

8           1. Ensure the resident is reassessed by a physician, physician  
9 assistant, Advanced Practice Registered Nurse or registered nurse,  
10 as needed, but at least quarterly, for the effectiveness and  
11 possible side effects of the medication. The results of the  
12 assessments shall be documented in the resident's record and  
13 provided to the resident or the representative of the resident;

14           2. Ensure all resident care staff administering medications  
15 understand the potential benefits and side effects of the  
16 medications; and

17           3. When an antipsychotic drug is prescribed on an as-needed  
18 basis (PRN) for a resident, the assisted living center shall:

19           a. include in the resident's record the rationale for use  
20 and a detailed description of the condition which  
21 indicate the need for administration of PRN  
22 antipsychotic drug,

23           b. monitor at least monthly the use of PRN antipsychotic  
24 drugs, including, but not limited to, presence of

1           significant adverse side effects, use for discipline  
2           or staff convenience, or contrary to the prescribed  
3           use. The monitoring required by this subparagraph  
4           shall be conducted by the licensed health care  
5           professional, and

6           c. document in the resident's record the rationale for  
7           use, description of condition requiring the PRN  
8           antipsychotic drug, the effectiveness of the  
9           medication, the presence of any side effects, and  
10           monitoring for inappropriate use for each PRN  
11           antipsychotic drug given.

12           J. Nothing in this section shall be construed to abrogate an  
13 assisted living center's responsibility to provide care for and  
14 oversight of a resident.

15           SECTION 3. This act shall become effective November 1, 2020.

17           57-2-10986           SH           02/11/20