1	SENATE FLOOR VERSION						
2	February 24, 2020						
3	SENATE BILL NO. 1748 By: Kidd of the Senate						
4	and						
5	Bush of the House						
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8	An Act relating to hospitals; amending 63 O.S. 2011, Section 1-701, which relates to definitions; adding						
9	certain definition; establishing certain requirements for hospitals; providing for certain determination,						
10	evaluation and consideration by the State Department of Health; providing certain criteria; providing						
11	exception; providing certain calculation methodology; providing for certain surveys; amending 63 O.S. 2011,						
12	Section 1-704, which relates to licensure; requiring certain review by the State Commissioner of Health;						
13	providing certain criteria; amending 63 O.S. 2011, Section 1-706, which relates to licensure;						
14	establishing certain requirements for hospitals with an emergency department; providing certain procedures						
15	for renewal, non-renewal, surrender and revocation of license; specifying certain criteria for issuance;						
16	updating statutory language; providing for codification; and providing an effective date.						
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19	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:						
20	SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-701, is						
21	amended to read as follows:						
22	Section 1-701. For the purposes of this article Section 1-701						
23	et seq. of this title:						
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1 1. "Hospital" means any institution, place, building or agency, public or private, whether organized for profit or not, devoted 2 3 primarily to primarily engaged in the maintenance and operation of facilities for the diagnosis, treatment or care of patients admitted 4 5 for overnight stay or longer in order to obtain medical care, surgical care, obstetrical care, or nursing care for illness, 6 disease, injury, infirmity, or deformity. Except as otherwise 7 provided by paragraph 5 of this subsection, places where pregnant 9 females are admitted and receive care incident to pregnancy, 10 abortion or delivery shall be considered to be a "hospital" within the meaning of this article, regardless of the number of patients 11 12 received or the duration of their stay. The term "hospital" includes general medical surgical hospitals, specialized hospitals, 13 critical access and emergency hospitals, and birthing centers; 14

- 2. "General medical surgical hospital" means a hospital maintained for the purpose of providing hospital care in a broad category of illness and injury;
- 3. "Specialized hospital" means a hospital maintained for the purpose of providing hospital care in a certain category, or categories, of illness and injury;
- 4. "Critical access hospital" means a hospital determined by the State Department of Health to be a necessary provider of health care services to residents of a rural community;

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5. "Emergency hospital" means a hospital that provides
emergency treatment and stabilization services on a 24-hour twenty-
four-hour basis that has the ability to admit and treat patients for
short periods of time:

- 6. "Birthing center" means any facility, place or institution, which is maintained or established primarily for the purpose of providing services of a certified midwife or licensed medical doctor to assist or attend a woman in delivery and birth, and where a woman is scheduled in advance to give birth following a normal, uncomplicated, low-risk pregnancy. Provided, however, licensure for a birthing center shall not be compulsory; and
- 7. "Day treatment program" means nonresidential, partial hospitalization programs, day treatment programs, and day hospital programs as defined by subsection A of Section 175.20 of Title 10 of the Oklahoma Statutes; and
 - 8. a. "Primarily engaged" means a hospital shall be

 primarily engaged, defined by this section and as

 determined by the State Department of Health, in

 providing to inpatients the following care by or under

 the supervision of physicians:
 - (1) diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons, or

1		(2) rehabilitation services for the rehabilitation of
2		inured, disabled or sick persons.
3	<u>b.</u>	In reaching a determination as to whether an entity is
4		primarily engaged in providing inpatient hospital
5		services to inpatients of a hospital, the Department
6		shall evaluate the total facility operations and
7		consider multiple factors as provided in subparagraphs
8		c and d of this subsection.
9	<u>C.</u>	In evaluating the total facility operations, the
10		Department shall review the actual provision of care
11		and services to two or more inpatients, and the
12		effects of that care, to assess whether the care
13		provided meets the needs of individual patients by way
14		of patient outcomes.
15	<u>d.</u>	The factors that the Department shall consider for
16		determination of whether an entity meets the
17		definition of primarily engaged include, but are not
18		<pre>limited to:</pre>
19		(1) a minimum of four inpatient beds,
20		(2) the entity's average daily census (ADC),
21		(3) the average length of stay (ALOS),
22		(4) the number of off-site campus outpatient
23		locations,
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1		(5)	the number of provider-based emergency
2			departments for the entity,
3		(6)	the number of inpatient beds related to the size
4			of the entity and the scope of the services
5			offered,
6		(7)	the volume of outpatient surgical procedures
7			compared to the inpatient surgical procedures, if
8			surgical services are provided,
9		(8)	staffing patterns, and
10		(9)	patterns of ADC by day of the week.
11	<u>e.</u>	Notw	ithstanding any other provision of this section,
12		an e	entity shall be considered primarily engaged in
13		prov	viding inpatient hospital services to inpatients if
14		the	hospital has had an ADC of at least two (2) and an
15		ALOS	of at least two (2) midnights over the past
16		twel	ve (12) months. A critical access hospital shall
17		exem	npt from the ADC and ALOS determination. ADC shall
18		be c	calculated by adding the midnight daily census for
19		each	day of the twelve-month period and then dividing
20		the	total number by days in the year. A facility that
21		has	been operating for less than (12) months at the
22		time	e of the survey shall calculate its ADC based on
23		the	number of months the facility has been
24		oper	cational, but not less than three (3) months. If a

1 first survey finds noncompliance with the ADC and 2 ALOS, a second survey may be required by the 3 Department to demonstrate compliance with state 4 licensure. 5 SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-704, is amended to read as follows: 6 7 Section 1-704. A. 1. The application by any person for a license to operate a hospital within the meaning of this article 9 Section 1-701 et seq. of this title shall be accompanied by a fee to 10 be determined by the number of beds available for patients, to be established by the State Board Commissioner of Health, but not to 11 exceed Ten Dollars (\$10.00) for each bed included in the maximum bed 12 capacity at such facility. 13 2. For the purpose of determining the fee, the total number of 14 beds shall include cribs and bassinets. 15 B. No such fee shall be refunded unless licensure is refused. 16 All licenses shall be for a period of twelve (12) months from the 17 date of issue. Provided that licenses may be issued for a period of 18 more than twelve (12) months, but not more than twenty-four (24) 19 months, for the license period immediately following the enactment 20 of this provision in order to permit an equitable distribution of 21 license expiration dates to all months of the year. 22 23

- C. Fees for such extended licensure period shall be prorated according to the total months to be licensed, with such amounts to be calculated to the nearest dollar.
- D. All licenses:

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- 1. Shall be on a form prescribed by the State Commissioner of Health Commissioner and shall not be transferable or assignable;
- 7 2. Shall be issued only for the premises named in the 8 application;
 - 3. Shall be posted in a conspicuous place on the licensed premises; and
- 4. May be renewed for twelve-month periods upon application, investigation and payment of license fee, as in the case of procurement of an original license.
 - E. The Commissioner shall review current law and rules

 promulgated by the Commissioner that mandate that a hospital post a

 notice, poster, or sign in public spaces. The purpose of this

 review shall be to coordinate the placement, format and language

 required in mandatory signage. All signage shall be reviewed for

 the following:
 - 1. Duplication of information;
- 21 <u>2. Reduce the potential for confusion to patients, families of</u>
 22 patients and others; and
 - 3. Administrative burden of compliance.

1	SECTION 3.	AMENDATOR	RY 63	3 o.s. 2011,	Section	1-706,	is
2	amended to read as	follows:					
3	Section 1-706.	A. The	State Co	ommissioner	of Health	shall	is

Section 1-706. A. The State Commissioner of Health shall issue licenses for the operation of hospitals found to comply with the provisions of this article Section 1-701 et seq. of this title and rules and standards of the State Board of Health Commissioner.

- B. A hospital with an emergency department shall take the following measures:
- 1. Adopt and enforce policies and procedures to comply with the requirements of the Emergency Medical Treatment and Labor Act, 42

 U.S.C., Section 1395dd (2012), even if the facility does not participate in the federal Medicare program;
- 2. Post signs in the dedicated emergency department specifying the rights of individuals with emergency medical conditions who come to the dedicated emergency department for health care services in compliance with 42 CFR, Section 489.20(q), and indicate on the signs whether the facility does not participate in Medicare, Medicaid or other federally sponsored health insurance such as Tricare; and
- 3. Post the information required under paragraph 2 of this subsection on the facility's Internet website.
- C. The Commissioner may suspend or revoke any such license on any of the following grounds:

- - 2. Permitting, aiding or abetting the commission of any illegal act in the licensed hospital or institution; or
 - 3. Conduct or practices deemed by the Commissioner to be detrimental to the welfare of the patients of the hospital or institution.

- 9 C. D. Upon notice of non-renewal and expiration of the
 10 opportunity to respond, a license shall be deemed to be surrendered.
 11 However, if a licensee has filed noticed with intent to renew the
 12 license within the time frame established by the State Department of
 13 Health, the license shall not be deemed to be surrendered by the
 14 Department.
 - E. If a license is revoked, a new application for license shall be considered by the Commissioner on receipt of evidence that the conditions upon which revocation was based have been corrected. A new license may then be granted after proper inspection has been made and all provisions of this article Section 1-701 et seq. of this title and rules and standards of the State Board of Health Commissioner have been satisfied. The application for a new license after revocation or surrender shall result in a new license number from the Department. Issuance of the license shall be based on compliance with all applicable laws and rules for licensure and

1	shall not be based on a correction upon which a revocation was
2	based.
3	SECTION 4. This act shall become effective November 1, 2020.
4	COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
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