

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 COMMITTEE SUBSTITUTE
4 FOR

5 HOUSE BILL NO. 3644

6 By: Stinson

7 COMMITTEE SUBSTITUTE

8 [venous thromboembolism - hospitals - training -
9 State Department of Health - registry -
10 requirements - reports - definitions - rules -
11 nursing care - adult daycare - information -
12 nursing aides - noncodification - effective date -
13 emergency]

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

17 SECTION 1. NEW LAW A new section of law not to be
18 codified in the Oklahoma Statutes reads as follows:

19 This act shall be known and may be cited as the "Blake Burgess
20 Act".

21 SECTION 2. NEW LAW A new section of law to be codified
22 in the Oklahoma Statutes as Section 1-630 of Title 63, unless there
23 is created a duplication in numbering, reads as follows:
24

1 Each hospital with an emergency department and each ambulatory
2 surgical center shall:

3 1. Develop and implement policies and procedures for the
4 rendering of appropriate medical attention for persons at risk of
5 forming venous thromboembolisms which reflect evidence-based best
6 practices relating to, at a minimum:

7 a. assessing patients for risk of venous thromboembolism
8 using a nationally recognized risk assessment tool,
9 and

10 b. treatment options for a patient diagnosed with venous
11 thromboembolism; and

12 2. Train all nonphysician personnel at least annually on the
13 policies and procedures developed under this section. For purposes
14 of this section, the term "nonphysician personnel" means all
15 personnel of the licensed facility working in clinical areas and
16 providing patient care, except those persons licensed as health care
17 practitioners.

18 SECTION 3. NEW LAW A new section of law to be codified
19 in the Oklahoma Statutes as Section 1-631 of Title 63, unless there
20 is created a duplication in numbering, reads as follows:

21 A. The State Department of Health shall contract with the
22 state-designated health information exchange to establish and
23 maintain a statewide venous thromboembolism registry to ensure that
24 the performance measures required to be submitted under subsection B

1 of this section are maintained and available for use to improve or
2 modify the venous thromboembolism care system, ensure compliance
3 with nationally recognized guidelines, and monitor venous
4 thromboembolism patient outcomes.

5 B. Beginning July 1, 2027, each hospital with an emergency
6 department shall regularly report to the statewide venous
7 thromboembolism registry information containing nationally
8 recognized venous thromboembolism measures and data on the incidence
9 and prevalence of venous thromboembolisms. Such data shall include
10 the following information:

- 11 1. The number of venous thromboembolisms identified and
12 diagnosed;
- 13 2. The age of the patient;
- 14 3. The ZIP code of the patient;
- 15 4. The sex of the patient;
- 16 5. Whether the patient is a resident of a licensed nursing or
17 assisted living facility;
- 18 6. Whether the venous thromboembolism was fatal;
- 19 7. How the diagnosis was made, such as by using imaging
20 modalities; and
- 21 8. The treatment that was recommended for the venous
22 thromboembolism.

23 C. The Department shall require the state-designated health
24 information exchange to use a nationally recognized platform to

1 collect data from each hospital with an emergency department on the
2 performance measures required under subsection B of this section.
3 The state-designated health information exchange shall provide to
4 the Department regular reports on the data collected.

5 D. By June 1, 2027, the Department shall submit to the
6 Governor, the President Pro Tempore of the Oklahoma State Senate,
7 and the Speaker of the Oklahoma House of Representatives a detailed
8 report on the incidence of venous thromboembolism using inpatient
9 and outpatient data for services provided between July 1, 2026, and
10 June 30, 2027. The report shall provide analyses of all of the
11 following:

12 1. Age category, initial primary diagnosis and procedure, and
13 secondary diagnoses, readmission rates for inpatients, admission
14 rates for venous thromboembolism for which the patient had an
15 ambulatory surgery procedure, and emergency department visits for
16 venous thromboembolism linked to any previous admission;

17 2. Whether the venous thromboembolism was present upon
18 admission;

19 3. The incidence of venous thromboembolism procedures reported
20 on the agency's website; and

21 4. The principal payor, the sex of the patient, and the
22 patient's discharge status.

23 E. The state-designated health information exchange operating
24 the registry shall only use or publish information from the registry

1 for the purposes of advancing medical research or medical education
2 in the interest of reducing morbidity or mortality.

3 SECTION 4. AMENDATORY 63 O.S. 2021, Section 1-890.2, is
4 amended to read as follows:

5 Section 1-890.2. As used in the Continuum of Care and Assisted
6 Living Act:

7 1. "Assisted living center" means any home or establishment
8 offering, coordinating or providing services to two or more persons
9 who:

- 10 a. are domiciled therein,
- 11 b. are unrelated to the operator,
- 12 c. by choice or functional impairments, need assistance
13 with personal care or nursing supervision,
- 14 d. may need intermittent or unscheduled nursing care,
- 15 e. may need medication assistance, and
- 16 f. may need assistance with transfer and/or ambulation;

17 2. "Board" means the State Board of Health;

18 3. "Commissioner" means the Commissioner of Health;

19 4. "Continuum of care facility" means a home, establishment or
20 institution providing nursing facility services as defined in
21 Section 1-1902 of this title and one or both of the following:

- 22 a. assisted living center services as defined in the
23 Continuum of Care and Assisted Living Act, and

24

1 b. adult day care center services as defined in Section
2 1-872 of this title; ~~and~~

3 5. "Department" means the State Department of Health;

4 6. "Pulmonary embolism (PE)" means a condition in which part of
5 the clot breaks off and travels to the lungs, possibly causing
6 death; and

7 7. "Venous thromboembolism (VTE)" means deep vein thrombosis
8 (DVT), which is a blood clot located in a deep vein, usually in the
9 leg or arm. The term can be used to refer to DVT, pulmonary
10 embolism, or both.

11 SECTION 5. AMENDATORY 63 O.S. 2021, Section 1-890.3, as
12 amended by Section 1, Chapter 357, O.S.L. 2025 (63 O.S. Supp. 2025,
13 Section 1-890.3), is amended to read as follows:

14 Section 1-890.3. A. The State Commissioner of Health shall
15 promulgate rules necessary to implement the provisions of the
16 Continuum of Care and Assisted Living Act. Such rules shall
17 include, but shall not be limited to:

18 1. A uniform comprehensive resident screening instrument to
19 measure the needs and capabilities of residents in all settings and
20 to determine appropriate placements of residents;

21 2. Physical plant requirements meeting construction and life
22 safety codes, with provisions accommodating resident privacy and
23 independence in assisted living centers and in assisted living
24

1 components of continuum of care facilities based on the variable
2 capabilities of residents;

3 3. Staffing levels responsive to the variable needs of
4 residents, with provisions for sharing of staff between components
5 in a continuum of care facility;

6 4. Minimum standards for resident care including, but not
7 limited to, standards pertaining to medical care and administration
8 of medications. Standards pertaining to medication administration
9 shall, at a minimum, require the assisted living center or continuum
10 of care facility to:

- 11 a. provide or arrange qualified staff to administer
- 12 medications based on the needs of residents,
- 13 b. follow medication administration orders from a
- 14 qualified health care provider,
- 15 c. ensure that medications are reviewed monthly by a
- 16 Registered Nurse or pharmacist and quarterly by a
- 17 consultant pharmacist,
- 18 d. maintain medication administration records and
- 19 document all medication administration in such
- 20 records, and
- 21 e. have medication storage and disposal policies;

22 5. Standards for measuring quality outcomes for residents;

23 6. Provisions for individualized services chosen by and
24 designed for each resident;

1 7. Provisions to prohibit facility staff from disclosing a
2 resident's financial information to third parties without written
3 consent of the resident or the designated representative of the
4 resident;

5 8. Procedures for inspections and investigations of licensed
6 entities to ensure compliance with the Continuum of Care and
7 Assisted Living Act and rules promulgated by the Commissioner;

8 9. Enumeration of resident rights and responsibilities to be
9 observed by each facility and its staff. Such resident rights shall
10 include the freedom of choice regarding any personal attending
11 physicians and all other providers of medical services and supplies,
12 providing that the minimum standards are met by the provider
13 pursuant to the Continuum of Care and Assisted Living Act, without a
14 financial penalty or fee charged by the assisted living center;

15 10. Provisions for a surety bond or deposit from each applicant
16 in an amount sufficient to guarantee that obligations to residents
17 will be performed, with provisions for reduction or waiver of the
18 surety bond or deposit when the assets of the applicant or its
19 contracts with other persons are sufficient to reasonably ensure the
20 performance of its obligations;

21 11. Assisted living facilities shall provide a consumer
22 information pamphlet to residents upon admission. The pamphlet
23 shall contain information about venous thromboembolism (VTE), risk
24

1 factors, and how residents can recognize the signs and symptoms of
2 VTE;

3 12. Provisions for the development of a consumer guide or
4 similar resource to be posted on the Internet website of the State
5 Department of Health to assist individuals and families in
6 understanding the services provided by assisted living centers and
7 to compare and select a facility;

8 ~~12.~~ 13. Provisions for posting results of routine inspections
9 and any complaint investigations of each assisted living center on
10 the Internet website of the Department. Such information shall be
11 regularly updated to include the facility's plan of correction and
12 to indicate when a violation of a licensing regulation was corrected
13 by the facility; and

14 ~~13.~~ 14. Provisions requiring execution of a plan of care and a
15 resident service contract with the resident or resident's
16 representative.

17 B. The nursing care service of a continuum of care facility
18 shall be subject to the requirements, procedures and remedies set
19 out in the Nursing Home Care Act, including provisions relating to
20 resident rights.

21 C. The adult day care component of a continuum of care facility
22 shall be subject to requirements and procedures specified under the
23 Adult Day Care Act.

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1 SECTION 6. AMENDATORY 63 O.S. 2021, Section 1-1951, is
2 amended to read as follows:

3 Section 1-1951. A. The State Department of Health shall have
4 the power and duty to:

5 1. Issue certificates of training and competency for nurse
6 aides;

7 2. Approve training and competency programs including, but not
8 limited to, education-based programs and employer-based programs,
9 including those programs established pursuant to Section 223.1 of
10 Title 72 of the Oklahoma Statutes;

11 3. Determine curricula and standards for training and
12 competency programs. The Department shall require such training to
13 include a minimum of ten (10) hours of training in the care of
14 Alzheimer's patients; and for direct care staff, recognizing signs
15 and symptoms of venous thromboembolism (VTE) and techniques for
16 providing an emergency response;

17 4. Establish and maintain a registry for certified nurse aides
18 and for nurse aide trainees;

19 5. Establish categories and standards for nurse aide
20 certification and registration, including feeding assistants as
21 defined in 42 CFR Parts 483 and 488;

22 6. Exercise all incidental powers as necessary and proper to
23 implement and enforce the provisions of this section; and
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1 7. Suspend or revoke any certification issued to any nurse
2 aide, if:

3 a. the nurse aide is found to meet any of the
4 requirements contained in subsection D of Section 1-
5 1947 of this title,

6 b. the nurse aide is found to meet any of the
7 requirements contained in subsection C of Section 1-
8 1950.1 of this title, or

9 c. the nurse aide is found to have committed abuse,
10 neglect or exploitation of a resident or
11 misappropriation of resident or client property
12 pursuant to the requirements contained in paragraph 7
13 of subsection ~~D~~ E of this section. The action to
14 revoke or suspend may be included with the filing of
15 any action pursuant to the requirements of paragraph 7
16 of subsection D of this section.

17 B. The State Board of Health shall promulgate rules to
18 implement the provisions of this section and shall have power to
19 assess fees.

20 1. Each person certified as a nurse aide pursuant to the
21 provisions of this section shall be required to pay certification
22 and recertification fees in amounts to be determined by the State
23 Board of Health, not to exceed Fifteen Dollars (\$15.00).

1 2. In addition to the certification and recertification fees,
2 the State Board of Health may impose fees for training or education
3 programs conducted or approved by the Department, except for those
4 programs operated by the Oklahoma Department of Veterans Affairs.

5 3. All revenues collected as a result of fees authorized in
6 this section and imposed by the Board shall be deposited into the
7 Public Health Special Fund.

8 C. Only a person who has qualified as a certified nurse aide
9 and who holds a valid current nurse aide certificate for use in this
10 state shall have the right and privilege of using the title
11 Certified Nurse Aide and to use the abbreviation CNA after the name
12 of such person. Any person who violates the provisions of this
13 section shall be subject to a civil monetary penalty to be assessed
14 by the Department.

15 D. A person qualified by the Department as a certified nurse
16 aide shall be deemed to have met the requirements to work as a home
17 health aide pursuant to the provisions of the Home Care Act and
18 shall require no further licensure for performing services within
19 the scope of practice of home health aides.

20 E. 1. The State Department of Health shall establish and
21 maintain a certified nurse aide, nurse aide trainee and feeding
22 assistant registry that:

- 23 a. is sufficiently accessible to promptly meet the needs
24 of the public and employers, and

1 b. provides a process for notification and investigation
2 of alleged abuse, exploitation or neglect of residents
3 of a facility or home, clients of an agency or center,
4 or of misappropriation of resident or client property.

5 2. The registry shall contain information as to whether a nurse
6 aide has:

- 7 a. successfully completed a certified nurse aide training
8 and competency examination,
9 b. met all the requirements for certification, or
10 c. received a waiver from the Board.

11 3. The registry shall include, but not be limited to, the
12 following information on each certified nurse aide or nurse aide
13 trainee:

- 14 a. the full name of the individual,
15 b. information necessary to identify each individual.

16 Certified nurse aides and nurse aide trainees shall
17 maintain with the registry current residential
18 addresses and shall notify the registry, in writing,
19 of any change of name. Notification of change of name
20 shall require certified copies of any marriage license
21 or other court document which reflects the change of
22 name. Notice of change of address or telephone number
23 shall be made within ten (10) days of the effected
24 change. Notice shall not be accepted over the phone,

- 1 c. the date the individual became eligible for placement
2 in the registry, and
3 d. information on any finding of the Department of abuse,
4 neglect or exploitation by the certified nurse aide or
5 nurse aide trainee, including:

6 (1) documentation of the Department's investigation,
7 including the nature of the allegation and the
8 evidence that led the Department to confirm the
9 allegation,

10 (2) the date of the hearing, if requested by the
11 certified nurse aide or nurse aide trainee, and

12 (3) statement by the individual disputing the finding
13 if the individual chooses to make one.

14 4. The Department shall include the information specified in
15 subparagraph d of paragraph 3 of this subsection in the registry
16 within ten (10) working days of the substantiating finding and it
17 shall remain in the registry, unless:

18 a. it has been determined by an administrative law judge,
19 a district court or an appeal court that the finding
20 was in error, or

21 b. the Board is notified of the death of the certified
22 nurse aide or nurse aide trainee.

23 5. Upon receipt of an allegation of abuse, exploitation or
24 neglect of a resident or client, or an allegation of

1 misappropriation of resident or client property by a certified nurse
2 aide or nurse aide trainee, the Department shall place a pending
3 notation in the registry until a final determination has been made.
4 If the investigation, or administrative hearing held to determine
5 whether the certified nurse aide or nurse aide trainee is in
6 violation of the law or rules promulgated pursuant thereto, reveals
7 that the abuse, exploitation or neglect, or misappropriation of
8 resident or client property was unsubstantiated, the pending
9 notation shall be removed within twenty-four (24) hours of receipt
10 of notice by the Department.

11 6. The Department shall, after notice to the individuals
12 involved and a reasonable opportunity for a hearing, make a finding
13 as to the accuracy of the allegations.

14 7. If the Department after notice and opportunity for hearing
15 determines with clear and convincing evidence that abuse, neglect or
16 exploitation, or misappropriation of resident or client property has
17 occurred and the alleged perpetrator is the person who committed the
18 prohibited act, notice of the findings shall be sent to the nurse
19 aide and to the district attorney for the county where the abuse,
20 neglect or exploitation, or misappropriation of resident or client
21 property occurred and to the Medicaid Fraud Control Unit of the
22 Attorney General's Office. Notice of ineligibility to work as a
23 nurse aide in a long-term care facility, a residential care
24 facility, assisted living facility, day care facility, or any entity

1 that requires certification of nurse aides, and notice of any
2 further appeal rights shall also be sent to the nurse aide.

3 8. In any proceeding in which the Department is required to
4 serve notice or an order on an individual, the Department may send
5 written correspondence to the address on file with the registry. If
6 the correspondence is returned and a notation of the United States
7 Postal Service indicates "unclaimed" or "moved" or "refused" or any
8 other nondelivery markings and the records of the registry indicate
9 that no change of address as required by this subsection has been
10 received by the registry, the notice and any subsequent notices or
11 orders shall be deemed by the court as having been legally served
12 for all purposes.

13 9. The Department shall require that each facility check the
14 nurse aide registry before hiring a person to work as a nurse aide.
15 If the registry indicates that an individual has been found, as a
16 result of a hearing, to be personally responsible for abuse, neglect
17 or exploitation, that individual shall not be hired by the facility.

18 10. If the state finds that any other individual employed by
19 the facility has neglected, abused, misappropriated property or
20 exploited in a facility, the Department shall notify the appropriate
21 licensing authority and the district attorney for the county where
22 the abuse, neglect or exploitation, or misappropriation of resident
23 or client property occurred.

24

1 11. Upon a written request by a certified nurse aide or nurse
2 aide trainee, the Board shall provide within twenty (20) working
3 days all information on the record of the certified nurse aide or
4 nurse aide trainee when a finding of abuse, exploitation or neglect
5 is confirmed and placed in the registry.

6 12. Upon request and except for the names of residents and
7 clients, the Department shall disclose all of the information
8 relating to the confirmed determination of abuse, exploitation and
9 neglect by the certified nurse aide or nurse aide trainee to the
10 person requesting such information, and may disclose additional
11 information the Department determines necessary.

12 13. A person who has acted in good faith to comply with state
13 reporting requirements and this section of law shall be immune from
14 liability for reporting allegations of abuse, neglect or
15 exploitation.

16 F. Each nurse aide trainee shall wear a badge which clearly
17 identifies the person as a nurse aide trainee. Such badge shall be
18 furnished by the facility employing the trainee. The badge shall be
19 nontransferable and shall include the first and last name of the
20 trainee.

21 G. 1. For purposes of this section, "feeding assistant" means
22 an individual who is paid to feed residents by a facility or who is
23 used under an arrangement with another agency or organization and
24 meets the requirements cited in 42 CFR Parts 483 and 488.

1 2. Each facility that employs or contracts employment of a
2 feeding assistant shall maintain a record of all individuals, used
3 by the facility as feeding assistants, who have successfully
4 completed a training course approved by the state for paid feeding
5 assistants.

6 SECTION 7. This act shall become effective July 1, 2026.

7 SECTION 8. It being immediately necessary for the preservation
8 of the public peace, health or safety, an emergency is hereby
9 declared to exist, by reason whereof this act shall take effect and
10 be in full force from and after its passage and approval.

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