

1 STATE OF OKLAHOMA

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

3 SUBCOMMITTEE RECOMMENDATION
4 FOR

5 HOUSE BILL NO. 3644

6 By: Stinson

7 SUBCOMMITTEE RECOMMENDATION

8 An Act relating to venous thromboembolisms screening
9 and treatment; creating the Blake Burgess Act;
10 requiring certain hospitals to develop and implement
11 policies and procedures regarding venous
12 thromboembolisms; mandating training for the
13 rendering of appropriate medical attention for
14 persons at risk of forming venous thromboembolisms;
15 requiring the State Department of Health to contract
16 with a private entity to establish a statewide venous
17 thromboembolism registry; providing requirements;
18 requiring hospitals to report certain information
19 regularly to the statewide venous thromboembolism
20 registry; requiring the private entity to provide
21 regular reports to the Department on such data;
22 requiring the Department to provide to the Governor
23 and the Legislature a specified report; providing
24 requirements for report; providing applicability;
amending 63 O.S. 2021, Section 1-890.2, which relates
to definitions in the Continuum of Care and Assisted
Living Act; adding definitions; amending 63 O.S.
2021, Section 1-890.3, as amended by Section 1,
Chapter 357, O.S.L. 2025 (63 O.S. Supp. 2025, Section
1-890.3), which relates to promulgation of necessary
rules, nursing care component, and adult daycare
component; requiring assisted living facilities to
provide a consumer information pamphlet containing
specified information to residents; amending 63 O.S.
2021, Section 1-1951, which relates to power and
duties of State Department of Health, certified
nursing aides within the Nursing Home Care Act;
requiring certain training for certified nursing
aides; providing for noncodification; providing for

1 codification; providing an effective date; and
2 declaring an emergency.

3
4 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

7 This act shall be known and may be cited as the "Blake Burgess
8 Act".

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

12 Each hospital with an emergency department and each ambulatory
13 surgical center shall:

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

18 a. assessing patients for risk of venous thromboembolism
19 using a nationally recognized risk assessment tool,
20 and

21 b. treatment options for a patient diagnosed with venous
22 thromboembolism; and

23 2. Train all nonphysician personnel at least annually on the
24 policies and procedures developed under this section. For purposes

1 of this section, the term "nonphysician personnel" means all
2 personnel of the licensed facility working in clinical areas and
3 providing patient care, except those persons licensed as health care
4 practitioners.

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

8 A. The State Department of Health shall contract with the
9 state-designated health information exchange to establish and
10 maintain a statewide venous thromboembolism registry to ensure that
11 the performance measures required to be submitted under subsection B
12 of this section are maintained and available for use to improve or
13 modify the venous thromboembolism care system, ensure compliance
14 with nationally recognized guidelines, and monitor venous
15 thromboembolism patient outcomes.

16 B. Beginning July 1, 2027, each hospital with an emergency
17 department shall regularly report to the statewide venous
18 thromboembolism registry information containing nationally
19 recognized venous thromboembolism measures and data on the incidence
20 and prevalence of venous thromboembolisms. Such data shall include
21 the following information:

22 1. The number of venous thromboembolisms identified and
23 diagnosed;

24 2. The age of the patient;

1 3. The ZIP code of the patient;

2 4. The sex of the patient;

3 5. Whether the patient is a resident of a licensed nursing or
4 assisted living facility;

5 6. Whether the venous thromboembolism was fatal;

6 7. How the diagnosis was made, such as by using imaging
7 modalities; and

8 8. The treatment that was recommended for the venous
9 thromboembolism.

10 C. The Department shall require the state-designated health
11 information exchange to use a nationally recognized platform to
12 collect data from each hospital with an emergency department on the
13 performance measures required under subsection B of this section.
14 The state-designated health information exchange shall provide to
15 the Department regular reports on the data collected.

16 D. By June 1, 2027, the Department shall submit to the
17 Governor, the President Pro Tempore of the Oklahoma State Senate,
18 and the Speaker of the Oklahoma House of Representatives a detailed
19 report on the incidence of venous thromboembolism using inpatient
20 and outpatient data for services provided between July 1, 2026, and
21 June 30, 2027. The report shall provide analyses of all of the
22 following:

23 1. Age category, initial primary diagnosis and procedure, and
24 secondary diagnoses, readmission rates for inpatients, admission

1 rates for venous thromboembolism for which the patient had an
2 ambulatory surgery procedure, and emergency department visits for
3 venous thromboembolism linked to any previous admission;

4 2. Whether the venous thromboembolism was present upon
5 admission;

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

8 4. The principal payor, the sex of the patient, and the
9 patient's discharge status.

10 E. The state-designated health information exchange operating
11 the registry shall only use or publish information from the registry
12 for the purposes of advancing medical research or medical education
13 in the interest of reducing morbidity or mortality.

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

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

18 1. "Assisted living center" means any home or establishment
19 offering, coordinating or providing services to two or more persons
20 who:

- 21 a. are domiciled therein,
- 22 b. are unrelated to the operator,
- 23 c. by choice or functional impairments, need assistance
24 with personal care or nursing supervision,

- d. may need intermittent or unscheduled nursing care,
- e. may need medication assistance, and
- f. may need assistance with transfer and/or ambulation;

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

3. "Commissioner" means the Commissioner of Health;

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

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

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

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

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

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

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

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

5 1. A uniform comprehensive resident screening instrument to
6 measure the needs and capabilities of residents in all settings and
7 to determine appropriate placements of residents;

8 2. Physical plant requirements meeting construction and life
9 safety codes, with provisions accommodating resident privacy and
10 independence in assisted living centers and in assisted living
11 components of continuum of care facilities based on the variable
12 capabilities of residents;

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

16 4. Minimum standards for resident care including, but not
17 limited to, standards pertaining to medical care and administration
18 of medications. Standards pertaining to medication administration
19 shall, at a minimum, require the assisted living center or continuum
20 of care facility to:

- 21 a. provide or arrange qualified staff to administer
22 medications based on the needs of residents,
23 b. follow medication administration orders from a
24 qualified health care provider,

- 1 c. ensure that medications are reviewed monthly by a
2 Registered Nurse or pharmacist and quarterly by a
3 consultant pharmacist,
- 4 d. maintain medication administration records and
5 document all medication administration in such
6 records, and
- 7 e. have medication storage and disposal policies;
- 8 5. Standards for measuring quality outcomes for residents;
- 9 6. Provisions for individualized services chosen by and
10 designed for each resident;
- 11 7. Provisions to prohibit facility staff from disclosing a
12 resident's financial information to third parties without written
13 consent of the resident or the designated representative of the
14 resident;
- 15 8. Procedures for inspections and investigations of licensed
16 entities to ensure compliance with the Continuum of Care and
17 Assisted Living Act and rules promulgated by the Commissioner;
- 18 9. Enumeration of resident rights and responsibilities to be
19 observed by each facility and its staff. Such resident rights shall
20 include the freedom of choice regarding any personal attending
21 physicians and all other providers of medical services and supplies,
22 providing that the minimum standards are met by the provider
23 pursuant to the Continuum of Care and Assisted Living Act, without a
24 financial penalty or fee charged by the assisted living center;

1 10. Provisions for a surety bond or deposit from each applicant
2 in an amount sufficient to guarantee that obligations to residents
3 will be performed, with provisions for reduction or waiver of the
4 surety bond or deposit when the assets of the applicant or its
5 contracts with other persons are sufficient to reasonably ensure the
6 performance of its obligations;

7 11. Assisted living facilities shall provide a consumer
8 information pamphlet to residents upon admission. The pamphlet
9 shall contain information about venous thromboembolism (VTE), risk
10 factors, and how residents can recognize the signs and symptoms of
11 VTE;

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

17 ~~12.~~ 13. Provisions for posting results of routine inspections
18 and any complaint investigations of each assisted living center on
19 the Internet website of the Department. Such information shall be
20 regularly updated to include the facility's plan of correction and
21 to indicate when a violation of a licensing regulation was corrected
22 by the facility; and

1 ~~13.~~ 14. Provisions requiring execution of a plan of care and a
2 resident service contract with the resident or resident's
3 representative.

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

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

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

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

15 1. Issue certificates of training and competency for nurse
16 aides;

17 2. Approve training and competency programs including, but not
18 limited to, education-based programs and employer-based programs,
19 including those programs established pursuant to Section 223.1 of
20 Title 72 of the Oklahoma Statutes;

21 3. Determine curricula and standards for training and
22 competency programs. The Department shall require such training to
23 include a minimum of ten (10) hours of training in the care of
24 Alzheimer's patients; and for direct care staff, recognizing signs

1 and symptoms of venous thromboembolism (VTE) and techniques for
2 providing an emergency response;

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

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

8 6. Exercise all incidental powers as necessary and proper to
9 implement and enforce the provisions of this section; and

10 7. Suspend or revoke any certification issued to any nurse
11 aide, if:

12 a. the nurse aide is found to meet any of the
13 requirements contained in subsection D of Section 1-
14 1947 of this title,

15 b. the nurse aide is found to meet any of the
16 requirements contained in subsection C of Section 1-
17 1950.1 of this title, or

18 c. the nurse aide is found to have committed abuse,
19 neglect or exploitation of a resident or
20 misappropriation of resident or client property
21 pursuant to the requirements contained in paragraph 7
22 of subsection D E of this section. The action to
23 revoke or suspend may be included with the filing of
24

1 any action pursuant to the requirements of paragraph 7
2 of subsection D of this section.

3 B. The State Board of Health shall promulgate rules to
4 implement the provisions of this section and shall have power to
5 assess fees.

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

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

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

17 C. Only a person who has qualified as a certified nurse aide
18 and who holds a valid current nurse aide certificate for use in this
19 state shall have the right and privilege of using the title
20 Certified Nurse Aide and to use the abbreviation CNA after the name
21 of such person. Any person who violates the provisions of this
22 section shall be subject to a civil monetary penalty to be assessed
23 by the Department.

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

6 E. 1. The State Department of Health shall establish and
7 maintain a certified nurse aide, nurse aide trainee and feeding
8 assistant registry that:

9 a. is sufficiently accessible to promptly meet the needs
10 of the public and employers, and

11 b. provides a process for notification and investigation
12 of alleged abuse, exploitation or neglect of residents
13 of a facility or home, clients of an agency or center,
14 or of misappropriation of resident or client property.

15 2. The registry shall contain information as to whether a nurse
16 aide has:

17 a. successfully completed a certified nurse aide training
18 and competency examination,

19 b. met all the requirements for certification, or

20 c. received a waiver from the Board.

21 3. The registry shall include, but not be limited to, the
22 following information on each certified nurse aide or nurse aide
23 trainee:

24 a. the full name of the individual,

1 b. information necessary to identify each individual.

2 Certified nurse aides and nurse aide trainees shall
3 maintain with the registry current residential
4 addresses and shall notify the registry, in writing,
5 of any change of name. Notification of change of name
6 shall require certified copies of any marriage license
7 or other court document which reflects the change of
8 name. Notice of change of address or telephone number
9 shall be made within ten (10) days of the effected
10 change. Notice shall not be accepted over the phone,

11 c. the date the individual became eligible for placement
12 in the registry, and

13 d. information on any finding of the Department of abuse,
14 neglect or exploitation by the certified nurse aide or
15 nurse aide trainee, including:

16 (1) documentation of the Department's investigation,
17 including the nature of the allegation and the
18 evidence that led the Department to confirm the
19 allegation,

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

22 (3) statement by the individual disputing the finding
23 if the individual chooses to make one.
24

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

- 5 a. it has been determined by an administrative law judge,
6 a district court or an appeal court that the finding
7 was in error, or
- 8 b. the Board is notified of the death of the certified
9 nurse aide or nurse aide trainee.

10 5. Upon receipt of an allegation of abuse, exploitation or
11 neglect of a resident or client, or an allegation of
12 misappropriation of resident or client property by a certified nurse
13 aide or nurse aide trainee, the Department shall place a pending
14 notation in the registry until a final determination has been made.
15 If the investigation, or administrative hearing held to determine
16 whether the certified nurse aide or nurse aide trainee is in
17 violation of the law or rules promulgated pursuant thereto, reveals
18 that the abuse, exploitation or neglect, or misappropriation of
19 resident or client property was unsubstantiated, the pending
20 notation shall be removed within twenty-four (24) hours of receipt
21 of notice by the Department.

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

1 7. If the Department after notice and opportunity for hearing
2 determines with clear and convincing evidence that abuse, neglect or
3 exploitation, or misappropriation of resident or client property has
4 occurred and the alleged perpetrator is the person who committed the
5 prohibited act, notice of the findings shall be sent to the nurse
6 aide and to the district attorney for the county where the abuse,
7 neglect or exploitation, or misappropriation of resident or client
8 property occurred and to the Medicaid Fraud Control Unit of the
9 Attorney General's Office. Notice of ineligibility to work as a
10 nurse aide in a long-term care facility, a residential care
11 facility, assisted living facility, day care facility, or any entity
12 that requires certification of nurse aides, and notice of any
13 further appeal rights shall also be sent to the nurse aide.

14 8. In any proceeding in which the Department is required to
15 serve notice or an order on an individual, the Department may send
16 written correspondence to the address on file with the registry. If
17 the correspondence is returned and a notation of the United States
18 Postal Service indicates "unclaimed" or "moved" or "refused" or any
19 other nondelivery markings and the records of the registry indicate
20 that no change of address as required by this subsection has been
21 received by the registry, the notice and any subsequent notices or
22 orders shall be deemed by the court as having been legally served
23 for all purposes.

24

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

6 10. If the state finds that any other individual employed by
7 the facility has neglected, abused, misappropriated property or
8 exploited in a facility, the Department shall notify the appropriate
9 licensing authority and the district attorney for the county where
10 the abuse, neglect or exploitation, or misappropriation of resident
11 or client property occurred.

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

17 12. Upon request and except for the names of residents and
18 clients, the Department shall disclose all of the information
19 relating to the confirmed determination of abuse, exploitation and
20 neglect by the certified nurse aide or nurse aide trainee to the
21 person requesting such information, and may disclose additional
22 information the Department determines necessary.

23 13. A person who has acted in good faith to comply with state
24 reporting requirements and this section of law shall be immune from

1 liability for reporting allegations of abuse, neglect or
2 exploitation.

3 F. Each nurse aide trainee shall wear a badge which clearly
4 identifies the person as a nurse aide trainee. Such badge shall be
5 furnished by the facility employing the trainee. The badge shall be
6 nontransferable and shall include the first and last name of the
7 trainee.

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

12 2. Each facility that employs or contracts employment of a
13 feeding assistant shall maintain a record of all individuals, used
14 by the facility as feeding assistants, who have successfully
15 completed a training course approved by the state for paid feeding
16 assistants.

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

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

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