

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

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

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

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

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

22 7. A hospice shall have a bereavement program which shall
23 provide a continuum of supportive and therapeutic services for the
24 family;

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

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

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

8 11. a. Admission to a hospice shall be upon the order of a
9 physician licensed pursuant to the laws of this state
10 and shall be dependent on the expressed request and
11 informed consent of the patient and family. If no
12 legal guardian, power of attorney, next-of-kin, or
13 health care proxy is appointed by the patient or is
14 not available to elect hospice benefits for a patient,
15 the following individuals may elect hospice benefits
16 on behalf of the patient:

17 (1) a licensed long-term care administrator who has
18 been responsible for overseeing the patient's
19 care needs for no less than six (6) months and
20 has documented evidence that two physicians have
21 determined hospice eligibility is necessary and
22 in the best interest of the patient,

23 (2) two physicians licensed in the State of Oklahoma
24 who have reviewed the patient's medical history

1 and determined it is in the patient's best
2 interest to elect for hospice benefits, or
3 (3) the patient's primary care physician who has
4 managed the care of the patient for no less than
5 six (6) months.

6 b. The hospice program shall have admission criteria and
7 procedures that reflect:

8 (1) the patient and family's desire and need for
9 service,

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

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

12 c. (1) Any hospice or employee or agent thereof who
13 knowingly or intentionally solicits patients or
14 pays to or offers a benefit to any person, firm,
15 association, partnership, corporation or other
16 legal entity for securing or soliciting patients
17 for the hospice or hospice services in this
18 state, upon conviction thereof, shall be guilty
19 of a misdemeanor and shall be punished by a fine
20 of not less than Five Hundred Dollars (\$500.00)
21 and not more than Two Thousand Dollars
22 (\$2,000.00).

23 (2) In addition to any other penalties or remedies
24 provided by law:

1 (a) a violation of this section by a hospice or
2 employee or agent thereof shall be grounds
3 for disciplinary action by the State
4 Department of Health, and

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

11 (3) This subparagraph shall not be construed to
12 prohibit:

13 (a) advertising, except that advertising which:

14 (i) is false, misleading or deceptive,

15 (ii) advertises professional superiority or
16 the performance of a professional

17 service in a superior manner, and

18 (iii) is not readily subject to verification,
19 and

20 (b) remuneration for advertising, marketing or
21 other services that are provided for the
22 purpose of securing or soliciting patients,
23 provided the remuneration is:

24 (i) set in advance,

1 (ii) consistent with the fair market value
2 of the services, and

3 (iii) not based on the volume or value of any
4 patient referrals or business otherwise
5 generated between the parties, and

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

10 (4) This paragraph shall not apply to licensed
11 insurers, including but not limited to group
12 hospital service corporations or health
13 maintenance organizations which reimburse,
14 provide, offer to provide or administer hospice
15 services under a health benefits plan for which
16 it is the payor when it is providing those
17 services under a health benefits plan;

18 12. A hospice program shall develop and maintain a quality
19 assurance program that includes:

- 20 a. evaluation of services,
21 b. regular chart audits, and
22 c. organizational review; and
23
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1 13. A hospice program shall be managed by an administrator
2 meeting the requirements as set forth in Section 1-862 of this
3 title.

4 B. A hospice team shall consist of, as a minimum, a physician,
5 a registered nurse, and a social worker or counselor, each of whom
6 shall be licensed as required by the laws of this state. The team
7 may also include clergy and such volunteers as are necessary to
8 provide hospice services. A registered nurse licensed pursuant to
9 the laws of this state shall be employed by the hospice as a patient
10 care coordinator to supervise and coordinate the palliative and
11 supportive care for patients and families provided by a hospice
12 team. Nothing in this section shall be construed as to require a
13 hospice to employ a certified home health aide in the provision of
14 hospice services so long as the hospice employs a certified nurse
15 aide.

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.

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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. This act shall become effective November 1, 2026.

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16 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
17 OVERSIGHT, dated 02/25/2026 - DO PASS, As Coauthored.

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