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February 9, 2026

By: Coleman

An Act relating to hospice; amending 63 O.S. 2021, Section 1-860.4, which relates to requirements and conditions for hospices; updating statutory language; specifying certain penalties; defining term; updating statutory references; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-860.4, is amended to read as follows:

Section 1-860.4. A. A hospice shall comply with the following:

1. A hospice shall coordinate its services with those of the patient's primary or attending physician;

2. A hospice shall coordinate its services with professional and nonprofessional services already in the community. A hospice may contract for some elements of its services to a patient and family, provided direct patient care is maintained with the patient and the hospice team so that overall coordination of services can be maintained by the hospice team. The majority of hospice services available through a hospice shall be provided directly by the licensee. Any contract entered into between a hospice and health

1 care provider shall specify that the hospice retain the
2 responsibility for planning, coordinating and prescribing hospice
3 services on behalf of a hospice patient and the hospice patient's
4 family. No hospice may charge fees for services provided directly
5 by the hospice team which duplicate contractual services provided to
6 the patient or the patient's family;

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

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

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

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

17 7. A hospice shall have a bereavement program which shall
18 provide a continuum of supportive and therapeutic services for the
19 family;

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

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

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

3 11. a. Admission to a hospice shall be upon the order of a
4 physician licensed pursuant to the laws of this state
5 and shall be dependent on the expressed request and
6 informed consent of the patient and family.

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

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

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

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

13 c. (1) Any hospice or employee, contractor, or agent
14 ~~thereof~~ of a hospice who knowingly or
15 intentionally solicits patients or pays to or
16 offers a benefit to any person, firm,
17 association, partnership, corporation or other
18 legal entity for securing or soliciting patients
19 for the hospice or hospice services in this state
20 shall, upon conviction ~~thereof, shall~~, be guilty
21 of a misdemeanor ~~and shall be punished~~ punishable
22 by a fine of not less than Five Hundred Dollars
23 (\$500.00) and not more than Two Thousand Dollars
24 (\$2,000.00).

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

3 (a) a violation of this ~~section~~ subparagraph by
4 a hospice or employee, contractor, or agent
5 ~~thereof~~ of a hospice shall be grounds for
6 disciplinary action by the State Department
7 of Health including, but not limited to,
8 assessment of administrative fines as
9 provided by Section 1-860.9a of this title,
10 and

11 (b) the State Department of Health may institute
12 an action to enjoin violation or potential
13 violation of this section. The action for
14 an injunction shall be in addition to any
15 other action, proceeding or remedy
16 authorized by law.

17 (3) As used in this subparagraph, "solicit" includes,
18 but is not limited to, the act of a hospice or
19 its employee, contractor, or agent initiating
20 contact with one or more patients residing in a
21 facility licensed by the State Department of
22 Health for the purpose of recruiting such
23 patients after such patients are already enrolled
24 in another hospice program.

1 (4) This subparagraph shall not be construed to
2 prohibit:

3 (a) advertising, except that advertising which:

4 (i) is false, misleading or deceptive,

5 (ii) advertises professional superiority or
6 the performance of a professional
7 service in a superior manner, and

8 (iii) is not readily subject to verification,
9 and

10 (b) remuneration for advertising, marketing or
11 other services that are provided for the
12 purpose of securing or soliciting patients,
13 provided the remuneration is:

14 (i) set in advance,

15 (ii) consistent with the fair market value
16 of the services, and

17 (iii) not based on the volume or value of any
18 patient referrals or business otherwise
19 generated between the parties, and

20 (c) any payment, business arrangements or
21 payments practice not prohibited by 42
22 U.S.C., Section 1320a-7b(b), or any
23 regulations promulgated pursuant thereto.
24

1 ~~(4)~~ (5) This ~~paragraph~~ subparagraph shall not apply to
2 licensed insurers, including but not limited to
3 group hospital service corporations or health
4 maintenance organizations which reimburse,
5 provide, offer to provide or administer hospice
6 services under a health benefits plan for which
7 it is the payor when it is providing those
8 services under a health benefits plan;

9 12. A hospice program shall develop and maintain a quality
10 assurance program that includes:

- 11 a. evaluation of services,
- 12 b. regular chart audits, and
- 13 c. organizational review; and

14 13. A hospice program shall be managed by an administrator
15 meeting the requirements as set forth in Section 1-862 of this
16 title.

17 B. A hospice team shall consist of, as a minimum, a physician,
18 a registered nurse, and a social worker or counselor, each of whom
19 shall be licensed as required by the laws of this state. The team
20 may also include clergy and such volunteers as are necessary to
21 provide hospice services. A registered nurse licensed pursuant to
22 the laws of this state shall be employed by the hospice as a patient
23 care coordinator to supervise and coordinate the palliative and
24 supportive care for patients and families provided by a hospice

1 team. Nothing in this section shall be construed as to require a
2 hospice to employ a certified home health aide in the provision of
3 hospice services so long as the hospice employs a certified nurse
4 aide.

5 C. 1. An up-to-date record of the services given to the
6 patient and family shall be kept by the hospice team. Records shall
7 contain pertinent past and current medical, nursing, social, and
8 such other information that is necessary for the safe and adequate
9 care of the patient and the family. Notations regarding all aspects
10 of care for the patient and family shall be made in the record.
11 When services are terminated, the record shall show the date and
12 reason for termination.

13 2. Information received by persons employed by or providing
14 services to a hospice, or information received by the State
15 Department of Health through reports or inspection shall be deemed
16 privileged and confidential information and shall not be disclosed
17 to any person other than the patient or the family without the
18 written consent of that patient, the patient's guardian or the
19 patient's family.

20 D. 1. A hospice program shall have a clearly defined and
21 organized governing body, which has autonomous authority for the
22 conduct of the hospice program.
23
24

1 2. The hospice program shall have an administrator who shall be
2 responsible for the overall coordination and administration of the
3 hospice program.

4 SECTION 2. This act shall become effective November 1, 2026.

5 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
6 February 9, 2026 - DO PASS
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