

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1562

By: Coleman

6 AS INTRODUCED

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

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

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

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

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

18 2. A hospice shall coordinate its services with professional
19 and nonprofessional services already in the community. A hospice
20 may contract for some elements of its services to a patient and
21 family, provided direct patient care is maintained with the patient
22 and the hospice team so that overall coordination of services can be
23 maintained by the hospice team. The majority of hospice services
24 available through a hospice shall be provided directly by the

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

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

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

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

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

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

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

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

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

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

10 b. The hospice program shall have admission criteria and
11 procedures that reflect:

12 (1) the patient and family's desire and need for
13 service,

14 (2) the participation of the attending physician, and
15 (3) the diagnosis and prognosis of the patient.

16 c. (1) Any hospice or employee, contractor, or agent
17 thereof of a hospice who knowingly or
18 intentionally solicits patients or pays to or
19 offers a benefit to any person, firm,
20 association, partnership, corporation or other
21 legal entity for securing or soliciting patients
22 for the hospice or hospice services in this state
23 shall, upon conviction thereof, shall, be guilty
24 of a misdemeanor ~~and shall be punished~~ punishable

1 by a fine of not less than Five Hundred Dollars
2 (\$500.00) and not more than Two Thousand Dollars
3 (\$2,000.00).

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

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

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

20 (3) As used in this subparagraph, "solicit" includes,
21 but is not limited to, the act of a hospice or
22 its employee, contractor, or agent initiating
23 contact with one or more patients residing in a
24 facility licensed by the State Department of

Health for the purpose of recruiting such patients after such patients are already enrolled in another hospice program.

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

(a) advertising, except that advertising which:

(i) is false, misleading or deceptive,

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

(iii) is not readily subject to verification,
and

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

(i) set in advance,

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

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

(c) any payment, business arrangements or payments practice not prohibited by 42

U.S.C., Section 1320a-7b(b), or any regulations promulgated pursuant thereto.

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

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

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

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

B. A hospice team shall consist of, as a minimum, a physician, a registered nurse, and a social worker or counselor, each of whom shall be licensed as required by the laws of this state. The team may also include clergy and such volunteers as are necessary to provide hospice services. A registered nurse licensed pursuant to the laws of this state shall be employed by the hospice as a patient

1 care coordinator to supervise and coordinate the palliative and
2 supportive care for patients and families provided by a hospice
3 team. Nothing in this section shall be construed as to require a
4 hospice to employ a certified home health aide in the provision of
5 hospice services so long as the hospice employs a certified nurse
6 aide.

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

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

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

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
6 60-2-2455

7 DC

8 1/12/2026 7:04:45 PM

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25