

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 3644

By: Stinson

4

5 AS INTRODUCED

6 An Act relating to venous thromboembolisms screening
7 and treatment; creating the "Blake Burgess Act";
8 requiring certain hospitals to develop and implement
9 policies and procedures regarding venous
10 thromboembolisms; mandating training for the
11 rendering of appropriate medical attention for
12 persons at risk of forming venous thromboembolisms;
13 requiring the State Department of Health to contract
14 with a private entity to establish a statewide venous
15 thromboembolism registry; providing requirements;
16 requiring hospitals to report certain information
17 regularly to the statewide venous thromboembolism
18 registry; requiring the private entity to provide
19 regular reports to the Department on such data;
20 requiring the Department to provide to the Governor
21 and the Legislature a specified report; providing
22 requirements for report; providing applicability;
23 amending 63 O.S. 2021, Section 1-890.2, which relates
24 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 codification; providing an
effective date; and declaring an emergency.

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

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

4 This act shall be known and may be cited as the "Blake Burgess
5 Act".

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

9 Each hospital with an emergency department and each ambulatory
10 surgical center shall:

11 1. Develop and implement policies and procedures for the
12 rendering of appropriate medical attention for persons at risk of
13 forming venous thromboembolisms (VTE) which reflect evidence-based
14 best practices relating to, at a minimum:

15 a. assessing patients for risk of venous thromboembolism
16 (VTE) using a nationally recognized risk assessment
17 tool, and

18 b. treatment options for a patient diagnosed with venous
19 thromboembolism (VTE);

20 2. Train all nonphysician personnel at least annually on the
21 policies and procedures developed under this section. For purposes
22 of this section, the term "nonphysician personnel" means all
23 personnel of the licensed facility working in clinical areas and

1 providing patient care, except those persons licensed as health care
2 practitioners.

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

6 A. The State Department of Health shall contract with a private
7 entity, that meets all the conditions of subsection B of this
8 section, to establish and maintain, at no cost to the state, a
9 statewide venous thromboembolism (VTE) registry to ensure that the
10 performance measures required to be submitted under subsection C of
11 this section are maintained and available for use to improve or
12 modify the venous thromboembolism (VTE) care system, ensure
13 compliance with nationally recognized guidelines, and monitor venous
14 thromboembolism (VTE) patient outcomes.

15 B. The private entity shall:

16 1. Be a not-for-profit corporation qualified as tax-exempt
17 under section 501(c)(3) of the Internal Revenue Code;

18 2. Have existed for at least fifteen (15) consecutive years
19 with a mission of advancing the prevention, early diagnosis, and
20 successful treatment of blood clots;

21 3. Have experience operating a medical registry with at least
22 twenty-five thousand (25,000) participants;

23 4. Have experience in providing continuing education on venous
24 thromboembolism (VTE) to medical professionals;

1 5. Have sponsored a public health education campaign on venous
2 thromboembolism (VTE); and

3 6. Be affiliated with a medical and scientific advisory board.

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

10 1. The number of venous thromboembolisms (VTE) identified and
11 diagnosed;

12 2. The age of the patient;

13 3. The zip code of the patient;

14 4. The sex of the patient;

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

17 6. Whether the venous thromboembolism (VTE) was fatal;

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

20 8. The treatment that was recommended for the venous
21 thromboembolism (VTE).

22 D. The Department shall require the contracted private entity
23 to use a nationally recognized platform to collect data from each
24 hospital with an emergency department on the performance measures

1 required under subsection C of this section. The contracted private
2 entity shall provide to the Department regular reports on the data
3 collected.

4 E. By June 1, 2027, the Department shall submit to the
5 Governor, the President Pro Tempore of the Senate, and the Speaker
6 of the House of Representatives a detailed report on the incidence
7 of venous thromboembolism (VTE) using inpatient and outpatient data
8 for services provided between July 1, 2025, and June 30, 2026. The
9 report shall provide analyses of all of the following:

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

15 2. Whether the venous thromboembolism was present upon
16 admission;

17 3. The incidence of venous thromboembolism (VTE) procedures
18 reported on the agency's website; and

19 4. The principal payor, the sex of the patient, and the
20 patient's discharge status.

21 F. The contracted private entity operating the registry shall
22 only use or publish information from the registry for the purposes
23 of advancing medical research or medical education in the interest
24 of reducing morbidity or mortality.

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

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

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

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

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

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

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

- 20 a. assisted living center services as defined in the
21 Continuum of Care and Assisted Living Act, and
- 22 b. adult day care center services as defined in Section
23 1-872 of this title; and

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

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

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

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

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

15 1. A uniform comprehensive resident screening instrument to
16 measure the needs and capabilities of residents in all settings and
17 to determine appropriate placements of residents;

18 2. Physical plant requirements meeting construction and life
19 safety codes, with provisions accommodating resident privacy and
20 independence in assisted living centers and in assisted living
21 components of continuum of care facilities based on the variable
22 capabilities of residents;

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

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

9 a. provide or arrange qualified staff to administer
10 medications based on the needs of residents,

11 b. follow medication administration orders from a
12 qualified health care provider,

13 c. ensure that medications are reviewed monthly by a
14 Registered Nurse or pharmacist and quarterly by a
15 consultant pharmacist,

16 d. maintain medication administration records and
17 document all medication administration in such
18 records, and

19 e. have medication storage and disposal policies;

20 5. Standards for measuring quality outcomes for residents;

21 6. Provisions for individualized services chosen by and
22 designed for each resident;

23 7. Provisions to prohibit facility staff from disclosing a
24 resident's financial information to third parties without written

1 consent of the resident or the designated representative of the
2 resident;

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

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

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

19 11. Assisted living facilities shall provide a consumer
20 information pamphlet to residents upon admission. The pamphlet
21 shall contain information about VTE, risk factors, and how residents
22 can recognize the signs and symptoms of VTE;

23 12. Provisions for the development of a consumer guide or
24 similar resource to be posted on the Internet website of the State

1 Department of Health to assist individuals and families in
2 understanding the services provided by assisted living centers and
3 to compare and select a facility;

4 12. 13. Provisions for posting results of routine inspections
5 and any complaint investigations of each assisted living center on
6 the Internet website of the Department. Such information shall be
7 regularly updated to include the facility's plan of correction and
8 to indicate when a violation of a licensing regulation was corrected
9 by the facility; and

10 13. 14. Provisions requiring execution of a plan of care and a
11 resident service contract with the resident or resident's
12 representative.

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

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

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

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

- 1 1. Issue certificates of training and competency for nurse
2 aides;
- 3 2. Approve training and competency programs including, but not
4 limited to, education-based programs and employer-based programs,
5 including those programs established pursuant to Section 223.1 of
6 Title 72 of the Oklahoma Statutes;
- 7 3. Determine curricula and standards for training and
8 competency programs. The Department shall require such training to
9 include a minimum of ten (10) hours of training in the care of
10 Alzheimer's patients; and for direct care staff, recognizing signs
11 and symptoms of venous thromboembolism (VTE) and techniques for
12 providing an emergency response;
- 13 4. Establish and maintain a registry for certified nurse aides
14 and for nurse aide trainees;
- 15 5. Establish categories and standards for nurse aide
16 certification and registration, including feeding assistants as
17 defined in 42 CFR Parts 483 and 488;
- 18 6. Exercise all incidental powers as necessary and proper to
19 implement and enforce the provisions of this section; and
- 20 7. Suspend or revoke any certification issued to any nurse
21 aide, if:
 - 22 a. the nurse aide is found to meet any of the
23 requirements contained in subsection D of Section 1-
24 1947 of this title,

1 b. the nurse aide is found to meet any of the
2 requirements contained in subsection C of Section 1-
3 1950.1 of this title, or
4 c. the nurse aide is found to have committed abuse,
5 neglect or exploitation of a resident or
6 misappropriation of resident or client property
7 pursuant to the requirements contained in paragraph 7
8 of subsection D of this section. The action to revoke
9 or suspend may be included with the filing of any
10 action pursuant to the requirements of paragraph 7 of
11 subsection D of this section.

12 B. The State Board of Health shall promulgate rules to
13 implement the provisions of this section and shall have power to
14 assess fees.

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

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

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

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

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

16 E. 1. The State Department of Health shall establish and
17 maintain a certified nurse aide, nurse aide trainee and feeding
18 assistant registry that:

- 19 a. is sufficiently accessible to promptly meet the needs
20 of the public and employers, and
- 21 b. provides a process for notification and investigation
22 of alleged abuse, exploitation or neglect of residents
23 of a facility or home, clients of an agency or center,
24 or of misappropriation of resident or client property.

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

3 a. successfully completed a certified nurse aide training
4 and competency examination,
5 b. met all the requirements for certification, or
6 c. received a waiver from the Board.

7 3. The registry shall include, but not be limited to, the
8 following information on each certified nurse aide or nurse aide
9 trainee:

10 a. the full name of the individual,
11 b. information necessary to identify each individual.

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

21 c. the date the individual became eligible for placement
22 in the registry, and

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

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

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

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

4. The Department shall include the information specified in

13 subparagraph d of paragraph 3 of this subsection in the registry
14 within ten (10) working days of the substantiating finding and it
15 shall remain in the registry, unless:

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

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

5. Upon receipt of an allegation of abuse, exploitation or neglect of a resident or client, or an allegation ofappropriation of resident or client property by a certified nurse or nurse aide trainee, the Department shall place a pending

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

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

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

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

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

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

22 11. Upon a written request by a certified nurse aide or nurse
23 aide trainee, the Board shall provide within twenty (20) working
24 days all information on the record of the certified nurse aide or

1 nurse aide trainee when a finding of abuse, exploitation or neglect
2 is confirmed and placed in the registry.

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

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

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

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

22 2. Each facility that employs or contracts employment of a
23 feeding assistant shall maintain a record of all individuals, used
24 by the facility as feeding assistants, who have successfully

1 completed a training course approved by the state for paid feeding
2 assistants.

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

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

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