

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

HOUSE BILL 3645

By: Stinson

AS INTRODUCED

An Act relating to hospice care; amending 63 O.S. 2021, Section 1-860.4, which relates to hospice requirements; allowing for hospice determination by physicians in certain situations; 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

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. If no
10 legal guardian, power of attorney, next-of-kin, or
11 health care proxy is appointed by the patient or is
12 not available to elect hospice benefits for a patient,
13 the following individuals may elect hospice benefits
14 on behalf of the patient:

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

21 (2) two physicians licensed in the State of Oklahoma
22 who have reviewed the patient's medical history
23 and determined it is in the patient's best
24 interest to elect for hospice benefits, or

1 (3) the patient's primary care physician who has
2 managed the care of the patient for no less than
3 six (6) months.

4 b. The hospice program shall have admission criteria and
5 procedures that reflect:

- 6 (1) the patient and family's desire and need for
7 service,
8 (2) the participation of the attending physician, and
9 (3) the diagnosis and prognosis of the patient.

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

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

- 23 (a) a violation of this section by a hospice or
24 employee or agent thereof shall be grounds

1 for disciplinary action by the State
2 Department of Health, and

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

9 (3) This subparagraph shall not be construed to
10 prohibit:

11 (a) advertising, except that advertising which:

12 (i) is false, misleading or deceptive,

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

16 (iii) is not readily subject to verification,
17 and

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

22 (i) set in advance,

23 (ii) consistent with the fair market value
24 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) This paragraph 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.

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

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

21 2. Information received by persons employed by or providing
22 services to a hospice, or information received by the State
23 Department of Health through reports or inspection shall be deemed
24 privileged and confidential information and shall not be disclosed

1 to any person other than the patient or the family without the
2 written consent of that patient, the patient's guardian or the
3 patient's family.

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

7 2. The hospice program shall have an administrator who shall be
8 responsible for the overall coordination and administration of the
9 hospice program.

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

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