

OKLAHOMA HOSPICE LICENSING ACT

TITLE 63 OF THE OKLAHOMA STATUTES Section 1-860.1 et seq.

As amended in 2017

§63-1-860.1. Short title.

Sections 1 through 16 of this act shall be known and may be cited as the "Oklahoma Hospice Licensing Act".

Added by Laws 1991, c. 217, § 1, eff. Sept. 1, 1991.

§63-1-860.2. Definitions.

As used in the Oklahoma Hospice Licensing Act:

1. **"Board"** means the State Board of Health;
2. **"Department"** means the State Department of Health;
3. **"Hospice program"** means a centrally administered, nonprofit or profit, medically directed, nurse-coordinated program which provides a continuum of home and inpatient care for the terminally ill patient and the patient's family. A hospice program offers palliative and supportive care to meet the special needs arising out of the physical, emotional and spiritual stresses experienced during the final stages of illness and during dying and bereavement. This care is available twenty-four (24) hours a day, seven (7) days a week, and is provided on the basis of need, regardless of ability to pay. "Class A" Hospice refers to Medicare certified hospices. "Class B" refers to all other providers of hospice services;
4. **"Hospice interdisciplinary team"** or "hospice team" means a unit composed of professionals and lay persons, as specified by the Oklahoma Hospice Licensing Act, who provide hospice care;
5. **"Hospice patient/family"** means the hospice patient's immediate kin, including a spouse, brother, sister, child, parent or other persons with significant personal ties to the hospice patient, who may be designated by members of the hospice patient/family;
6. **"Hospice services"** means those services furnished to a patient by a hospice or by other persons, pursuant to arrangements with such hospice, in a place of temporary or permanent residence used as the home of the terminally ill patient for the purpose of maintaining the patient at home. Should a patient require short-term institutionalization, such hospice services shall be furnished in cooperation with those contracted institutions or in a hospice inpatient facility. Such services may include, but need not be limited to,

bereavement, palliative, personal care and such other services as are provided by nurses, physicians, home health aides, physical therapists, counselors, psychologists, social workers and volunteers. Services provided by a hospital, nursing home or other health care provider shall not constitute hospice services unless such hospital, nursing home or other health care provider is licensed as a hospice program;

7. "**Medical advisor**" means a physician licensed pursuant to the laws of this state who is commissioned as a medical advisor by a hospice for the purpose of providing ongoing palliative care as a member of a hospice team;

8. "**Palliative services**" means the care or treatment given to a patient by a hospice team for the reduction or abatement of pain and other symptoms attendant to the patient's condition;

9. "**Patient**" means a terminally ill person receiving hospice services;

10. "**Terminally ill**" means a medical prognosis of limited life expectancy of one (1) year or less at the time of referral to a hospice of a person who is experiencing an illness for which therapeutic strategies directed toward cure and control of the illness alone, outside the context of symptom control, are no longer appropriate;

11. "**Bereavement**" means the period of time following death during which survivors mourn a death and process their grief;

12. "**Bereavement services**" means support services offered to a family during the bereavement period;

13. "**Hospice inpatient facility**" means a facility of a licensed hospice program, with twelve or fewer beds, in which only hospice services are provided;

14. "**Personal care**" means services provided to a patient in a home to meet the physical requirements and to accommodate the maintenance or supportive needs of a patient;

15. "**Medically directed**" means the delivery of medical care as directed by a medical advisor;

16. "**Hospice home services**" means hospice services provided primarily in the home of a patient;

17. "**Inpatient services**" means hospice services provided to patients who require twenty-four (24) hour supervision by a licensed health care provider; and

18. "**Health care provider**" means a facility or institution licensed by the laws of this state to provide on a regular basis medical services, skilled nursing care, necessary dietary service, hospice inpatient services or personal care. The term "health care provider" includes, but is not limited to, hospice inpatient facilities, hospitals, skilled nursing homes, intermediate care facilities and residential care facilities.

Added by Laws 1991, c. 217, § 2, eff. Sept. 1, 1991. Amended by Laws 1992, c. 236, § 1, emerg. eff. May 19, 1992; Laws 1997, c. 189, § 1, eff. Nov. 1, 1997; Laws 2003, c. 339, § 1, eff. Nov. 1, 2003.

§63-1-860.2a. Hospices exempt from act.

A public or private agency or person which establishes, conducts, or maintains a hospice or holds itself out to the public as a hospice is required by the Oklahoma Hospice Licensing Act, to obtain a first-year or permanent license from the Department pursuant to the Oklahoma Hospice Licensing Act.

Added by Laws 1992, c. 236, § 2, emerg. eff. May 19, 1992. Amended by Laws 1997, c. 189, § 2, eff. Nov. 1, 1997; Laws 2005, c. 282, § 2, emerg. eff. June 6, 2005.

§63-1-860.3. Contents of hospice program.

Each hospice program shall consist of hospice home services and may provide inpatient hospice services which afford the patient and the family of the patient a range of hospice services which can be tailored to specific needs and preferences of the patient and family.

Added by Laws 1991, c. 217, § 3, eff. Sept. 1, 1991.

§63-1-860.4. Requirements and conditions for hospices - Hospice teams - Records - Governing body - Administrators.

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 care provider shall specify that the hospice retain the responsibility for planning, coordinating and prescribing hospice services on behalf of a hospice patient and the hospice patient's family. No hospice may charge fees for services provided directly by the hospice team which duplicate contractual services provided to the patient or the patient's family;
3. The hospice team shall be responsible for coordination and continuity between inpatient and home care aspects of care;
4. A hospice shall not contract with a health care provider or another hospice that has or has been given a conditional license within the last eighteen (18) months;

5. Hospice services shall provide a symptom control process, to be provided by a hospice team skilled in physical and psychosocial management of distressing signs and symptoms;
6. Hospice care shall be available twenty-four (24) hours a day, seven (7) days a week;
7. A hospice shall have a bereavement program which shall provide a continuum of supportive and therapeutic services for the family;
8. The unit of care in a hospice program shall be composed of the patient and family;
9. A hospice program shall provide a continuum of care and a continuity of care providers throughout the length of care for the patient and to the family through the bereavement period;
10. A hospice program shall not impose the dictates of any value or belief system on its patients and their families;
11. a. Admission to a hospice shall be upon the order of a physician licensed pursuant to the laws of this state and shall be dependent on the expressed request and informed consent of the patient and family.
 - b. The hospice program shall have admission criteria and procedures that reflect:
 - (1) the patient and family's desire and need for service,
 - (2) the participation of the attending physician, and
 - (3) the diagnosis and prognosis of the patient.
 - c. (1) Any hospice or employee or agent thereof who knowingly or intentionally solicits patients or pays to or offers a benefit to any person, firm, association, partnership, corporation or other legal entity for securing or soliciting patients for the hospice or hospice services in this state, upon conviction thereof, shall be guilty of a misdemeanor and shall be punished by a fine of not less than Five Hundred Dollars (\$500.00) and not more than Two Thousand Dollars (\$2,000.00).
 - (2) In addition to any other penalties or remedies provided by law:
 - (a) a violation of this section by a hospice or employee or agent thereof shall be grounds for disciplinary action by the State Department of Health, and
 - (b) the State Department of Health may institute an action to enjoin violation or potential violation of this section. The action for an injunction shall be in addition to any other action, proceeding or remedy authorized by law.
 - (3) 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) 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.

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

C. 1. An up-to-date record of the services given to the patient and family shall be kept by the hospice team. Records shall contain pertinent past and current medical, nursing, social, and such other information that is necessary for the safe and adequate care of

the patient and the family. Notations regarding all aspects of care for the patient and family shall be made in the record. When services are terminated, the record shall show the date and reason for termination.

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

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

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

Historical Data

Laws 1991, SB 474, c. 217, § 4, eff. September 1, 1991; Amended by Laws 1997, HB 2033, c. 189, § 3, eff. November 1, 1997 ([superseded document available](#)); Amended by Laws 2015, HB 1438, c. 34, § 1, eff. November 1, 2015 ([superseded document available](#)); Amended by Laws [2017, SB 180, c. 77](#), § 1, eff. November 1, 2017 ([superseded document available](#)).

§63-1-860.5. Department - Powers and duties.

The State Department of Health shall have the power and duty to:

1. Issue, renew, deny, modify, suspend and revoke first-year and permanent licenses for hospice programs pursuant to the provisions of the Oklahoma Hospice Licensing Act;
2. Establish and enforce standards and requirements for licensure of hospice programs and require the submission of, and to review, reports from any person establishing or operating a hospice program;
3. Establish and enforce construction standards and other requirements for hospice inpatient facilities; provided, however, such standards and requirements shall comply with current Medicare regulations for hospice inpatient facilities;
4. Establish a construction plan review fee for such facilities; provided, however, the amount of such fee shall not exceed the amount set by the Department for construction plan review fees for hospitals;
5. Enter upon any public or private property, with permission, for the purpose of inspecting and investigating conditions of the patients in a hospice or for the purpose of inspecting and

investigating a hospice for compliance with the provisions of the Oklahoma Hospice Licensing Act, or the standards or requirements for licensure developed by the Department pursuant to the provisions of the Oklahoma Hospice Licensing Act;

6. Employ or designate personnel to conduct investigations and inspections, to make reports of the condition of hospices and the patients of such hospices, and to take necessary action pursuant to the provisions of the Oklahoma Hospice Licensing Act to protect and safeguard the health, safety and welfare of patients of hospices;

7. Establish a procedure for receipt and investigation of complaints regarding a hospice or concerning the condition, care and treatment of a patient in the hospice;

8. Advise, consult and cooperate with other agencies of this state, the federal government, other states and interstate agencies, and with affected groups and political subdivisions to further the purposes of the provisions of the Oklahoma Hospice Licensing Act;

9. Develop and enforce rules subject to the approval of the State Board of Health to implement the provisions of the Oklahoma Hospice Licensing Act;

10. Establish and enforce penalties for violations of the provisions of the Oklahoma Hospice Licensing Act as authorized by the Board pursuant to the provisions of the Oklahoma Hospice Licensing Act; and

11. Exercise all incidental powers as necessary and proper for the administration of the Oklahoma Hospice Licensing Act.

Added by Laws 1991, c. 217, § 5, eff. Sept. 1, 1991. Amended by Laws 2003, c. 339, § 2, eff. Nov. 1, 2003; Laws 2005, c. 282, § 3, emerg. eff. June 6, 2005.

§63-1-860.6. First-year or permanent license - Application - Plan for delivery of services - Term and renewal of license - Conditional license.

A. No public or private agency or person shall establish, conduct or maintain a hospice program or hold itself out to the public as a hospice program without first obtaining a first-year or permanent license from the State Department of Health.

B. An application for a hospice program first-year or permanent license shall be filed on a form prescribed by the Department and shall be accompanied by:

1. The first-year or permanent license fee required by Section 1-860.15 of this title;

2. Documentation of complete disclosure for the applicant which shall include, but not be limited to, the name, mailing address and finding address of every stockholder with at least five percent (5%) ownership interest in the hospice program;

3. Satisfactory proof that the hospice program is in compliance with the provisions of the Oklahoma Hospice Licensing Act and any rules and minimum standards promulgated by the State Board of Health pursuant to the Oklahoma Hospice Licensing Act; and

4. Proof of sufficient financial ability to operate and conduct the hospice program in accordance with the requirements of the Oklahoma Hospice Licensing Act.

C. The initial application shall be accompanied by a plan for the delivery of home and inpatient hospice services to patients and their families. Such plan shall contain, but not be limited to:

1. The estimated average number of patients to be served monthly;

2. The geographic area in which hospice services will be available;

3. A listing of services which are or will be provided, either directly by the applicant or through contractual arrangements with existing health care providers;

4. Provisions for the implementation of hospice home care within three (3) months of licensure;

5. The name and qualifications of any existing or potential health care provider with whom the hospice program may enter into a contract;

6. The projected annual operating cost of the hospice program; and

7. The location and proposed construction drawings for any hospice inpatient facility operated by the hospice program. A licensed hospice program shall not operate more than one hospice inpatient facility.

D. Unless suspended or revoked, a first-year license issued for the operation of a hospice program shall expire automatically one (1) year from the date of issuance; provided, this provision shall not apply if the Department has not completed a follow-up survey of the hospice program. The Department may renew a first-year license for up to one (1) additional year beyond the expiration date if the applicant has complied with the provisions of the Oklahoma Hospice Licensing Act and the rules promulgated by the Board for the operation of a hospice program under a first-year license.

E. Unless suspended or revoked, a permanent license issued for the operation of a hospice program shall expire automatically one (1) year from the date of issuance. At least sixty (60) days prior to the expiration date, an application for license renewal shall be submitted to the Department on forms furnished by the Department. The license shall be renewed if the applicant has complied with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the provisions

of the Oklahoma Hospice Licensing Act. The application for license renewal shall be accompanied by an update of the plan for delivery of hospice services only if information contained in the plan submitted pursuant to subsection C of this section is no longer applicable.

F. A hospice program for which a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the Department of such proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

G. The license shall:

1. Be displayed in a conspicuous place inside the hospice program office;
2. Be valid only in the possession of the person or public agency to which it is issued;
3. Not be subject to sale, assignment, or other transfer, voluntary or involuntary;
4. Not be valid for any hospice program other than the hospice program for which the license was originally issued; and
5. Restrict the number of patients in a hospice inpatient facility to the Department-approved occupancy level for each facility.

H. Any person who, prior to January 1, 1991, provided hospice services to any patient shall be entitled to operate as a hospice program pursuant to the provisions of the Oklahoma Hospice Licensing Act without making application and obtaining a license pursuant to the provisions of the Oklahoma Hospice Licensing Act for one (1) year after September 1, 1991, provided such person otherwise complies with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the act. Thereafter any person providing hospice services shall make application, obtain a license, and comply with the provisions of the Oklahoma Hospice Licensing Act and all rules promulgated by the Board pursuant to the act.

Added by Laws 1991, c. 217, § 6, eff. Sept. 1, 1991. Amended by Laws 1992, c. 236, § 3, emerg. eff. May 19, 1992; Laws 1996, c. 231, § 1, eff. July 1, 1996; Laws 2003, c. 339, § 3, eff. Nov. 1, 2003; Laws 2005, c. 282, § 4, emerg. eff. June 6, 2005.

§63-1-860.7. Patient care when patient unable to pay.

A hospice shall not discontinue or diminish care provided to a patient already in its care because of the patient's inability to pay for the care.

Added by Laws 1991, c. 217, § 7, eff. Sept. 1, 1991.

§63-1-860.8. Inspections and investigations.

Any duly authorized officer or employee of the Department shall have the right to conduct such inspections and investigations as are necessary in order to determine the state of compliance with the provisions of the Oklahoma Hospice Licensing Act and with the rules and regulations in force pursuant hereto. The right of inspection shall also extend to any person who the Department has reason to believe is offering or advertising hospice service without a license. Any application for a license or renewal thereof made pursuant to the Oklahoma Hospice Licensing Act shall constitute authorization for any inspection of the hospice for which the license is sought in order to facilitate verification of the information submitted on or in connection with the application. *Added by Laws 1991, c. 217, § 8, eff. Sept. 1, 1991.*

§63-1-860.9. Denial, refusal to renew, suspension or revocation of license.

A. After notice and hearing pursuant to the provisions of Section 1-860.10 of this title, the State Department of Health may:

1. Deny a first-year or permanent license to an applicant who does not meet the requirements for licensure pursuant to the provisions of the Oklahoma Hospice Licensing Act;
2. Refuse to renew, suspend or revoke a first-year or permanent license to a hospice which is not in compliance with the provisions of the Oklahoma Hospice Licensing Act or with the rules promulgated by the State Board of Health pursuant to the provisions of the Oklahoma Hospice Licensing Act;
3. Deny, refuse to renew, suspend or revoke a first-year or permanent license to an applicant or hospice which has a history of noncompliance or incomplete or partial compliance with the provisions of the Oklahoma Hospice Licensing Act or with the rules promulgated by the Board pursuant to the Oklahoma Hospice Licensing Act, or for which there is other satisfactory evidence which demonstrates that the applicant or hospice is unlikely to provide care or treatment to the patients in the care of the hospice in a manner which warrants public trust;
4. Deny, refuse to renew, suspend or revoke a first-year or permanent license to an applicant or hospice which has insufficient financial or other resources to the extent that the applicant or hospice is incapable of ensuring or providing adequate care or treatment to the patients; or
5. Assess administrative penalties pursuant to Article II of the Administrative Procedures Act.

B. Any of the following actions by a hospice or any of its employees shall be grounds for action by the Department against a hospice:

1. A violation of the provisions of the Oklahoma Hospice Licensing Act or of any of the rules promulgated thereto; or
2. An intentional or negligent act materially affecting the health or safety of a patient.

Added by Laws 1991, c. 217, § 9, eff. Sept. 1, 1991. Amended by Laws 1996, c. 231, § 2, eff. July 1, 1996; Laws 2005, c. 282, § 5, emerg. eff. June 6, 2005.

§63-1-860.9a. Violations - Administrative fines.

A. Any person who has been determined by the State Department of Health to have violated any provision of the Oklahoma Hospice Licensing Act or any rule or order of the State Board of Health issued pursuant thereto may be assessed an administrative fine of not less than Fifty Dollars (\$50.00) nor more than One Thousand Dollars (\$1,000.00) for each day that the violation continues. The maximum administrative fine shall not exceed Ten Thousand Dollars (\$10,000.00) for any related series of violations that do not constitute immediate jeopardy to residents. A fine of not less than Five Hundred Dollars (\$500.00) per day nor more than Two Thousand Five Hundred Dollars (\$2,500.00) per day may be assessed for any violation constituting immediate jeopardy to residents.

B. The amount of the fine shall be assessed by the Department, pursuant to the provisions of subsection A of this section, after notice and hearing. In determining the amount of the fine, the Department shall include, but not be limited to, consideration of:

1. The nature, circumstances, and gravity of the violation;
2. The repetitive nature of the violation by the hospice or by other hospices operated by the same entity;
3. The previous degree of difficulty in obtaining compliance with the Oklahoma Hospice Licensing Act or the rules promulgated pursuant thereto; and
4. With respect to the person found to have committed the violation, the degree of culpability and evidence of a substantial show of good faith by such person in attempting to achieve compliance with the provisions of the Oklahoma Hospice Licensing Act.

C. Any license holder may elect to surrender the first-year or permanent license of such holder in lieu of such fine but shall be forever barred from obtaining a reissuance of the license or any other license issued pursuant to the Oklahoma Hospice Licensing Act.

Added by Laws 1996, c. 231, § 3, eff. July 1, 1996. Amended by Laws 2005, c. 282, § 6, emerg. eff. June 6, 2005.

§63-1-860.10. Complaints - Notice - Hearing - Orders - Service of order or other instrument.

A. If upon inspection or investigation, or whenever the Department determines that there are reasonable grounds to believe that a hospice is operating in violation of the Oklahoma Hospice

Licensing Act, or any rule promulgated pursuant to the Oklahoma Hospice Licensing Act, or any order of the Department pursuant to the Act, the Department shall give written notice to the alleged violator specifying the cause of complaint. Such notice shall require that the matters complained of be corrected within forty-five (45) days or that the alleged violator appear before the Department at a time and place specified in the notice and answer charges. The notice shall be delivered to the alleged violator in accordance with the provisions of the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes.

B. The Department shall give the notice specified by the provisions of subsection A of this section within ten (10) days of an inspection or investigation of the hospice if the Department determines that the hospice is in violation of the Oklahoma Hospice Licensing Act, the rules promulgated by the Board pursuant to the Oklahoma Hospice Licensing Act, or any order of the Department pursuant to the Act.

C. The Department shall afford the alleged violator an opportunity for a fair hearing within sixty (60) days of receipt of notice provided by subsection A of this section in accordance with the provisions of the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes. On the basis of the evidence produced at the hearing, the Department shall make findings of fact and conclusions of law and enter an order thereon. The Department shall give written notice of such order to the alleged violator and to such persons as shall have appeared at the hearing and made written request for notice of the order. If the hearing is held before any person other than the Department, such person shall transmit the record of the hearing together with recommendations for findings of fact and conclusions of law to the Department which shall thereupon enter its order. The Department may enter its order on the basis of such record or, before issuing its order, may require additional hearings or further evidence to be presented. The order of the Department shall become final and binding on all parties unless appealed to the Supreme Court as provided in the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes, within thirty (30) days after notice has been sent to the parties.

D. Except as otherwise expressly provided by law, any notice, order, or other instrument issued by or pursuant to authority of the Department may be served on any person affected thereby personally, by publication, or by mailing a copy of the notice, order, or other instrument by certified mail, return receipt requested, directed to the person affected at his last-known post office address as shown by the files or records of the Department. Proof of service shall be made as in the case of service of a summons or by publication in a civil action or may be made by the

affidavit of the person who did the mailing. Such proof of service shall be kept on file in the Department.

E. The hearings authorized by this section may be conducted by the Department. The Department may designate hearing officers who shall have the power and authority to conduct such hearings in the name of the Department at any time and place. Such hearings shall be conducted in conformity with and records made thereof as provided by the provisions of the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes.

Added by Laws 1991, c. 217, § 10, eff. Sept. 1, 1991.

§63-1-860.11. Appeals.

A. 1. Final orders of the Department may be appealed to the Supreme Court of Oklahoma pursuant to this section and the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes, by any party directly affected or aggrieved by the order.

2. An appeal shall be commenced by filing with the clerk of the Supreme Court, within thirty (30) days from the date of the order or decision, a petition in error with a copy of the order or decision appealed from. The time limit prescribed herein for filing the petition in error may not be extended. The manner of perfection of the record of the proceedings to be reviewed and the time for its completion shall be in accordance with rules prescribed by the Supreme Court.

3. The appeal shall not stay the execution of any order or decision of the Department unless the Supreme Court, for cause shown, shall order that said decision or order be stayed pending such appeal pursuant to Section 319 of Title 75 of the Oklahoma Statutes.

4. The Court shall give great weight to findings made and inferences drawn by the Department on questions of fact. The Court may affirm the decision or remand the case for further proceedings. Additionally, the Court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the findings, inferences or conclusions are not supported by substantial evidence in the record.

B. If an appeal pursuant to subsection A of this section is not made by the person to whom such an order is directed within thirty (30) days after notice has been sent to the parties, the order of the Department shall become final and binding on all parties and shall be docketed with the district court in the county of the residence of the violator, or the district court in the county in which the violation occurred. The order shall be enforced in the same manner as an order of the district court.

Added by Laws 1991, c. 217, § 11, eff. Sept. 1, 1991.

§63-1-860.12. Attorney General - Equitable relief.

The Department may request the Attorney General to bring an action in a court of competent jurisdiction for equitable relief to redress or restrain a violation by any person of a provision of the Oklahoma Hospice Licensing Act or any rule promulgated thereto or order issued pursuant to the provisions of the Oklahoma Hospice Licensing Act.

Added by Laws 1991, c. 217, § 12, eff. Sept. 1, 1991.

§63-1-860.13. Repealed by Laws 2013, HB 1467, c. 229, § 99, eff. November 1, 2013

Laws 1991, SB 474, c. 217, § 13, eff. September 1, 1991; Amended by Laws 2000, HB 2646, c. 152, § 1, eff. November 1, 2000 ([superseded document available](#)); Amended by Laws 2001, SB 677, c. 353, § 4, eff. November 1, 2001 ([superseded document available](#)); Repealed by Laws 2013, HB 1467, c. 229, § 99, eff. November 1, 2013 ([repealed document available](#)).

**§63-1-860.14. Hospice Advisory Board - Powers and duties.
Two Enactments from the 2013 Legislative Session Affected this Section**

Version 1 (as repealed by Laws 2013, HB 1467, c. 229, § 99, eff. November 1, 2013)

Repealed by Laws 2013, HB 1467, c. 229, § 99, eff. November 1, 2013

Version 2 (as amended by Laws 2013, HB 1467, c. 229, § 57, eff. November 1, 2013)

The Department shall publish and distribute an annual report of its activities and any recommendations for the improvement of services and care and treatment to hospice patients on or before January 1 of each year to the Governor and to the Commissioner of Health.

Added by Laws 1991, SB 474, c. 217, § 14, eff. September 1, 1991; Amended by Laws 2013, HB 1467, c. 229, § 57, eff. November 1, 2013; Repealed by Laws 2013, HB 1467, c. 229, § 99, eff. November 1, 2013 ([superseded document available](#)).

§63-1-860.15. Fees.

A. The State Department of Health, subject to the approval of the State Board of Health, shall prescribe and publish in the manner established by its rules, fees in the amounts determined by the Board for the following:

1. Initial application fee;
2. First-year license fee;
3. Permanent license fee;
4. Renewal of permanent license fee; and
5. Late renewal fee charges.

B. Such fees may only be established or amended by the Board during such times as the Legislature is in session.

C. Fees specified in this section are not subject to the fee limitations provided in paragraph 2 of subsection A of Section 1-106.1 of this title.

Added by Laws 1991, c. 217, § 15, eff. Sept. 1, 1991. Amended by Laws 2003, c. 339, § 4, eff. Nov. 1, 2003; Laws 2005, c. 282, § 7, emerg. eff. June 6, 2005; Laws 2006, c. 187, § 1, eff. Nov. 1, 2006.

§63-1-860.16. Hospice Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the State Department of Health, to be designated the "Hospice Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the Department, from any monies received as a result of fees received pursuant to the provisions of the Oklahoma Hospice Licensing Act and any monies appropriated to the fund by law. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Department to effectuate the provisions of the Oklahoma Hospice Licensing Act. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 1991, SB 474, c. 217, § 16, eff. September 1, 1991; Amended by Laws 2012, HB 3079, c. 304, § 487 ([superseded document available](#)).

§63-1-861- Repealed

Repealed by Laws 1980, HB 1862, c. 188, § 11, emerg. eff. July 1, 1980

Historical Data

Repealed by Laws 1980, HB 1862, c. 188, § 11, emerg. eff. July 1, 1980.

Section 1-862. Continuing Education - Hospice Program Administrators

A. All administrators operating a hospice program in this state shall be required to complete eight (8) hours of continuing education each calendar year.

B. The State Board of Health shall promulgate rules concerning the qualifications of continuing education courses for administrators of hospice programs. Courses shall consist of a minimum of forty-five (45) minutes in length and may be completed either in person or online. Two (2) of the eight (8) hours shall be composed of ethics, and membership in a statewide organization relating to hospice care shall be considered as completion of one (1) hour of ethics credit each year. The Board may collaborate with statewide organizations specializing in the administration of

hospice care to develop the qualifications provided for in this subsection.

C. A hospice program shall be responsible for maintaining records demonstrating its administrator has completed the required continuing education. The State Department of Health may request copies of such records at any time.

Historical Data

Laws 2015, HB 1438, c. 34, § 2, eff. November 1, 2015.