SENATE FLOOR VERSION
February 15, 2023
AS AMENDED

SENATE BILL NO. 293
By: Hall

[ hospitals - effective date ]

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

SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-701, is amended to read as follows:

Section 1-701. For the purposes of Section 1-701 et seq. of this title:

1. "Hospital" means any institution, place, building or agency, public or private, whether organized for profit or not, primarily engaged in the maintenance and operation of facilities for the diagnosis, treatment or care of patients admitted for overnight stay or longer in order to obtain medical care, surgical care, obstetrical care, or nursing care for illness, disease, injury, infirmity, or deformity. Except as otherwise provided by paragraph 5 of this subsection paragraph 7 of this section, places where pregnant females are admitted and receive care incident to pregnancy, abortion or delivery shall be considered to be a "hospital" within the meaning of this article, regardless of the
number of patients received or the duration of their stay. The term "hospital" includes general medical surgical hospitals, specialized hospitals, critical access hospitals, emergency hospitals, rural emergency hospitals, and birthing centers;

2. "General medical surgical hospital" means a hospital maintained for the purpose of providing hospital care in a broad category of illness and injury;

3. "Specialized hospital" means a hospital maintained for the purpose of providing hospital care in a certain category, or categories, of illness and injury;

4. "Critical access hospital" means a hospital determined by the State Department of Health to be a necessary provider of health care services to residents of a rural community;

5. "Emergency hospital" means a hospital that provides emergency treatment and stabilization services on a twenty-four-hour basis that has the ability to admit and treat patients for short periods of time;

6. "Rural emergency hospital" means a hospital that provides emergency treatment and stabilization services for an average length of stay of twenty-four hours or less;

7. "Birthing center" means any facility, place or institution, which is maintained or established primarily for the purpose of providing services of a certified midwife or licensed medical doctor to assist or attend a woman in delivery and birth, and where a woman
is scheduled in advance to give birth following a normal, uncomplicated, low-risk pregnancy. Provided, however, licensure for a birthing center shall not be compulsory;

7. "Day treatment program" means nonresidential, partial hospitalization programs, day treatment programs, and day hospital programs as defined by subsection A of Section 175.20 of Title 10 of the Oklahoma Statutes; and

9. a. "Primarily engaged" means a hospital shall be primarily engaged, defined by this section and as determined by the State Department of Health, in providing to inpatients the following care by or under the supervision of physicians:

(1) diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons, or

(2) rehabilitation services for the rehabilitation of injured, disabled or sick persons.

b. In reaching a determination as to whether an entity is primarily engaged in providing inpatient hospital services to inpatients of a hospital, the Department shall evaluate the total facility operations and consider multiple factors as provided in subparagraphs c and d of this subsection.
c. In evaluating the total facility operations, the Department shall review the actual provision of care and services to two or more inpatients, and the effects of that care, to assess whether the care provided meets the needs of individual patients by way of patient outcomes.

d. The factors that the Department shall consider for determination of whether an entity meets the definition of primarily engaged include, but are not limited to:

(1) a minimum of four inpatient beds,

(2) the entity's average daily census (ADC),

(3) the average length of stay (ALOS),

(4) the number of off-site campus outpatient locations,

(5) the number of provider-based emergency departments for the entity,

(6) the number of inpatient beds related to the size of the entity and the scope of the services offered,

(7) the volume of outpatient surgical procedures compared to the inpatient surgical procedures, if surgical services are provided,

(8) staffing patterns, and
(9) patterns of ADC by day of the week.

e. Notwithstanding any other provision of this section, an entity shall be considered primarily engaged in providing inpatient hospital services to inpatients if the hospital has had an ADC of at least two (2) and an ALOS of at least two (2) midnights over the past twelve (12) months. A critical access hospital shall be exempt from the ADC and ALOS determination. ADC shall be calculated by adding the midnight daily census for each day of the twelve-month period and then dividing the total number by days in the year. A facility that has been operating for less than (12) months at the time of the survey shall calculate its ADC based on the number of months the facility has been operational, but not less than three (3) months. If a first survey finds noncompliance with the ADC and ALOS, a second survey may be required by the Department to demonstrate compliance with state licensure.

SECTION 2. This act shall become effective October 1, 2023.

COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS
February 15, 2023 - DO PASS AS AMENDED