1	ENGROSSED SENATE AMENDMENT TO
2	ENGROSSED HOUSE
3	BILL NO. 2341 By: Roberts (Sean) of the House
4	and
-	Smalley of the Senate
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6	
7	An Act relating to physical therapy; amending 59 O.S. 2011, Section 887.17, as last amended by Section 3,
8	Chapter 324, O.S.L. 2014 (59 O.S. Supp. 2018, Section 887.17), which relates to referrals by physicians,
9	surgeons, or assistants thereof; broadening practitioners who may make referrals; updating
10	statutory language; and providing an effective date.
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12	
13	AMENDMENT NO. 1. Page 1, strike the title, enacting clause and entire bill and insert
14	"An Act relating to statutory terms; amending 10 O.S.
15	2011, Sections 1408, 1410, 1411, 1414, 1414.1, 1415, 1415.1, 1416, 1417, 1417.1, 1425 and 1430.20, which
16	relate to children; updating terms; deleting definition; clarifying language; making language
17	gender-neutral; amending 10A 0.S. 2011, Section 2-7-
18	502, which relates to Children and Juvenile Code; updating terms; amending 10A O.S. 2011, Section 2-7-
19	503, as amended by Section 7, Chapter 362, O.S.L. 2014 (10A O.S. Supp. 2018, Section 2-7-503), which
20	relates to Children and Juvenile Code; updating term; amending 10A O.S. 2011, Section 2-7-601, as amended
21	by Section 3, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2018, Section 2-7-601), which relates to the
	Office of Juvenile Affairs' powers and duties;
22	updating term; amending 21 O.S. 2011, Sections 152, 643, 701.10b and 833, which relate to crimes and
23	punishments; updating terms; amending 22 O.S. 2011, Section 1161, as last amended by Section 1, Chapter
24	375, O.S.L. 2017 (22 O.S. Supp. 2018, Section 1161),

1 which relates to criminal procedure; updating term; amending 22 O.S. 2011, Section 1175.3, as amended by 2 Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018, Section 1175.3), which relates to criminal 3 procedure; updating term; amending 22 O.S. 2011, Sections 1175.5 and 1175.6, which relate to criminal 4 procedure; updating term; updating statutory references; amending 22 O.S. 2011, Section 1175.6a, 5 as last amended by Section 2, Chapter 290, O.S.L. 2018 (22 O.S. Supp. 2018, Section 1175.6a), which relates to criminal procedure; updating term; 6 amending 22 O.S. 2011, Sections 1175.6b and 1175.6c, 7 which relate to criminal procedure; updating term; amending 25 O.S. 2011, Section 40; updating term; deleting obsolete date; directing certain use of 8 language; amending 30 O.S. 2011, Section 1-111, which 9 relates to guardian and ward; updating term; amending 43A O.S. 2011, Section 1-103, as last amended by 10 Section 1, Chapter 246, O.S.L. 2017 (43A O.S. Supp. 2018, Section 1-103), which relates to mental health; deleting term; amending 43A O.S. 2011, Section 10-11 103, as amended by Section 1, Chapter 39, O.S.L. 2016 12 (43A O.S. Supp. 2018, Section 10-103), which relates to mental health; deleting term; amending 43A O.S. 13 2011, Section 10-104, as amended by Section 1, Chapter 318, O.S.L. 2016 (43A O.S. Supp. 2018, 14 Section 10-104), which relates to mental health; updating term; amending 47 O.S. 2011, Section 1104.1, 15 which relates to motor vehicles; updating terms; amending 56 O.S. 2011, Sections 198.11c, 602, 1017.2, 16 1017.3, 1025.1 and 1030.1, which relate to poor persons; updating terms; modifying definitions; 17 amending 56 O.S. 2011, Section 2002, as last amended by Section 1, Chapter 183, O.S.L. 2013 (56 O.S. Supp. 18 2018, Section 2002), which relates to poor persons; updating terms; amending 56 O.S. 2011, Sections 343, 19 347, 530.2, 530.3 and 530.6, which relate to poor persons; updating terms; amending 59 O.S. 2011, 20 Section 367.3, which relates to professions and occupations; updating term; amending 59 O.S. 2011, 21 Section 887.17, as last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp. 2018, Section 22 887.17), which relates to professions and occupations; broadening practitioners who may make 23 certain referrals; updating statutory language; amending 62 O.S. 2011, Section 57.32, which relates 24 to the Building Bonds Commission; updating term;

1 amending 63 O.S. 2011, Sections 1-1925.2, 1-219, 1-222.1 and 1-222.2, which relate to public health and 2 safety; updating terms; amending 63 O.S. 2011, Section 1-502.1, as amended by Section 1, Chapter 3 246, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-502.1), which relates to public health and safety; 4 updating term; amending 63 O.S. 2011, Sections 1-533 and 1-851.1, which relate to public health and 5 safety; updating term; amending 63 O.S. 2011, Section 1-1902, as amended by Section 1, Chapter 288, O.S.L. 2016 (63 O.S. Supp. 2018, Section 1-1902), which 6 relates to public health and safety; updating terms; 7 amending 63 O.S. 2011, Section 1-1912, as last amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 2018, Section 1-1912), which relates to 8 public health and safety; updating term; amending 63 9 O.S. 2011, Sections 330.51 and 5026, which relates to public health and safety; updating term; prohibiting 10 the State Medicaid program from contracting with outof-state medical providers under certain conditions; 11 requiring the Oklahoma Health Care Authority to seek certain federal approval; amending 70 O.S. 2011, 12 Section 6-105, as last amended by Enrolled House Bill No. 1050 of the 1st Session of the 57th Oklahoma 13 Legislature (70 O.S. Supp. 2018, Section 6-105), which relates to schools; updating term; amending 74 14 O.S. 2011, Section 255, which relates to state government; updating term; updating statutory name; 15 providing for codification; and providing an effective date. 16 17 18 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 19 10 O.S. 2011, Section 1408, is SECTION 1. AMENDATORY 20 amended to read as follows: 21 A. "Mentally retarded person Individual with Section 1408. 22 intellectual disability" as used in Sections 1406 through 1424 of 23 this title means a person who has significantly subaverage 24 functioning, IQ intelligence quotient of less than 70 seventy (70),

1	manifested before the age $\frac{18}{00}$ of eighteen (18) and existing				
2	concurrently with related limitations in two or more of the				
3	following applicable adaptive skill areas:				
4	1. Communication;				
5	2. Self-care;				
6	3. Home living;				
7	4. Social skills;				
8	5. Use of community resources;				
9	6. Self-direction;				
10	7. Health and safety;				
11	8. Functional academics;				
12	9. Leisure; and				
13	10. Work.				
14	B. "Resident" as used in Sections 1406 through 1424 of this				
15	title shall mean a person admitted to and in residence in any of the				
16	institutions named in Section 1406 of this title, or on a vacation				
17	or extended vacation status from such institution.				
18	C. "Accreditation Council for Services for Mentally Retarded				
19	and Other Developmentally Disabled Individuals" means the national				
20	private nonprofit organization established for the purpose of				
21	promoting quality services for mentally retarded persons which is				
22	incorporated under that name.				
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1 D. "Developmental disability" as used in Sections 1406 through 2 1424 of this title means a severe, chronic disability of a person which: 3 4 1. Is attributable to a mental or physical impairment or 5 combination of mental and physical impairments, such as mental retardation intellectual developmental disorder, cerebral palsy, or 6 7 autism; 2. Is manifested before the person attains twenty-two (22) 8 9 years of age; Is likely to continue indefinitely; 10 3. 11 Results in substantial functional limitations in three or 4. more of the following areas of major life activity: 12 13 self-care, a. 14 receptive and expressive language, b. 15 с. learning, 16 d. mobility, 17 self-direction, e. 18 f. capacity for independent living, and 19 economic self-sufficiency; and q. 20 5. Reflects the person's need for a combination and sequence of 21 special, interdisciplinary, or generic care, treatment, or other 22 services which are of lifelong or extended duration and are 23 individually planned and coordinated. The term developmental 24 disability shall not include mentally ill persons, as those persons

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are defined by Section 1-103 of Title 43A of the Oklahoma Statutes,
 whose sole disability is mental illness.

E. D. Nothing in subsection $\frac{1}{2}$ C of this section shall be 3 4 construed to render persons who are receiving services upon the 5 effective date of this act September 1, 1991, through programs and services for mentally retarded persons individuals with intellectual 6 7 disability offered by the Department of Human Services as ineligible for such services. The Department of Human Services may provide, 8 9 within the limitations of funds and other resources available for 10 such purpose, programs and services for persons with developmental 11 disabilities who are not presently served by the Department of Human 12 Services.

13SECTION 2.AMENDATORY10 O.S. 2011, Section 1410, is14amended to read as follows:

Section 1410. (a) All personal properties, records, equipment, and supplies now owned and in use by the above-named institutions shall be transferred to and become the property of the Commission for Department of Human Services.

(b) All contracts, leases, and other such agreements as may have been entered into by the Board of Mental Health and Substance Abuse Services or any of its agents, relative to the institutions referred to in Section 1406 of this title and such duties and responsibilities as are in effect on the effective date of this act 24

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July 1, 1963, shall be assumed by and become binding upon the
 Commission for Human Services and the Department of Human Services.

3 (c) All unexpended funds to the credit of the above-named 4 institutions and all unexpended appropriations for such institutions 5 shall be transferred by the State Treasurer to the Department of Human Services and placed in a separate fund. The fund shall be 6 7 known as the "Fund for Mentally Retarded Intellectual Disabilities." SECTION 3. AMENDATORY 10 O.S. 2011, Section 1411, is 8 9 amended to read as follows:

10 Section 1411. (a) The Commission Director of Human Services is 11 authorized and directed to promulgate and adopt all rules and 12 regulations necessary to carry out the provisions of this act 13 Section 1406 et seq. of this title.

14 (b) The Commission Director shall establish and maintain such 15 methods of administration (including methods relating to the 16 establishment and maintenance of personnel standards on a merit 17 basis) as are necessary for the proper and efficient administration 18 of the programs and institutions named in Section 1 of this act 1406 19 of this title; shall maintain records and prepare reports; shall 20 prescribe a uniform accounting system; and shall exercise any other 21 powers necessary to carry out the provisions of this act Section 22 1406 et seq. of this title.

(c) The Commission <u>Director</u> may provide for the repair,
 alterations, or remodeling of any existing building at the above-

1 named institutions, or at any other institution under its jurisdiction, necessary for the proper and efficient administration 2 and to conserve the properties and the state's investment in such 3 4 properties. Funds available for operating expenses and revolving 5 funds of institutions under the control of the Commission Department may be used for such purposes, and may also be expended for land and 6 7 other capital outlay, whenever the Commission Department finds the same is needed for the proper discharge of its responsibilities. 8 9 Any county may convey to the State of Oklahoma, for the use of any 10 such institution, land owned but not needed by the county; and such 11 conveyance may be made without consideration, appraisal, 12 advertisement for bids, or offer to the highest bidder, if the board 13 of county commissioners determines that the same will not be to the

14 detriment of the county.

15 (d) The Commission Department is authorized to receive grants of 16 federal funds for the purpose of combating or preventing mental 17 retardation intellectual disabilities, including but not limited to 18 funds for the treatment, care, rehabilitation, or training of the 19 mentally retarded individuals with intellectual disabilities, or for 20 the establishment or expansion of any programs or facilities or 21 research projects relating to the mentally retarded individuals with 22 intellectual disabilities, or for construction of research centers 23 and facilities for the mentally retarded individuals with 24 intellectual disabilities, and is authorized to cooperate in any

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1 reasonable manner with the federal agency or agencies granting such federal funds for such purposes, including compliance with any 2 conditions prescribed by federal authorities for the granting of 3 4 such funds. The Commission Department may serve as the sole 5 designated state agency for receiving, disbursing, or administering federal funds for any of the aforesaid purposes, provided federal 6 7 law requires such an agency and the Commission Department is eligible to be such an agency under federal law. Provided, however, 8 9 that this section shall not prevent any other agency from receiving, 10 disbursing, or administering federal grants for any of the aforesaid 11 purposes, if authorized or required by federal law.

(e) The Commission Department shall establish the duties and fix
the compensation of the superintendent and other personnel needed at
each of the institutions referred to in Section 1 of this act 1406
of this title. Appointments to all such positions shall be made by
the Director subject to the approval of the Commission.

(f) The Commission Director shall have authority to provide for the expenditure of all funds for the administration and operations of the institutions specified in Section 1 of this act 1406 of this title and for a compliance with the provisions of this act Section 1406 et seq. of this title.

22 SECTION 4. AMENDATORY 10 O.S. 2011, Section 1414, is 23 amended to read as follows:

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1 Section 1414. A. 1. Mentally retarded persons Individuals 2 with intellectual disability who are legal residents of this state and who have a mental age not above that of the average nine-year-3 old child, as determined by psychological examination, may be 4 5 admitted to an institution named in Section 1406 of this title or provided community services, if available, on a voluntary basis only 6 7 upon written application to the Director on forms provided for such purpose. Other mentally retarded persons individuals with 8 9 intellectual disability who are residents of this state and who are 10 above such mental age may be admitted or provided community services, on a voluntary basis only, upon recommendation of the 11 12 superintendent of the institution and approval of the Director.

13 2. The application shall be signed by any parent having legal 14 custody of such person, a guardian appointed by a court, or other 15 legal custodian of such person.

16 3. The psychological examination provided for in this section 17 shall be on forms provided by the Department and must be completed 18 before an application can be approved and the applicant admitted to 19 the institution.

B. Release of a resident of any of the institutions named in Section 1406 of this title shall be subject to such reasonable rules and conditions as may be prescribed by the Commission for Director <u>of</u> Human Services and shall be made only to the parent, guardian appointed by a court, or legal custodian of the resident; provided,

1 however, a resident eighteen (18) years of age or older who has not 2 been found by a court to be incompetent or incapacitated may request 3 and obtain such person's own release.

4 SECTION 5. AMENDATORY 10 O.S. 2011, Section 1414.1, is 5 amended to read as follows:

6 Section 1414.1. A. In addition to the admissions requirements 7 of Section 1414 of this title, the Greer Center Facility located on 8 the grounds of the Northern Oklahoma Resource Center of Enid in 9 Enid, Oklahoma, shall be established as a separate entity from the 10 Northern Oklahoma Resource Center of Enid and further shall provide 11 for the admission of persons who have been dually diagnosed as 12 follows:

13 1. Primary diagnosis of mental retardation an intellectual 14 disability by a psychologist, physician or psychiatrist. The 15 diagnosis shall be in accordance with any statutory requirements and 16 shall include intellectual evaluation, adaptive behavior evaluation, 17 and evidence that retardation the disability occurred within the 18 developmental period. Preference shall be given for those 19 individuals whose retardation disability level falls within the mild 20 and moderate ranges; and

2. Secondarily, clinical evidence of behavioral or emotional
 problems pursuant to a formal, written evaluation by a psychologist,
 psychiatrist or physician describing the nature of the problem, the
 frequency of occurrence of the problem, any prior treatment efforts

and reasons why the applicant cannot receive appropriate treatment in the applicant's current environment and a secondary diagnosis of mental illness in accordance with the Diagnostic and Statistical Manual of Mental Disorders, as revised and published by the American Psychiatric Association.

6 B. A person shall not be considered for voluntary admission 7 into the Greer Center Facility unless it can be clinically demonstrated that the behavior of the person does not pose an 8 9 unreasonable risk of injury, death or sexual assault to others or an 10 unreasonable risk of injury or death to self. Persons considered 11 for admission shall not be considered by a psychologist, 12 psychiatrist, or physician as homicidal or suicidal and shall not 13 have exhibited homicidal or suicidal tendencies for six (6) months 14 prior to application for admission.

15 C. An applicant who requires skilled nursing care shall not be 16 admitted to the Greer Center Facility. Applicants having a medical 17 condition which is degenerative in nature that will require skilled 18 nursing shall be considered on a case by case basis to ensure that 19 sufficient staff is available to ensure quality of care. If an 20 applicant has any existing medical or surgical condition that is 21 correctable, the condition shall be remedied by the referring 22 facility before admission to the Greer Center Facility is 23 considered.

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1 D. Any person seeking admission to the Greer Center Facility 2 for treatment who qualifies under subsection A of this section, subject to the availability of space, shall be admitted. All 3 4 persons admitted to the Greer Center Facility shall submit to the 5 director of the Greer Center Facility a referral packet that contains at a minimum, the following information or records: 6 7 1. Results of a current physical exam; 2. Recent physician orders and progress notes for up to one (1) 8 9 year, if available; 10 3. Recent nursing notes for up to one (1) year, if available; 11 Fact sheet (medical records); 4. 12 5. Legal papers, including, but not limited to, birth 13 certificate, marriage certificate and guardianship; 14 6. Social history, with a recent social evaluation or update 15 within one (1) year; 16 7. Psychological exam administered or updated within ninety 17 (90) days of referral; 18 8. Dental records; 19 9. Immunization record: 20 10. Multidisciplinary progress notes for up to one (1) year, if 21 available; 22 11. Medical and medication history; and 23 12. Individual Habilitation Plan or Care Plan, if available. 24

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1 Ε. The Greer Center Admissions Committee shall consist of a 2 representative from the Greer Center Facility, and other 3 representatives selected by the Director of the Department of Human Services. The Committee shall make decisions regarding admissions 4 5 to the programs of the Greer Center Facility. The Committee may request additional information concerning an applicant from the 6 7 referring agency or participation by referring agency personnel as 8 necessary.

9 F. Persons entering the Greer Center Facility shall receive a 10 comprehensive evaluation of their intellectual functioning, adaptive 11 behavior skills, and mental health status, and shall receive a 12 continuous active treatment program, which includes aggressive, 13 consistent implementation of a program of specialized and generic 14 training, treatment, health services and related services. The 15 evaluation and assessment shall be completed within thirty (30) days 16 of admission to the Greer Center Facility.

G. After the evaluation and assessment by the Greer Center
Facility, staff shall present the referral packet of the individual
and their findings to the Greer Center Admissions Committee with a
recommendation for continued admission or alternate treatment.

21 1. The Greer Center Admissions Committee shall:

a. make decisions regarding continued admission, and
 b. notify the Department of Human Services, and the
 referring agency in writing, stating specifically the

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1 decisions of the Committee regarding admission, 2 including specific reasons for denial of admission. 3 2. If admission of an applicant is not continued at the Greer 4 Center Facility after undergoing the evaluation process, the 5 referring agency shall reimburse the Department of Human Services for the number of bed days used at the Medicaid rate for that unit. 6 7 If admission of an applicant is continued, the applicant shall be certified for Medicaid reimbursement from the initial date of 8 9 admission.

H. Individuals who have been admitted and served by the Greer Center Facility shall be eligible for readmission services on the same basis as an individual initially seeking services.

13 I. In addition to other discharge procedures and requirements 14 provided by law, the interdisciplinary team of the Greer Center 15 Facility shall have recommended discharge based upon a determination 16 that the mental or physical condition of the individual prevents the 17 individual from receiving appropriate services at the Greer Center 18 Facility or that the individual has made progress in behavioral and 19 emotional habilitation goals such that the individual no longer 20 requires the specialized resources at the Greer Center Facility, and 21 may function in a less restrictive setting.

J. A referral to discharge is made to the Greer Center
Discharge Committee, and the final decision to discharge is made by
the Greer Center Discharge Committee.

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K. The Greer Center Discharge Committee shall:

Consist of a representative from the Greer Center Facility
 and representatives selected by the Director of the Department of
 Human Services; and

2. Review the discharge referral and related materials to
ensure that the individual can safely reside in a less restrictive
setting with appropriate supports.

8 L. The Commission for <u>Director of</u> Human Services is authorized 9 and hereby directed to promulgate and amend rules necessary to 10 implement the provisions of this section.

11 SECTION 6. AMENDATORY 10 O.S. 2011, Section 1415, is 12 amended to read as follows:

Section 1415. A. The voluntary placement of a child in an institution for the mentally retarded individuals with intellectual disabilities by the child's parents shall not, by itself, abrogate the rights and authority of the parents.

B. 1. Except as otherwise provided in this paragraph, no later than January 1, 1988, all residents of the institutions specified in Section 1406 of this title and all residents of other residential facilities for mentally retarded persons individuals with intellectual disabilities operated by the Department of Human

23 guardian appointed by a court. A guardian shall not be required for 24 a resident of said the institution eighteen (18) years of age or

Services who are eighteen (18) years of age or older shall have a

1 older for whom a guardian is not recommended as provided in 2 subsection C of this section or who has not been found to be 3 incompetent or incapacitated by the court.

4 2. The guardian shall be the parent of the resident or a 5 relative or other adult person appointed by a court to be the guardian of the resident or former resident. A parent whose 6 7 parental rights have not been terminated by a court, and who is otherwise qualified to serve as guardian, shall have first priority 8 9 for appointment as guardian. If a parent is not available or 10 willing to serve, a relative who is otherwise qualified to serve as 11 guardian shall have next priority for appointment as guardian.

3. The guardian shall not be the superintendent or other employee of the institution or residential facility in which said <u>the</u> person resides or an employee of the Department of Human Services, except where the superintendent or employee is also the parent or relative of the resident or former resident. A superintendent may serve as guardian ad litem as provided in subsection D of this section.

C. 1. An assessment of the competency of a resident of an
 institution or residential facility for the mentally retarded
 <u>individuals with intellectual disabilities</u> operated by the
 Department shall be completed within six (6) months:
 a. prior to the eighteenth birthday of the resident: or.

a. prior to the eighteenth birthday of the resident; or,

- b. after institutionalization if the resident is an adult
 at the time of institutionalization+, or
- c. after the effective date of this act June 30, 1987, if
 the resident is an adult who was institutionalized
 prior to the effective date of this act June 30, 1987,
 and for whom no competency assessment has been
 performed or no guardian appointed.

2. The assessment shall be made by a panel composed of the 8 9 resident's social worker, the attending physician of the resident, 10 and a licensed psychiatrist or licensed psychologist with training 11 and experience in the area of mental retardation intellectual and 12 developmental disabilities. The panel shall make a recommendation 13 to the superintendent as to whether or not the condition of the 14 resident is such that appointment of a guardian is warranted. Upon 15 the finding by the panel that appointment of a guardian is 16 warranted, the superintendent shall initiate guardianship 17 proceedings.

D. If the parents or other relative of the resident are unable to serve as guardian or cannot be located, the Department may in a guardianship proceeding request the court to appoint a guardian ad litem until such time as a guardian is appointed by a court. If the court is satisfied, after inquiry into the matter, that a parent or other relative qualified and willing to serve as guardian cannot

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with due diligence be located, the court may appoint a guardian ad
 litem.

3	1. T	The co	ourt may appoint as guardian ad litem:
4		a.	a qualified relative or other adult person; or
5		b.	a public guardian if available; or
6		с.	the superintendent of the facility in which the
7			resident resides.

8 In all cases, a qualified relative or other qualified adult 9 shall have priority over the Department of Human Services for 10 appointment as a guardian.

2. The appointment of a guardian ad litem shall be as guardian ad litem of the person only of said the resident, and the court shall set forth in its appointment order the specific powers and duties of the guardian ad litem. The guardian ad litem shall not change the place of residence of the resident unless authorized by the court.

17 3. The guardian ad litem may serve without bond.

E. The Department of Human Services may provide assistance to residents and former residents of the institutions named in Section 1406 of this title as necessary to assure compliance with the requirements of subsection B of this section, including filing a petition to have a guardian of the person appointed for the resident.

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F. The superintendent of the institution shall have the custody of any resident during the time said the resident remains in the institution and shall be responsible for the care, treatment, and education of the resident during the time said the resident remains in the institution.

6 SECTION 7. AMENDATORY 10 O.S. 2011, Section 1415.1, is 7 amended to read as follows:

Section 1415.1. A. 1. All institutions named in Section 1406 8 9 of this title within the Department of Human Services, which are 10 established primarily for the purpose of caring for the mentally 11 retarded individuals with intellectual disabilities, shall maintain 12 an adequate clinical record of each resident. Such record shall 13 contain initial social, psychological, and medical evaluation 14 results, as well as interval reports of the resident's condition, 15 the treatment and training prescribed, and the progress shown.

16 The Commission for Director of Human Services shall 2. 17 establish an ombudsman program for each of the institutions and 18 residential facilities for the mentally retarded individuals with 19 intellectual disabilities operated by the Department, which shall 20 include, but not be limited to, an appeals procedure for the 21 resolution of grievances or complaints of the residents of the 22 institutions and facilities and the grievances or complaints of the 23 parents or the court-appointed guardians of the residents.

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1 The educational and physical capabilities of each resident в. 2 shall be assessed at least one time each year by appropriate 3 professional personnel for the purpose of determining such further 4 treatment or training as may be required. A report of the findings 5 and recommendations of such assessments shall be filed in the clinical record of the resident. Failure on the part of the 6 7 superintendent of the institution to institute a policy of annual evaluations, if sufficient personnel are available, shall constitute 8 9 dereliction of duty.

C. When annual evaluations of a resident reflect improvement in social or physical capabilities sufficient enough to permit the resident to be released from the institution, either completely or conditionally, the superintendent shall return such resident to the resident's immediate family, or shall provide assistance for the placement of the resident in some other appropriate residential setting.

D. 1. The Department of Human Services may enter into
contracts for the development of residential settings and attendant
community services prior to the release of the resident.

20 2. The Department shall establish procedures which specify the 21 conditions and requirements for recipients of such contracts. In 22 establishing reimbursement rates for recipients of such contracts, 23 the Department may take into consideration any unusual or increased 24 costs of the recipient relating to the care and treatment of

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1 developmentally disabled clients with developmental disabilities
2 including, but not limited to, workers' compensation costs.

3 3. A copy of these procedures shall be made available to any4 person upon request.

E. 1. In addition to any other form of assistance provided,
the Department is authorized to pay stipends to eligible relatives
and certified volunteers for the sole purpose of acquiring legal
representation to initiate guardianship proceedings.

9 2. Financial guidelines and other criteria pertaining to
10 eligibility of relatives and certified volunteers applying for a
11 stipend shall be established by rules promulgated by the Commission
12 Director.

13 F. Reports of the reviews of the administration of psychotropic 14 medications shall be made available to the parent or the court-15 appointed guardian of a resident of the institutions. The parent or 16 the court-appointed guardian of a resident of the institution shall 17 have access to all clinical records pertaining to the condition, 18 treatment, training, and education of the resident which are 19 maintained at the institution, or elsewhere, by the Department of 20 Human Services.

21 SECTION 8. AMENDATORY 10 O.S. 2011, Section 1416, is 22 amended to read as follows:

23 Section 1416. A resident at an institution named in Section
24 1406 of this title is liable for his <u>or her</u> care and treatment.

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This claim of the state for such care and treatment shall constitute 1 2 a valid indebtedness against said the resident and his or her estate 3 and shall not be barred by any statute of limitations. At the death 4 of said the resident this claim shall be allowed and paid as other 5 lawful claims against the estate. Persons making application for admission of a mentally retarded person an individual with 6 intellectual disability to said the institution are also liable for 7 the care and treatment of said the resident, provided that such 8 9 persons are legally obligated to support said the resident. No 10 person shall be liable for said care and treatment solely on the 11 grounds that said the person has been appointed guardian of said the 12 resident. Provided, further, that no admission or detention of a 13 mentally retarded person an individual with intellectual disability 14 in said the institution shall be limited or conditioned in any 15 manner by the financial status or ability to pay of a mentally 16 retarded person an individual with intellectual disability, his or 17 her estate, or any relative.

18 SECTION 9. AMENDATORY 10 O.S. 2011, Section 1417, is 19 amended to read as follows:

20 Section 1417. (a) The Department <u>of Human Services</u> may 21 establish and direct such mental hygiene clinics and child guidance 22 clinics in local areas of the state where such clinics are deemed 23 most advantageous for the public welfare as a distinct part of the 24 general health program.

(b) Outpatient facilities and day care centers to be operated in 1 2 conjunction with state schools for the mentally retarded individuals 3 with intellectual disabilities shall be established, maintained and 4 operated by the Department to provide outpatient care for mentally 5 retarded persons individuals with intellectual disabilities. The number and location of such facilities and day care centers shall be 6 7 determined by the Oklahoma Public Welfare Commission Director of 8 Human Services.

9 SECTION 10. AMENDATORY 10 O.S. 2011, Section 1417.1, is 10 amended to read as follows:

11 Section 1417.1. A. Payments under the Medicaid Program shall 12 be made to reserve a bed in an intermediate care facility for the 13 mentally retarded individuals with intellectual disabilities 14 (ICF/IID) during the absence of a resident, other than for periods 15 of inpatient hospitalization, pursuant to the provisions of 42 16 C.F.R. 447.40. Such payments for periods of absence shall be 17 limited to payment for a maximum of sixty (60) days absent in a 18 calendar year.

B. The Department of Human Services shall amend the MedicaidState Plan to conform with the requirements of this section.

21 SECTION 11. AMENDATORY 10 O.S. 2011, Section 1425, is 22 amended to read as follows:

23 Section 1425. (a) (1) The Department of Public Welfare <u>Human</u> 24 <u>Services</u> and a county (through its board of county commissioners)

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1 may enter into an agreement for the operation of a Community Mental 2 Retardation Complex Facility, where day care services, beneficial or 3 necessary for mentally retarded persons <u>individuals with</u> 4 intellectual disabilities and their families, may be provided.

5 (2) If a building for the facility is constructed, the county 6 shall be required to provide the site or the cost of the site; and 7 not less than sixteen percent (16%) of the cost of constructing the 8 building and of the cost of equipment for the facility. If space 9 for the facility is rented, the county shall be required to pay the 10 rental, and not less than sixteen percent (16%) of the cost of 11 equipment for the facility.

12 (3) The cost of operating the facility shall be paid by the 13 Department and the county in such proportions as may be specified in 14 the agreement.

(4) The facility shall be operated in accordance with standards,
rules and regulations adopted by the Oklahoma Public Welfare
Commission Department.

(b) A similar agreement with any other non-profit public or
private agency or organization may be entered into by the Department
of Public Welfare. Such agency or organization shall be subject to
the same requirements as those hereinabove specified for a county.
SECTION 12. AMENDATORY 10 O.S. 2011, Section 1430.20, is
amended to read as follows:

24

1 Section 1430.20. A. Rules promulgated by the Commission for 2 Director of Human Services regarding the rights and responsibilities of residents shall be available in each group home subject to the 3 4 provisions of the Group Homes for Persons with Developmental or 5 Physical Disabilities Act, and each resident and quardian or advocate of the resident, if any, shall be provided a copy of these 6 7 rules prior to or upon admission. The provider or licensee shall ensure that the staff is familiar with and observes the rights and 8 9 responsibilities enumerated in this section.

B. A statement of rights and responsibilities shall include,but not be limited to, the following:

Every resident's civil and religious liberties, including
 the right to independent personal decisions and knowledge of
 available choices, shall not be infringed and the provider shall
 encourage and assist in the exercise of these rights;

16 2. Every resident shall have the right to have private 17 communications and consultations with the physician, attorney or any 18 other person of the resident's choice, and may send and promptly 19 receive, unopened, the resident's personal mail;

3. Every resident shall have the right, without fear of
reprisal, to present grievances on behalf of the resident or others
to the provider's staff or administrator, to governmental officials
or to any other person, and to join with other residents or

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1 individuals within or outside of the facility to work for 2 improvements in resident care;

4. Every resident shall have the right to manage his or her own
financial affairs, unless the resident delegates the responsibility,
in writing, to the provider. The resident shall have at least a
quarterly accounting of any personal financial transactions
undertaken in the resident's behalf by the provider during any
period of time the resident has delegated such responsibilities to
the provider;

10 5. Every resident shall have the right to receive adequate and 11 appropriate medical care consistent with established and recognized 12 medical practice standards within the community. Every resident 13 shall be fully informed by the resident's attending physician of the 14 resident's own medical condition and proposed treatment in terms and 15 language that the resident can understand, and shall have the right 16 to refuse medication and treatment after being fully informed of and 17 understanding the consequences of such actions;

Every resident shall receive respect and privacy in the
resident's medical care program. Case discussion, consultation,
examination and treatment shall remain confidential and shall be
conducted discreetly. Personal and medical records shall be
confidential;

23 7. Every resident shall have the right to retain and use his or24 her personal clothing and possessions, unless prohibited by law, and

shall have the right to security in the storage and use of such
 clothing and possessions;

8. Every resident shall have the right to be treated
courteously and respectfully and shall be furnished by the provider
with a written statement of the services and related charges;

9. Every resident shall be free from mental and physical abuse,
and free from physical and chemical restraints, except those
physical and chemical restraints which are authorized in writing by
a physician, in accordance with rules promulgated by the Department,
for a specified period of time;

10. Every resident shall receive a statement of the provider's 12 guidelines and an explanation of the resident's responsibility to 13 comply with all reasonable regulations of the group home and to 14 respect the personal rights and private property of the other 15 residents;

16 11. Every resident shall receive a statement that should they 17 be adjudicated incompetent, the above rights and responsibilities 18 shall be exercised by a court-appointed guardian;

19 12. No resident shall be required to perform services for a 20 provider, except for normal, shared household tasks;

21 13. Every resident shall have privacy for conjugal visits. A 22 resident may share a room with a spouse, if the spouse is residing 23 in the same group home; and

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1 14. Every resident shall be entitled to all rights provided in
 2 OAC 340:100-3-1.2.

3 C. No provider shall deny appropriate care on the basis of the 4 resident's source of payment.

5 D. Each provider shall provide appropriate staff training to6 implement each resident's rights as stated in this section.

E. The rights enumerated in subsection B of this section may be
limited for residents of an alternative group home, as described in
OAC 340:100-5-22.6, if the resident has been placed in the
alternative group home pursuant to Section 1175.6b or Section
1175.6c of Title 22 of the Oklahoma Statutes, or if the resident has
mental retardation an intellectual disability and a current
community protection issue, which include, but are not limited to:

Allegation(s), charge, or conviction of a sexual offense;
 A history of stalking or opportunistic behavior which
 demonstrates a likelihood of committing a sexually violent or
 predatory act;

18 3. A pattern of violence towards others;

A diagnosis of mental retardation <u>an intellectual disability</u>
 and mental illness with ongoing episodes that are dangerous as
 defined in Section 1175.1 of Title 22 of the Oklahoma Statutes; or

22 5. Evidence of commission of a violent crime.

F. An action may be brought against an individual by any
resident who is injured by any violation of this section, or who

1 shall suffer injury from any person whose threats would cause a violation of this section if carried through, may maintain an action 2 to prevent, restrain or enjoin a violation or threatened violation. 3 If a violation or threatened violation of this section shall be 4 5 established in any action, the court shall enjoin and restrain or otherwise prohibit the violation or threatened violation and assess 6 7 in favor of the plaintiff and against the defendant the cost of the suit, and the reasonable attorney fees incurred by the plaintiff. 8 9 If damages are alleged and proved in the action, the plaintiff shall 10 be entitled to recover from the defendant the actual damages 11 sustained by the plaintiff. If it is proved in an action that the defendant's conduct was willful or in reckless disregard of the 12 13 rights provided by this section, punitive damages may be assessed.

G. Any employee of the Department of Human Services who inspects any group home shall report any flagrant violations of this act Section 1430.1 et seq. of this title or any other statute to the Director of Human Services, or a designee, who shall immediately take whatever steps are necessary to correct the situation including, when appropriate, reporting the violation to the district attorney of the county in which the violation occurred.

H. Upon the death of a resident who has no sources of payment for funeral services, the provider shall immediately notify appropriate county officials who shall be responsible for funeral 4

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and burial procedures of the deceased in the same manner as with any
 indigent resident of the county.

3 SECTION 13. AMENDATORY 10A O.S. 2011, Section 2-7-502,
4 is amended to read as follows:

Section 2-7-502. A. Whenever a child who has been adjudicated 5 by the court as a child in need of supervision has been committed to 6 7 the Office of Juvenile Affairs, the Office may place the child in the home of the child, the home of a relative of the child, foster 8 9 home, group home, transitional living program, independent living 10 program, community-based setting, rehabilitative facility or child 11 care facility under the operation of or licensure of the state, or 12 in a state school for the mentally retarded individuals with 13 intellectual disabilities if eligible for admission thereto. No 14 child in need of supervision shall be placed in an Office-operated 15 institution, other than a rehabilitative facility.

16 The Office of Juvenile Affairs may establish and maintain Β. 17 one or more rehabilitative facilities to be used exclusively for the 18 custody of children in need of supervision. Each such facility 19 shall be, primarily, a nonsecure facility having as its primary 20 purpose the rehabilitation of children adjudicated to be in need of 21 supervision. Such facility shall have a bed capacity for no more 22 than twenty children, and shall minimize the institutional 23 atmosphere and prepare the child for reintegration into the 24 community. Provided however, that such facility may be designed and

operated as a secure facility used exclusively for children in need of supervision whom the court has specifically found to be so unmanageable, ungovernable and antisocial that no other reasonable alternative exists for treatment or restraint other than placement in such a secure facility. Such facility shall not rely on locked rooms, fences, or physical restraints.

C. A child in need of supervision who has been found by a court
to be a minor in need of treatment shall be placed as provided by
Section 2-2-804 of this title and the Inpatient Mental Health and
Substance Abuse Treatment of Minors Act.

 11
 SECTION 14. AMENDATORY
 10A O.S. 2011, Section 2-7-503,

 12
 as amended by Section 7, Chapter 362, O.S.L. 2014 (10A O.S. Supp.)

 13
 2018, Section 2-7-503), is amended to read as follows:

14 Section 2-7-503. A. It is the intent of the Legislature of 15 this state to provide for the creation of all reasonable means and 16 methods that can be established by a state for:

17 1. The prevention of delinquency;

18 2. The care and rehabilitation of delinquent children; and

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3. The protection of the public.

It is further the intent of the Legislature that this state, through the Office of Juvenile Affairs, establish, maintain and continuously refine and develop a balanced and comprehensive state program for children who are potentially delinguent or are delinguent.

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1 B. Except as provided in subsection C of this section, whenever a child who has been adjudicated by the court as a delinquent child 2 has been committed to the Office of Juvenile Affairs, the Office 3 shall provide for placement pursuant to any option authorized by 4 5 paragraphs 1 through 7 of this subsection; provided, nothing in this subsection shall be construed to establish a priority in regard to 6 7 the selection of an option or to mandate the exclusive use of one particular option: 8

9 1. Place the child in a secure facility, including a collocated
10 secure facility, or other institution or facility maintained,
11 operated or contracted by the state for delinquent children if the
12 child has:

a. exhibited seriously violent, aggressive or assaultive
 behavior,

b. committed a serious felony constituting violent,
 aggressive and assaultive behavior,

c. habitually committed delinquent acts if such acts
 would constitute felonies if committed by an adult,

19 d. committed multiple serious delinquent acts, or

e. violated any condition of probation or parole,
to the extent that it is necessary for the protection of the public.
For purposes of placement, all deferred prosecutions for serious,
habitual, violent, aggressive or assaultive crimes shall count
toward placement decisions;

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1 2. Place the child in a facility maintained, operated or 2 contracted by the state for children, or in a foster home, group home, transitional living program or community residential center; 3 4 3. Allow the child his or her liberty, under supervision, in an 5 independent living program; 4. Allow the child his or her liberty, under supervision, 6 either immediately or after a period in one of the facilities 7 referred to in paragraphs 1 and 2 of this subsection; 8 9 5. Place the child in a state school for mentally retarded 10 individuals with intellectual disabilities, if the child is eligible 11 for admission thereto; 12 6. Place the child in any licensed private facility deemed by 13 the Office of Juvenile Affairs to be in the best interest of the 14 child; or 15 7. Place the child as provided by Section 2-2-804 of this title 16 and the Inpatient Mental Health and Substance Abuse Treatment of 17 Minors Act, if the delinquent child has been found by a court to be 18 in need of mental health or substance abuse treatment. 19 The Office shall place priority on the placement of С. 20 delinquent youth held in secure juvenile detention facilities. 21 D. Placement of a juvenile pursuant to this section or any 22 other provision of law shall be the responsibility of the Office of 23 Juvenile Affairs and shall occur as soon as reasonably possible 24

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1 after adjudication and after the selected placement option becomes available. 2

3 The court shall not have authority to require specific placement 4 of a juvenile in a time frame which would require the removal of any 5 other juvenile from such placement.

6 SECTION 15. AMENDATORY 10A O.S. 2011, Section 2-7-601, 7 as amended by Section 3, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2018, Section 2-7-601), is amended to read as follows: 8

9 Section 2-7-601. A. In addition to the other powers and duties 10 prescribed by law, the Office of Juvenile Affairs shall have the 11 following duties and powers with regard to juveniles placed in 12 Office-operated institutions and facilities:

13 1. Provide for the care, education, training, treatment and 14 rehabilitation of juveniles who are placed in the institutions and 15 facilities. The Office shall provide for a uniform system of 16 assessment of the reading ability of each juvenile upon initial 17 placement in an Office-operated institution or facility. The 18 assessment shall include, but not be limited to, the following 19 skills:

20 the level of word decoding skills of the juvenile, a. 21 b. the level of vocabulary and spelling ability of the 22 juvenile, and 23

the comprehension level of the juvenile. с.

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The Office may give assistance to local school districts in providing an education to such juveniles, may supplement such education, and may provide facilities for such purposes. It shall be the duty of the Office to assure that juveniles in the aforesaid institutions and facilities receive educational services which provide each juvenile with a balanced and comprehensive reading program, which includes as its primary and foundational components:

an organized, systematic, explicit skills program 8 (1)9 that may include phonics, word recognition 10 strategies and other word decoding skills to 11 address the needs of the individual juvenile as 12 determined by the entry level needs assessment, 13 (2) a strong language arts and comprehension program 14 that includes a balance of oral and written 15 language, an ongoing individualized evaluation 16 and diagnosis that informs the teacher and an 17 assessment that assures accountability, and 18 writing, mathematics, science and vocational-(3) 19 technical education;

20 2. Transfer from a juvenile institution to another facility 21 under the jurisdiction of the Office, a juvenile who has been 22 adjudicated delinquent, if the Office believes it advisable to do 23 so; transfer from a facility for juveniles in need of supervision to 24 another such facility, a juvenile who has been adjudicated in need

1 of supervision, provided that such transfer is consistent with the 2 treatment needs of the juvenile; transfer from a juvenile institution or facility to a state school for the mentally retarded 3 individuals with intellectual disabilities, any juvenile eligible 4 5 for admission thereto, if the juvenile appears to be in need of the care and treatment provided at such school; transfer from a facility 6 7 for delinquent or in need of supervision juveniles to an appropriate facility or to the Department of Mental Health and Substance Abuse 8 9 Services any juvenile found by the court to be a minor in need of 10 treatment pursuant to the Inpatient Mental Health and Substance 11 Abuse Treatment of Minors Act and committed to inpatient mental 12 health or substance abuse treatment as provided by the Inpatient 13 Mental Health and Substance Abuse Treatment of Minors Act. If a 14 transfer is made pursuant to this paragraph, the Office shall comply 15 with the notification requirements of Section 2-2-504 of this title; 16 3. Release on parole a juvenile previously adjudicated to be 17 delinquent, subject to terms and conditions specified by the Office, 18 whenever the Office determines that such release will not be 19 detrimental to society and that the juvenile is ready to be returned 20 to the community and revoke said the parole for violation of the 21 specified terms or conditions of parole pursuant to the provisions 22 of this section and the rules and procedures established by the 23 Office for such revocation;

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4. Release any juvenile from a juvenile institution for
 placement in a group home, transitional living program, independent
 living program, other community-based facility or program or out-of home care subject to terms and conditions specified by the Office;
 and

5. Provide parole services for juveniles released on parole
from juvenile institutions, and aftercare services for juveniles
discharged from juvenile institutions or facilities. Persons
designated as Juvenile Parole Officers by the Office shall have the
power to serve process and to apprehend and detain juveniles and
make arrests in accordance with the laws of the state.

B. The transfer of a juvenile from a nonsecure placement to a secure placement shall be subject to an administrative transfer hearing and any revocation of parole shall be subject to a parole revocation hearing.

In any administrative transfer or parole revocation
 proceeding, the following minimum standards shall apply:

a. the juvenile shall have the right to notice of the
proposed transfer or parole revocation hearing and the
alleged violation of administrative or parole rules on
which the proposed transfer or parole revocation is
based,

b. the juvenile shall have the right to representation byan attorney,

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- 1 the juvenile shall have the right to present evidence с. 2 on behalf of the juvenile, and
- 3 d. the juvenile shall have a right to bail, except that 4 the right to bail shall not be construed to require 5 that a juvenile who is in residence in an Officeoperated institution or other facility at the time of 6 7 an alleged violation leading to an administrative transfer proceeding be released from such institution 8 9 or facility.

10 2. The situs of the hearings shall be the county in which the alleged violation of administrative or parole rules occurred or the 11 12 county of original jurisdiction. The judge having juvenile docket 13 jurisdiction in the county shall aid the administrative transfer or 14 parole revocation process of the Office by:

- determining eligibility for and amount of bail, 16 deciding any intermediate custody or placement issue, b. 17 and
- 18 if legal counsel for the juvenile has not otherwise с. 19 been obtained, appointing legal counsel for the 20 juvenile and fixing the amount of compensation for the 21 legal counsel. The judge shall also determine if the 22 juvenile is eligible for free legal services. If the 23 juvenile is not eligible for free legal services, the
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a.

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court shall order the parents or legal guardian of the juvenile to pay for such services.

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3 3. If legal counsel for the juvenile has not otherwise been 4 obtained, the appointment of legal counsel for the juvenile, the 5 setting of the amount of compensation for such counsel, and the determination of whether or not the juvenile is eligible for free 6 7 legal services shall be provided for pursuant to the Indigent Defense Act; provided, however, in those counties subject to the 8 9 provisions of Section 138.1 of Title 19 of the Oklahoma Statutes, 10 the legal services shall be provided by the county indigent defender 11 as provided by law. If the juvenile is not eligible for free legal 12 services, the court shall order the parents or legal guardian of the 13 juvenile to pay for such services.

14 C. The Office may participate in federal programs relating to 15 delinquent juveniles, or juveniles in need of supervision, or 16 institutions and services for such juveniles and apply for, receive, 17 use and administer federal funds for such purposes.

D. The Office shall receive interest earnings on the investment
by the State Treasurer of monies, to be credited to an agency
special account, for the benefit of and held in trust for persons
placed in the custody of the Office or in residence at institutions
or facilities maintained by the Office.

23 SECTION 16. AMENDATORY 21 O.S. 2011, Section 152, is 24 amended to read as follows:

Section 152. All persons are capable of committing crimes,
 except those belonging to the following classes:

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1. Children under the age of seven (7) years;

2. Children over the age of seven (7) years, but under the age
of fourteen (14) years, in the absence of proof that at the time of
committing the act or neglect charged against them, they knew its
wrongfulness;

8 3. Persons who are impaired by reason of mental retardation an
9 <u>intellectual disability</u> upon proof that at the time of committing
10 the act charged against them they were incapable of knowing its
11 wrongfulness;

4. Mentally ill persons, and all persons of unsound mind,
including persons temporarily or partially deprived of reason, upon
proof that at the time of committing the act charged against them
they were incapable of knowing its wrongfulness;

16 5. Persons who committed the act, or made the omission charged, 17 under an ignorance or mistake of fact which disproves any criminal 18 intent. But ignorance of the law does not excuse from punishment 19 for its violation;

Persons who committed the act charged without being
 conscious thereof; and

22 7. Persons who committed the act, or make the omission charged,
23 while under involuntary subjection to the power of superiors.

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1SECTION 17.AMENDATORY21 O.S. 2011, Section 643, is2amended to read as follows:

3 Section 643. To use or to attempt to offer to use force or 4 violence upon or toward the person of another is not unlawful in the 5 following cases:

6 1. When necessarily committed by a public officer in the
7 performance of any legal duty, or by any other person assisting such
8 officer or acting by such officer's direction;

9 2. When necessarily committed by any person in arresting one
10 who has committed any felony, and delivering such person to a public
11 officer competent to receive such person in custody;

3. When committed either by the person about to be injured, or by any other person in such person's aid or defense, in preventing or attempting to prevent an offense against such person, or any trespass or other unlawful interference with real or personal property in such person's lawful possession; provided the force or violence used is not more than sufficient to prevent such offense;

4. When committed by a parent or the authorized agent of any parent, or by any guardian, master or teacher, in the exercise of a lawful authority to restrain or correct such person's child, ward, apprentice or scholar, provided restraint or correction has been rendered necessary by the misconduct of such child, ward, apprentice or scholar, or by the child's refusal to obey the lawful command of such parent or authorized agent or guardian, master or teacher, and

1 the force or violence used is reasonable in manner and moderate in 2 degree;

3 5. When committed by a carrier of passengers, or the authorized 4 agents or servants of such carrier, or by any person assisting them 5 at their request, in expelling from any carriage, railroad car, vessel or other vehicle, any passenger who refuses to obey a lawful 6 7 and reasonable regulation prescribed for the conduct of passengers, if such vehicle has first been stopped and the force and violence 8 9 used is not more than is sufficient to expel the offending 10 passenger, with a reasonable regard to such passenger's personal 11 safety; and

12 6. When committed by any person in preventing a person who is 13 impaired by reason of mental retardation intellectual or 14 developmental disability as defined by Section 1430.2 of Title 10 of 15 the Oklahoma Statutes, a mentally ill person, insane person or other 16 person of unsound mind, including persons temporarily or partially 17 deprived of reason, from committing an act dangerous to such 18 person's self or to another, or enforcing such restraint as is 19 necessary for the protection of the person or for restoration to 20 health, during such period only as shall be necessary to obtain 21 legal authority for the restraint or custody of the person.

22 SECTION 18. AMENDATORY 21 O.S. 2011, Section 701.10b, is 23 amended to read as follows:

24 Section 701.10b. A. For purposes of this section:

1. "Mental retardation <u>Intellectual disability</u>" or "mentally
 2 retarded <u>intellectually disabled</u>" means significantly subaverage
 3 general intellectual functioning, existing concurrently with
 4 significant limitations in adaptive functioning;

2. "Significant limitations in adaptive functioning" means
significant limitations in two or more of the following adaptive
skill areas; communication, self-care, home living, social skills,
community use, self-direction, health, safety, functional academics,
leisure skills and work skills; and

3. "Significantly subaverage general intellectual functioning"
 means an intelligence quotient of seventy (70) or below.

B. Regardless of any provision of law to the contrary, no defendant who is mentally retarded <u>intellectually disabled</u> shall be sentenced to death; provided, however, the onset of the <u>mental</u> retardation <u>intellectual disability</u> must have been manifested before the defendant attained the age of eighteen (18) years.

17 С. The defendant has the burden of production and persuasion to 18 demonstrate mental retardation intellectual disability by showing 19 significantly subaverage general intellectual functioning, 20 significant limitations in adaptive functioning, and that the onset 21 of the mental retardation intellectual disability was manifested 22 before the age of eighteen (18) years. An intelligence quotient of 23 seventy (70) or below on an individually administered, 24 scientifically recognized standardized intelligence quotient test

administered by a licensed psychiatrist or psychologist is evidence of significantly subaverage general intellectual functioning; however, it is not sufficient without evidence of significant limitations in adaptive functioning and without evidence of manifestation before the age of eighteen (18) years. In determining the intelligence quotient, the standard measurement of error for the test administrated shall be taken into account.

8 However, in no event shall a defendant who has received an 9 intelligence quotient of seventy-six (76) or above on any 10 individually administered, scientifically recognized, standardized 11 intelligence quotient test administered by a licensed psychiatrist 12 or psychologist, be considered mentally retarded <u>intellectually</u> 13 <u>disabled</u> and, thus, shall not be subject to any proceedings under 14 this section.

15 D. A defendant charged with capital murder who intends to raise 16 mental retardation an intellectual disability as a bar to the death 17 sentence shall provide to the state notice of such intention at 18 least ninety (90) days after formal arraignment or within ninety 19 (90) days after the filing of a bill of particulars, whichever is 20 later. The notice shall include a brief but detailed statement 21 specifying the witnesses, nature and type of evidence sought to be 22 introduced. The notice must demonstrate sufficient facts that 23 demonstrate a good-faith belief as to the mental retardation 24 intellectual disability of the defendant.

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1 Ε. The district court shall conduct an evidentiary hearing to 2 determine whether the defendant is mentally retarded intellectually 3 disabled. If the court determines, by clear and convincing 4 evidence, that the defendant is mentally retarded intellectually 5 disabled, the defendant, if convicted, shall be sentenced to life imprisonment or life without parole. If the district court 6 7 determines that the defendant is not mentally retarded intellectually disabled, the capital trial of the offense may 8 9 proceed. A request for a hearing under this section shall not waive 10 entitlement by the defendant to submit the issue of mental 11 retardation an intellectual disability to a jury during the 12 sentencing phase in a capital trial if convicted of an offense 13 punishable by death. The court's determination on the issue of 14 mental retardation an intellectual disability shall not be the 15 subject of an interlocutory appeal.

16 The court shall submit a special issue to the jury as to F. 17 whether the defendant is mentally retarded intellectually disabled. 18 This special issue shall be considered and answered by the jury 19 during the sentencing stage and prior to the determination of 20 sentence. If the jury unanimously determines that the defendant is 21 mentally retarded intellectually disabled, the defendant may only be 22 sentenced to life imprisonment or life without parole. The 23 defendant has the burden of production and persuasion to demonstrate 24

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1 mental retardation an intellectual disability to the jury by a
2 preponderance of the evidence.

If the jury determines that the defendant is not mentally 3 G. 4 retarded intellectually disabled or is unable to reach a unanimous 5 decision, the jury shall proceed to determine the existence of aggravating and mitigating factors in determining whether the 6 7 sentence of death shall be imposed. In those deliberations, the jury may consider any evidence of mental retardation an intellectual 8 9 disability as a mitigating factor in sentencing the defendant. 10 If the jury determines that the defendant is not mentally Η. 11 retarded intellectually disabled and imposes a death sentence, the 12 trial court shall make findings of fact and conclusions of law 13 relating to the issue of whether the determination on the issue of 14 mental retardation an intellectual disability was made under the 15 influence of passion, prejudice, or any other arbitrary factor. The 16 findings shall be attached as an exhibit to the report of the trial 17 judge required under Section 701.13 of Title 21 of the Oklahoma 18 Statutes. If the trial court finds that the determination of mental 19 retardation an intellectual disability was not supported by the 20 evidence, the issue may be raised on appeal to the Oklahoma Court of 21 Criminal Appeals for consideration as part of its mandatory sentence 22 review.

I. The standard of review for a trier of fact mental retardation intellectual disability determination shall be whether,

1 after reviewing the evidence in the light most favorable to the state, any rational trier of fact could have found the defendant not 2 3 mentally retarded intellectually disabled as defined by this 4 section, giving full deference to the findings of the trier of fact. 5 J. The court shall give appropriate instructions in those cases in which evidence of the mental retardation intellectual disability 6 7 of the defendant requires the consideration by the jury of the provisions of this section. 8

9 SECTION 19. AMENDATORY 21 O.S. 2011, Section 833, is 10 amended to read as follows:

Section 833. Every overseer of the poor, constable, keeper of a jail, or other person who confines a person who is impaired by reason of mental retardation intellectual or developmental disability, as defined by Section 1430.2 of Title 10 of the Oklahoma Statutes, mentally ill person, insane person or other person of unsound mind, in any other manner or in any other place than is authorized by law, is guilty of a misdemeanor.

SECTION 20. AMENDATORY 22 O.S. 2011, Section 1161, as last amended by Section 1, Chapter 375, O.S.L. 2017 (22 O.S. Supp. 20 2018, Section 1161), is amended to read as follows:

21 Section 1161. A. 1. An act committed by a person in a state 22 of mental illness or mental defect shall be adjudicated as guilty 23 with mental defect or as not guilty by reason of mental illness.

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2. If a person is found guilty with mental defect or enters a
 plea of guilty with mental defect which is accepted by the court,
 the court at the time of sentencing shall impose any sentence that
 could be imposed by law upon a person who is convicted of the same
 offense, and the person shall serve the sentence in custody of a
 county jail or the Oklahoma Department of Corrections.

7 If a person who is found quilty with mental defect is placed 3. on probation under the jurisdiction of the sentencing court as 8 9 provided by law, the court shall immediately issue an order for the 10 person to be examined by the Department of Mental Health and 11 Substance Abuse Services. The time and place of such examination 12 shall be determined by the Department. Within forty-five (45) days, 13 the Department shall provide to the court a recommendation of 14 treatment for the person, which shall be made a condition of 15 probation. Reports as specified by the trial judge shall be filed 16 with the probation officer and the sentencing court. Failure to 17 continue treatment, except by agreement with the treating agency and 18 the sentencing court, is grounds for revocation of probation. 19 Treatment shall be provided by an agency of the Department or, with 20 the approval of the sentencing court and at the expense of the 21 person, by private agencies, private physicians or other mental 22 health personnel. A psychiatric report shall be filed with the 23 probation officer and the sentencing court every six (6) months 24 during the period of probation.

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1 4. When in any criminal action by indictment or information, 2 the defense of mental illness is raised, but the defendant is not 3 acquitted on the ground that the defendant was mentally ill at the 4 time of the commission of the crime charged, an issue concerning 5 such defense may be raised on appeal. If the appellate court finds relief is required, the appellate court shall not have authority to 6 7 modify the judgment or sentence, but will only have the authority to order a new trial or order resentencing without recommendations to 8 9 sentencing.

10 5. When in any criminal action by indictment or information the 11 defense of mental illness is interposed either singly or in 12 conjunction with some other defense, the jury shall state in the 13 verdict, if it is one of acquittal, whether or not the defendant is 14 acquitted on the ground of mental illness. When the defendant is 15 acquitted on the ground that the defendant was mentally ill at the 16 time of the commission of the crime charged, the person shall not be 17 discharged from custody until the court has made a determination 18 that the person is not dangerous to the public peace and safety and 19 is a person requiring treatment.

B. 1. To assist the court in its determination, the court shall immediately issue an order for the person to be examined by the Department of Mental Health and Substance Abuse Services at a facility the Department has designated to examine and treat forensic

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individuals. Upon the issuance of the order, the sheriff shall
 deliver the person to the designated facility.

3 2. Within forty-five (45) days of the court entering such an 4 order, a hearing shall be conducted by the court to ascertain 5 whether the person is dangerous to the public peace or safety because the person is a person requiring treatment or, if not, is in 6 7 need of continued supervision as a result of unresolved symptoms of mental illness or a history of treatment noncompliance. During the 8 9 required period of hospitalization the Department of Mental Health 10 and Substance Abuse Services shall have the person examined by two 11 qualified psychiatrists or one such psychiatrist and one qualified 12 clinical psychologist whose training and experience enable the 13 professional to form expert opinions regarding mental illness, 14 competency, dangerousness and criminal responsibility.

15 C. 1. Each examiner shall, within thirty-five (35) days of 16 hospitalization, individually prepare and submit to the court, the 17 district attorney and the trial counsel of the person a report of 18 the psychiatric examination findings of the person and an evaluation 19 concerning whether the person is dangerous to the public peace or 20 safety.

21 2. If the court is dissatisfied with the reports or if a 22 disagreement on the issue of mental illness and dangerousness exists 23 between the two examiners, the court may designate one or more 24

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1 additional examiners and have them submit their findings and 2 evaluations as specified in paragraph 1 of this subsection. 3. Within ten (10) days after the reports are filed, the 3 a. 4 court must conduct a hearing to determine the present 5 condition of the person as to the issue of whether: (1) the person is dangerous to the public peace or 6 7 safety because the person is a person requiring treatment, or 8 9 (2) if not believed to be dangerous to the public 10 peace or safety, the person is in need of 11 continued supervision as a result of unresolved 12 symptoms of mental illness or a history of 13 treatment noncompliance. 14 b. The district attorney must establish the foregoing by 15 a preponderance of the evidence. At this hearing the 16 person shall have the assistance of counsel and may 17 present independent evidence. 18 D. 1. If the court finds that the person is not dangerous to 19 the public peace or safety because the person is a person requiring 20 treatment and is not in need of continued supervision as a result of 21 unresolved symptoms of mental illness or a history of treatment 22 noncompliance, it shall immediately discharge the person from 23 hospitalization.

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2. If the court finds that the person is dangerous to the
 public peace and safety, it shall commit the person to the custody
 of the Department of Mental Health and Substance Abuse Services.
 The person shall then be subject to discharge pursuant to the
 procedure set forth in this section.

During the period of hospitalization, the Department 6 a. 7 of Mental Health and Substance Abuse Services may administer or cause to be administered to the person 8 9 such psychiatric, medical or other therapeutic 10 treatment as in its judgment should be administered. 11 b. The person shall be subject to discharge or 12 conditional release pursuant to the procedures set 13 forth in this section.

E. If at any time the court finds the person is not dangerous to the public peace or safety because the person is a person requiring treatment, but is in need of continued supervision as a result of unresolved symptoms of mental illness or a history of treatment noncompliance, the court may:

Discharge the person pursuant to the procedure set forth in
 this section;

21 2. Discharge the person, and upon the motion of the court or
22 the district attorney commence civil involuntary commitment
23 proceedings against the person pursuant to the provisions of Title
24 43A of the Oklahoma Statutes; or

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3. Order conditional release, as set forth in subsection F of
 this section.

3 F. There is hereby created a Forensic Review Board to be 4 composed of seven (7) members appointed by the Governor with the 5 advice and consent of the Senate. The Board members shall serve for a term of five (5) years except that for members first appointed to 6 7 the Board: one shall serve for a term ending December 31, 2008, two shall serve for a term ending December 31, 2009, two shall serve a 8 9 term ending December 31, 2010, and two shall serve for a term ending 10 December 31, 2011.

- 11 1. The Board shall be composed of:
- a. four licensed mental health professionals with
 experience in treating mental illness, at least one of
 whom is licensed as a Doctor of Medicine, a Doctor of
 Osteopathy, or a licensed clinical psychologist and
 shall be appointed from a list of seven names
 submitted to the Governor by the Department of Mental
 Health and Substance Abuse Services,
- b. one member who shall be an attorney licensed to
 practice in this state and shall be appointed from a
 list of not less than three names submitted to the
 Governor by the Board of Governors of the Oklahoma Bar
 Association,
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c. one member who shall be a retired judge licensed to practice in this state and shall be appointed from a list of not less than three names submitted to the Governor by the Judicial Nominating Committee, and one at-large member.

6 The attorney and retired judge members of the Board shall be 7 prohibited from representing in the courts of this state persons 8 charged with felony offenses while serving on the Board.

9 2. The Board shall meet as necessary to determine which 10 individuals confined with the Department of Mental Health and 11 Substance Abuse Services are eligible for therapeutic visits, 12 conditional release or discharge and whether the Board wishes to make such a recommendation to the court of the county where the 13 14 individual was found not quilty by reason of insanity or not quilty 15 by reason of mental illness for those persons adjudicated as such 16 upon or after the effective date of this act November 1, 2016. 17 Forensic Review Board meetings shall not be considered a. 18 subject to the Oklahoma Open Meeting Act and are not

open to the public. Other than the Forensic Review Board members, only the following individuals shall be permitted to attend Board meetings:

(1) the individual the Board is considering for therapeutic visits, conditional release or

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discharge, his or her treatment advocate, and members of his or her treatment team, (2) the Commissioner of Mental Health and Substance Abuse Services or designee, (3) the Advocate General for the Department of Mental

- Health and Substance Abuse Services or designee, (4) the General Counsel for the Department of Mental
- Health and Substance Abuse Services or designee, and
- 10 (5) any other persons the Board and Commissioner of
 11 Mental Health and Substance Abuse Services wish
 12 to be present.
- 13 b. The Department of Mental Health and Substance Abuse 14 Services shall provide administrative staff to the 15 Board to take minutes of meetings and prepare 16 necessary documents and correspondence for the Board 17 to comply with its duties as set forth in this 18 section. The Department of Mental Health and 19 Substance Abuse Services shall also transport the 20 individuals being reviewed to and from the Board 21 meeting site.
- c. The Board shall promulgate rules concerning the
 granting and structure of therapeutic visits,
 conditional releases and discharge.

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1 d. For purposes of this subsection, "therapeutic visit" 2 means a scheduled time period off campus which 3 provides for progressive tests of the ability of the 4 consumer to maintain and demonstrate coping skills. 5 3. The Forensic Review Board shall submit any recommendation for therapeutic visit, conditional release or discharge to the court 6 7 and district attorney of the county where the person was found not guilty by reason of mental illness, the trial counsel of the person, 8 9 the Department of Mental Health and Substance Abuse Services and the 10 person at least fourteen (14) days prior to the scheduled visit. 11 a. The district attorney may file an objection to a 12 recommendation for a therapeutic visit within ten (10) 13 days of receipt of the notice. 14 b. If an objection is filed, the therapeutic visit is 15 stayed until a hearing is held. The court shall hold 16 a hearing not less than ten (10) days following an 17 objection to determine whether the therapeutic visit 18 is necessary for treatment, and if necessary, the

19 nature and extent of the visit.

4. During the period of hospitalization the Department of
Mental Health and Substance Abuse Services shall submit an annual
report on the status of the person to the court, the district
attorney and the patient advocate general of the Department of
Mental Health and Substance Abuse Services.

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G. Upon motion by the district attorney or upon a recommendation for conditional release or discharge by the Forensic Review Board, the court shall conduct a hearing to ascertain if the person is dangerous and a person requiring treatment. This hearing shall be conducted under the same procedure as the first hearing and must occur not less than ten (10) days following the motion or request by the Forensic Review Board.

8 1. If the court determines that the person continues to be 9 dangerous to the public peace and safety because the person is a 10 person requiring treatment, it shall order the return of the person 11 to the hospital for additional treatment.

12 2. If the court determines that the person is not dangerous but 13 subject to certain conditions, the court may conditionally release 14 the person subject to the following:

15 the Forensic Review Board has made a recommendation a. 16 for conditional release, including a written plan for 17 outpatient treatment and a list of recommendations for 18 the court to place as conditions on the release, 19 b. in its order of conditional release, the court shall 20 specify conditions of release and shall direct the 21 appropriate agencies or persons to submit annual 22 reports regarding the compliance of the person with 23 the conditions of release and progress in treatment,

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the person must agree, in writing, that during the 1 с. 2 period the person is granted conditional release and 3 is subject to the provisions thereof, there shall be 4 free transmission of all pertinent information, 5 including clinical information regarding the person, among the Department of Mental Health and Substance 6 7 Abuse Services, the appropriate community mental health centers and the appropriate district attorneys, 8 9 law enforcement and court personnel,

10 d. the order of the court placing the person on 11 conditional release shall include notice that the 12 conditional release of the person may be revoked upon 13 good cause. The person placed on conditional release 14 shall remain under the supervision of the Department 15 of Mental Health and Substance Abuse Services until 16 the committing court enters a final discharge order. 17 The Department of Mental Health and Substance Abuse 18 Services shall assess the person placed on conditional 19 release annually and shall have the authority to 20 recommend discharge of the person to the Board, and 21 any agency or individual involved in providing e. 22 treatment with regard to the conditional release plan 23 of the person may prepare and file an affidavit under 24 oath if the agency or individual believes that the

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person has failed to comply with the conditions of release or that such person has progressed to the point that inpatient care is appropriate.

- (1) Any peace officer who receives such an affidavit shall take the person into protective custody and return the person to the forensic unit of the state hospital.
- (2) A hearing shall be conducted within three (3) days, excluding holidays and weekends, after the person is returned to the forensic unit of the state hospital to determine if the person has violated the conditions of release, or if fulltime hospitalization is the least restrictive alternative consistent with the needs of the person and the need for public safety. Notice of the hearing shall be issued, at least twenty-four (24) hours before the hearing, to the hospital superintendent, the person, trial counsel for the person, and the patient advocate general of the Department of Mental Health and Substance Abuse Services. If the person requires hospitalization because of a violation of the conditions of release or because of progression to the point
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that inpatient care is appropriate, the court may then modify the conditions of release.

3 3. If the court determines that the person is not dangerous to
4 the public peace or safety because the person is not a person
5 requiring treatment, it shall order that the person be discharged
6 from the custody of the Department of Mental Health and Substance
7 Abuse Services.

H. As used in this section:

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9 1. "Antisocial personality disorder" means antisocial 10 personality disorder as defined by the Diagnostic and Statistical 11 Manual of Mental Disorders, 5th Edition (DSM-5), or subsequent 12 editions;

13 2. "Court" or "sentencing court" means the court sitting in the 14 county where the person has been found to be not guilty by reason of 15 mental illness or guilty with mental defect;

16 3. "Dangerous" means a person who because of mental illness 17 poses a substantial risk of physical harm in the near future to 18 another person or persons. Dangerousness shall be determined by 19 such factors as whether the person has placed another person or 20 persons in a reasonable fear of violent behavior, and medication and 21 treatment compliance;

4. "Guilty with mental defect" means the person committed the
act and was either unable to understand the nature and consequences
of his or her actions or was unable to differentiate right from

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1 wrong, and has been diagnosed with antisocial personality disorder 2 which substantially contributed to the act for which the person has 3 been charged;

4 5. "Mental defect" means the person has been diagnosed with
5 antisocial personality disorder which substantially contributed to
6 the act for which the person has been charged;

7 6. "Mental illness" means a substantial disorder of thought,
8 mood, perception, psychological orientation or memory that
9 significantly impairs judgment, behavior, capacity to recognize
10 reality or ability to meet the ordinary demands of life;

11 7. "Not guilty by reason of mental illness" means the person 12 committed the act while mentally ill and was either unable to 13 understand the nature and consequences of his or her actions or was 14 unable to differentiate right from wrong, and has not been diagnosed 15 with antisocial personality disorder which substantially contributed 16 to the act for which the person has been charged; and

17 8. a. "Person requiring treatment" means a person who because
18 of mental illness:

19 (1) poses a substantial risk of physical harm to self
20 as manifested by evidence or serious threats of
21 or attempts at suicide or other significant self22 inflicted bodily harm,

(2) poses a substantial risk of physical harm to
 another person or persons as manifested by

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1			evidence of violent behavior directed toward
2			another person or persons,
3	((3)	has placed another person or persons in
4			reasonable fear of serious physical harm or
5			violent behavior directed toward such person or
6			persons as manifested by serious and immediate
7			threats,
8		(4)	is in a condition of severe deterioration such
9			that, without immediate intervention, there
10			exists a substantial risk that severe impairment
11			or injury will result to the person, or
12		(5)	poses a substantial risk of serious physical
13			injury to self or death as manifested by evidence
14			that the person is unable to provide for and is
15			not providing for his or her basic physical
16			needs.
17	b. I	he n	mental health or substance abuse history of the
18	F	erso	on may be used as part of the evidence to
19	c	leter	rmine whether the person is a person requiring
20	t	reat	ment. The mental health or substance abuse

history of the person shall not be the sole basis for

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this determination.

- c. Unless a person also meets the criteria established in
 subparagraph a of this paragraph, "person requiring
 treatment" shall not mean:
- 4 (1) a person whose mental processes have been
 5 weakened or impaired by reason of advanced years,
 6 dementia or Alzheimer's disease,
- 7 (2) a mentally retarded or developmentally disabled
 8 person with intellectual or developmental
 9 disability as defined in Title 10 of the Oklahoma
 10 Statutes,
- 11 (3) a person with seizure disorder, or
- 12 (4) a person with a traumatic brain injury.
- I. Proceedings hereunder may be held in conformance with the provisions of Section 3006 of Title 20 of the Oklahoma Statutes for allowable use of videoconferencing.
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 SECTION 21.
 AMENDATORY
 22 O.S. 2011, Section 1175.3, as

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 amended by Section 1, Chapter 300, O.S.L. 2015 (22 O.S. Supp. 2018,

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 Section 1175.3), is amended to read as follows:
- Section 1175.3. A. Upon filing of an application for determination of competency, the court shall set a hearing date, which shall be as soon as practicable, but at least one (1) day after service of notice as provided by Section 1175.2 of this title. B. The court shall hold a hearing on the date provided. At the hearing, the court shall examine the application for determination

of competency to determine if it alleges facts sufficient to raise a
 doubt as to the competency of the person. Any additional evidence
 tending to create a doubt as to the competency of the person may be
 presented at this hearing.

5 C. If the court finds there is no doubt as to the competency of6 the person, it shall order the criminal proceedings to resume.

- D. 1. a. If the court finds there is a doubt as to the
 competency of the person, it shall order the person to
 be examined by the Department of Mental Health and
 Substance Abuse Services or by a qualified forensic
 examiner designated by the Department to perform
 competency examinations.
- 13 b. In addition, the Developmental Disabilities Services 14 Division of the Department of Human Services shall 15 receive written notice from the district attorney who 16 filed the criminal petition, and be authorized by 17 order of the court to have a psychologist or other 18 appropriate clinician participate with professionals 19 assigned by any other public or private agency in any 20 competency evaluation wherein mental retardation or 21 other developmental or intellectual disability may be 22 involved. The psychologist or clinician employed, by 23 contract or otherwise, by the Department of Human
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1 2 Services may issue a separate opinion and recommendation to the court.

2. The person shall be examined by a qualified forensic
examiner on an outpatient basis prior to referral for any necessary
inpatient evaluation, as ordered by the court. The outpatient
examination may be conducted in the community, the jail or detention
facility where the person is held.

3. If the court determines that the person whose competency is 8 9 in question may be dangerous as defined in Section 1175.1 of this 10 title, it shall order the person retained in a secure facility until 11 the completion of the competency hearing provided in Section 1175.4 12 of this title. If the court determines the person may be dangerous 13 as defined in Section 1175.1 of this title because the individual is 14 a person requiring treatment as defined in Section 1-103 of Title 15 43A of the Oklahoma Statutes, it may commit the person to the 16 custody of the Department of Mental Health and Substance Abuse 17 Services or any other state agency or private facility for the 18 examination required by this subsection. The person shall be 19 required to undergo examination for a period of time sufficient for 20 the qualified forensic examiner(s) to reach a conclusion as to 21 competency, and the court shall impose a reasonable time limitation 22 for such period of examination.

E. The qualified forensic examiner(s) shall receiveinstructions that they shall examine the patient to determine:

1 1. If the person is able to appreciate the nature of the
 2 charges made against such person;

If the person is able to consult with the lawyer and 3 2. 4 rationally assist in the preparation of the defense of such person; 5 3. If the person is unable to appreciate the nature of the charges or to consult and rationally assist in the preparation of 6 7 the defense, whether the person can attain competency within a reasonable period of time as defined in Section 1175.1 of this title 8 9 if provided with a course of treatment, therapy or training; 10 4. If the person is a person requiring treatment as defined by 11 Section 1-103 of Title 43A of the Oklahoma Statutes; 12 5. If the person is incompetent because the person is mentally 13 retarded intellectually disabled as defined in Section 1408 of Title 14 10 of the Oklahoma Statutes; 15 If the answers to questions 4 and 5 are no, why the 6. 16 defendant is incompetent; and 17 7. If the person were released, whether such person would 18 presently be dangerous as defined in Section 1175.1 of this title. 19 F. Upon completion of the competency evaluation, the Department 20 of Mental Health and Substance Abuse Services or qualified forensic 21 examiner designated by the Department to perform competency 22 examinations shall notify the court of its findings. If the person

Abuse Services, the person shall be returned to the court in the

is in the custody of the Department of Mental Health and Substance

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1 customary manner within five (5) business days. If the person is 2 not returned within that time, the county in which the proceedings 3 are to be held shall pay the costs of maintaining the person at the 4 institution or facility for the period of time the person remains at 5 the institution or facility in excess of the five-day period.

6 SECTION 22. AMENDATORY 22 O.S. 2011, Section 1175.5, is 7 amended to read as follows:

8 Section 1175.5. The jury or the court, as the case may be, 9 shall answer the following questions in determining the disposition 10 of the person whose competency is in question:

Is the person incompetent to undergo further criminal
 proceedings at this time? If the answer is no, criminal proceedings
 shall be resumed. If the answer is yes, the following questions
 shall be answered.

15 2. Can the incompetency of the person be corrected within a 16 reasonable period of time, as defined by Section 1175.1 of this 17 title, through treatment, therapy or training?

18 3. Is the person incompetent because the person is mentally
 19 retarded intellectually disabled as defined in Section 1408 of Title
 20 10 of the Oklahoma Statutes?

4. Is the person incompetent because the person is a person
requiring treatment as defined by Section 1-103 of Title 43A of the
Oklahoma Statutes?

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6. Is the person presently dangerous as defined in Section 1175.1 of this title if released? AMENDATORY 22 O.S. 2011, Section 1175.6, is SECTION 23. amended to read as follows: Section 1175.6. A. Upon the finding by the jury or the court the appropriate order regarding the person as follows: 1. If the person is found to be competent, the criminal proceedings shall be resumed; 2. is a person requiring treatment as defined in Title 43A of the set forth in Section 6 1175.6a of this act title; 3. If the person is found to be incompetent because the person appropriate order as set forth in Section 7 1175.6b of this act title; and 4. If the person is found to be incompetent for reasons other than the person is a person requiring treatment as defined by ENGR. S. A. TO ENGR. H. B. NO. 2341

1 5. If the answers to questions 3 and 4 are no, why is the 2 defendant incompetent?

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7 as provided by Section 1175.5 of this title, the court shall issue 8 9

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12 If the person is found to be incompetent because the person 13 14 Oklahoma Statutes, the court shall issue the appropriate order as 15

16 17 is mentally retarded intellectually disabled as defined in Section 18 1408 of Title 10 of the Oklahoma Statutes, the court shall issue the 19 20

21 22 23 Section 1-103 of Title 43A of the Oklahoma Statutes, or for reasons 24 other than the person is mentally retarded intellectually disabled

as defined in Section 1408 of Title 10 of the Oklahoma Statutes, the
 court shall issue the appropriate order as set forth in Section &
 1175.6c of this act title.

SECTION 24. AMENDATORY 22 O.S. 2011, Section 1175.6a, as
last amended by Section 2, Chapter 290, O.S.L. 2018 (22 O.S. Supp.
2018, Section 1175.6a), is amended to read as follows:

7 Section 1175.6a. A. If the person is found to be incompetent prior to conviction because he or she is a person requiring 8 9 treatment as defined in Section 1-103 of Title 43A of the Oklahoma 10 Statutes, but capable of achieving competence with treatment within 11 a reasonable period of time as defined by Section 1175.1 of this 12 title, the court shall suspend the criminal proceedings and order 13 the Department of Mental Health and Substance Abuse Services to 14 provide treatment, therapy or training which is calculated to allow 15 the person to achieve competency. The Department may designate a 16 willing entity to provide such competency restoration services on 17 behalf of the Department, provided the entity has qualified 18 The court shall further order the Department to take personnel. 19 custody of the individual as soon as a forensic bed becomes 20 available, unless both the Department and the county jail where the 21 person is being held determine that it is in the best interests of 22 the person to remain in the county jail. Such competency 23 restoration services shall begin within a reasonable period of time 24

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1 after the court has determined that the person is not competent to
2 stand trial.

The person shall remain in the custody of the county jail until such time as the Department has a bed available at the forensic facility unless competency restoration services are provided by a designee of the Department, in which case custody of the person shall be transferred to the Department.

B. The Department of Mental Health and Substance Abuse Services
or designee shall make periodic reports to the court as to the
competency of the defendant.

11 C. If the person is determined by the Department of Mental 12 Health and Substance Abuse Services or designee to have regained 13 competency, or is no longer incompetent because the person is a 14 person requiring treatment as defined by Title 43A of the Oklahoma 15 Statutes, a hearing shall be scheduled within twenty (20) days:

16 1. If found competent by the court or a jury after such
 17 rehearing, criminal proceedings shall be resumed;

18 2. If the person is found to continue to be incompetent because
19 the person is a person requiring treatment as defined in Title 43A
20 of the Oklahoma Statutes, the person shall be returned to the
21 custody of the Department of Mental Health and Substance Abuse
22 Services or designee;

3. If the person is found to be incompetent because the person
is mentally retarded intellectually disabled as defined by Title 10

of the Oklahoma Statutes, the court shall issue the appropriate
 order as set forth in Section 1175.6b of this title;

3 4. If the person is found to be incompetent for reasons other 4 than the person is a person requiring treatment as defined by Title 5 43A of the Oklahoma Statutes, and other than the person is mentally retarded intellectually disabled as defined in Title 10 of the 6 Oklahoma Statutes, and is also found to be not dangerous as defined 7 by Section 1175.1 of this title, the court shall issue the 8 9 appropriate order as set forth in Section 1175.6b of this title; or 10 5. If the person is found to be incompetent for reasons other 11 than the person is a person requiring treatment as defined by Title 12 43A of the Oklahoma Statutes, and other than the person is mentally 13 retarded intellectually disabled as defined in Title 10 of the 14 Oklahoma Statutes, but is also found to be dangerous as defined by 15 Section 1175.1 of this title, the court shall issue the appropriate 16 order as set forth in Section 1175.6c of this title.

17 If the person is found to be incompetent because the person D. 18 is a person requiring treatment as defined by Section 1-103 of Title 19 43A of the Oklahoma Statutes, but not capable of achieving 20 competence with treatment within a reasonable period of time as 21 defined by Section 1175.1 of this title, the court shall commence 22 civil commitment proceedings pursuant to Title 43A and shall dismiss 23 without prejudice the criminal proceeding. If the person is 24 subsequently committed to the Department of Mental Health and

Substance Abuse Services pursuant to Title 43A, the statute of
 limitations for the criminal charges which were dismissed by the
 court shall be tolled until the person is discharged from the
 Department of Mental Health and Substance Abuse Services pursuant to
 Section 7-101 of Title 43A of the Oklahoma Statutes.

6 SECTION 25. AMENDATORY 22 O.S. 2011, Section 1175.6b, is 7 amended to read as follows:

Section 1175.6b. A. If the person is found to be incompetent 8 primarily because the person is mentally retarded intellectually 9 10 disabled as defined in Section 1408 of Title 10 of the Oklahoma Statutes, and is also found by the court to be dangerous as defined 11 12 by Section 1175.1 of this Title, the court shall suspend the 13 criminal proceedings, and shall place the person into the custody of 14 the Office of Public Guardian. The Office of Public Guardian shall 15 act with all powers set forth in the Oklahoma Public Guardianship 16 Act, and:

17 1. The Office of Public Guardian shall place any person placed 18 in its custody under this title in a facility or residential 19 setting, private or public, willing to accept the individual and 20 that has a level of supervision and security that is appropriate to 21 the needs of the person;

22 2. Such placements shall be within the sole discretion of the23 Office of Public Guardian;

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3. All such placements made by the Office of Public Guardian
 shall be made within six (6) months of the date of the order
 awarding custody to the Office of Public Guardian;

4 4. The Office of Public Guardian shall report to the court at 5 least every six (6) months as to the status of the person including, but not limited to, the type of placement, services provided, level 6 7 of supervision, the medical and psychological health of the person, whether the person would be dangerous if conditionally released into 8 9 a nonsecure environment, the assistance and services that would be 10 required for such conditional release and whether the person has 11 achieved competency;

12 5. If the person is determined by the Office of Public Guardian 13 to have regained competency or that conditional release to a private 14 guardian or other caretaker is appropriate, a hearing shall be 15 scheduled within twenty (20) days. If found competent by the court 16 or a jury after such rehearing, criminal proceedings shall be 17 resumed. If the court finds conditional release to be appropriate, 18 the court shall make an appropriate order for conditional release; 19 and

20 6. The provisions of subsections C, H and I of Section 6-101 of
21 Title 30 of the Oklahoma Statutes shall not apply to custody orders
22 arising under this title.

B. If the person is found to be incompetent for reasons otherthan the person is a person requiring treatment as defined by

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Section 1-103 of Title 43A of the Oklahoma Statutes and is found to be not dangerous as defined by Section 1175.1 of this title, the court shall suspend the criminal proceedings and either refer the person to the Department of Human Services for consideration of voluntary assistance or conditionally release the person as set forth in this section.

7 1. For any person recommended for conditional release, a 8 written plan for services shall be prepared by the Department of 9 Human Services and filed with the court. In its order of 10 conditional release, the court shall specify the conditions of 11 release and shall direct the appropriate agencies or persons to 12 submit annual reports regarding the person's compliance with the 13 conditions of release and progress:

14 to be eligible for conditional release, the person a. 15 shall agree, in writing, that during the period the 16 person is granted conditional release and is subject 17 to the provisions thereof, there shall be free 18 transmission of all pertinent information, including 19 clinical information regarding the person, among the 20 person's treatment providers, the appropriate district 21 attorneys, law enforcement and court personnel. То 22 affect this agreement, the person shall execute any 23 releases required by law to allow for the 24 dissemination of this information,

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1 b. the court's order placing the person on conditional 2 release shall include notice that the person's 3 conditional release may be revoked upon good cause, 4 the district attorney, as well as any agency or с. 5 individual involved in providing services with regard to the person's conditional release, may prepare and 6 7 file an affidavit under oath if the district attorney, agency, or individual believes that the person has 8 9 failed to comply with the conditions of release. The 10 court shall then conduct a hearing to determine if the 11 person has violated the conditions of release. Notice 12 of the hearing shall be issued, at least twenty-four 13 (24) hours before the hearing, to the Department of 14 Human Services, the person, trial counsel for the 15 person, and the client advocate general of the 16 Department of Human Services. After reviewing the 17 evidence concerning any alleged violation of the 18 conditions of the release, the person's progress, 19 treatment alternatives, and the need for public 20 safety, the court may order no change to the 21 conditions for the person's release or modify the 22 conditions of release, and

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1 d. the person placed on conditional release shall remain 2 in a conditional release status until the reviewing court issues a full release from all conditions. 3 4 2. If the person is determined by the Department of Human 5 Services to have regained competency, a hearing shall be scheduled within twenty (20) days: 6 7 if found competent by the court or a jury after such a. rehearing, criminal proceedings shall be resumed, 8 9 b. if the person is found to continue to be incompetent, 10 the person shall be returned to either conditional 11 release or referred to the Department of Human 12 Services for consideration of voluntary assistance. 13 SECTION 26. AMENDATORY 22 O.S. 2011, Section 1175.6c, is 14 amended to read as follows:

15 Section 1175.6c. A. If the person is found to be incompetent 16 for reasons other than the person is a person requiring treatment as 17 defined by Title 43A of the Oklahoma Statutes, or the person is 18 mentally retarded intellectually disabled as defined by Title 10 of 19 the Oklahoma Statutes, but is also found to be dangerous as defined 20 by Section 1175.1 of this title, the court shall suspend the 21 criminal proceedings and refer the matter to the Department of Human 22 Services and Department of Mental Health and Substance Abuse 23 Services for determination of appropriate placement.

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1 The Department of Human Services and the Department of в. 2 Mental Health and Substance Abuse Services shall jointly establish 3 procedures by the effective date of this act April 1, 2005, to 4 determine the appropriate placement of individuals who are found to be incompetent to stand trial for reasons other than the person is a 5 person requiring treatment as defined by Title 43A of the Oklahoma 6 7 Statutes, or the person is mentally retarded intellectually disabled as defined by Title 10 of the Oklahoma Statutes. Both agencies 8 9 shall then submit their joint recommendation to the court for 10 determination of appropriate placement.

11SECTION 27.AMENDATORY25 O.S. 2011, Section 40, is12amended to read as follows:

Section 40. A. Beginning November 1, 2006, all <u>All</u> new and revised statutes, administrative rules, local laws, ordinances, charters, or regulations promulgated or any publication published by the state or any political subdivision that refers to persons with disabilities shall:

18 1. Avoid language that:

a. implies that a person as a whole is disabled, such as
the "mentally ill" or the "learning disabled", or
b. equates persons with their condition, such as
"epileptics", "autistics", or "quadriplegics"; and
2. Replace nonrespectful language by:

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1 referring to persons with disabilities as persons a. 2 first; for example, persons with disabilities, persons 3 with developmental disabilities, persons with mental 4 illness, persons with autism, or persons with mental 5 retardation intellectual disabilities, and referring to terms such as "mental retardation" or 6 b. "mentally retarded" with terms such as "intellectual 7 disabilities" or " intellectually disabled". 8 9

9 B. Violation of this section shall not be grounds to invalidate
10 any new or revised statutes, administrative rules, local laws,
11 ordinances, charters, or regulations promulgated or any publication
12 published by the state or any political subdivision; provided,
13 however, such documents shall be changed to reflect the provisions
14 of this section in subsequent revisions.

15 C. Nothing in this section shall constitute a requirement to 16 change the name of any agency or program. Existing printed material 17 may be utilized until such time as supplies are required to be 18 replenished.

19SECTION 28.AMENDATORY30 O.S. 2011, Section 1-111, is20amended to read as follows:

Section 1-111. A. As used in the Oklahoma Guardianship and Conservatorship Act:

1. "Abuse" means the intentional infliction of physical pain,
 injury, or mental anguish or the deprivation of food, clothing,

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1 shelter, or medical care to an incapacitated person, partially 2 incapacitated person, or a minor by a guardian or other person 3 responsible for providing these services;

2. "Confidential information" means medical records, physical,
psychological or other evaluations of a ward or subject of the
proceeding, initial and subsequent guardianship plans, reports of
guardians, limited guardians and conservators submitted to the court
in connection with a proceeding pursuant to the provisions of the
Oklahoma Guardianship and Conservatorship Act;

10 3. "Court" means a judge of the district court assigned to hear 11 probate matters or assigned to the division of the district court 12 designated to exercise probate jurisdiction;

4. "Estate" means the property of the person whose affairs aresubject to a guardianship proceeding;

15 5. "Evaluation" means a professional assessment of: 16 the ability of an adult to receive and evaluate a. 17 information effectively or communicate decisions, 18 the impact of any impairment of these skills on the b. 19 capacity of the individual to meet the essential 20 requirements for his physical health or safety, or to 21 manage his financial resources, and 22 the services necessary to provide for the ward; с. 23 "Exploitation" means an unjust or improper use of the 6. 24 resources of an incapacitated person, a partially incapacitated

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person, or a minor for the profit or advantage, pecuniary or otherwise, of a person other than an incapacitated person, a partially incapacitated person, or a minor through the use of undue influence, coercion, harassment, duress, deception, false representation, or false pretense;

7. A "guardian of an incapacitated person" means a person who
has been appointed by a court to serve as the guardian of an
incapacitated person to assure that the essential requirements for
the health and safety of said the person are met, to manage the
estate or financial resources of said the person, or both;

11 8. "Guardian ad litem" means, with respect to a guardianship 12 proceeding, a person appointed by the court to assist the subject of 13 the proceeding in making decisions with regard to the guardianship 14 proceeding, or to make said the decisions when the subject of the 15 proceeding is wholly incapable of making said the decisions even 16 with assistance;

9. "Guardianship plan" means the plan for the care and
treatment of a ward, the plan for the management of the financial
resources of a ward, or both;

20 10. "Guardianship proceeding" means a proceeding for the 21 appointment of a guardian, or for other orders regarding the 22 condition, care or treatment or for the management of the financial 23 resources of a ward;

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1	11. "Guardianship report" means any report required by the
2	provisions of Sections 4-305 and 4-306 of this title;
3	12. "Incapacitated person" means a person eighteen (18) years
4	of age or older:
5	a. who is impaired by reason of:
6	(1) mental illness as defined by Section 1-103 of
7	Title 43A of the Oklahoma Statutes,
8	(2) mental retardation intellectual or developmental
9	disability as defined by Section $1-818.2$ of Title
10	63 <u>1430.2 of Title 10</u> of the Oklahoma Statutes,
11	(3) physical illness or disability,
12	(4) drug or alcohol dependency as defined by Section
13	3-403 of Title 43A of the Oklahoma Statutes, or
14	(5) such other similar cause, and
15	b. whose ability to receive and evaluate information
16	effectively or to make and to communicate responsible
17	decisions is impaired to such an extent that said <u>the</u>
18	person:
19	(1) lacks the capacity to meet essential requirements
20	for his physical health or safety, or
21	(2) is unable to manage his financial resources.
22	Whenever in the Oklahoma Statutes the term "incompetent person"
23	appears and refers to a person who has been found by a district
24	court to be an incompetent person because of an impairment or

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1 condition described in this paragraph it shall have the same meaning 2 as "incapacitated person" but shall not include a person who is a 3 partially incapacitated person;

4 13. "Least restrictive dispositional alternative" means the
5 form of assistance that least interferes with the legal ability of
6 an incapacitated or partially incapacitated person to act in his own
7 behalf;

8 14. "Intangible personal property" means cash, stocks and 9 bonds, mutual funds, money market accounts, certificates of deposit, 10 insurance contracts, commodity accounts, and other assets of a 11 similar nature;

12 15. "Letters" means a document issued by the court subsequent 13 to the appointment of a guardian which designates the name of the 14 guardian and specifies the authority and powers of said <u>the</u> 15 guardian. Such document shall be endorsed thereon with the oath of 16 the guardian that he will perform the duties of his office as 17 guardian according to law;

18 16. A "limited guardian" means a person appointed by the court 19 to serve as the guardian of a partially incapacitated person and who 20 is authorized by the court to exercise only:

a. some of the powers of a guardian of the person or
whose power as guardian of the person extends only to
certain matters pertaining to the care or control of
the ward as specified by the court, or

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b. certain powers as guardian of the property over the estate or financial resources of the ward, or whose powers as guardian of the property extend only to some portion of the estate or financial resources of the ward;

17. "Manage financial resources" or "manage the estate" means
those actions necessary to obtain, administer, and dispose of real
property, business property, benefits and income, and to otherwise
manage personal financial or business affairs;

10 18. "Meet the essential requirements for physical health or 11 safety" means those actions necessary to provide the health care, 12 food, shelter, clothing, personal hygiene and other care without 13 which serious physical injury is more likely than not to occur;

14 "Minor" means a person under eighteen (18) years of age; 19. 15 "Neglect" means the failure to provide protection for an 20. 16 incapacitated person, a partially incapacitated person, or a minor 17 who is unable to protect the person's own interest; or the failure 18 to provide adequate shelter or clothing; or the harming or 19 threatening with harm through action or inaction by either another 20 individual or through the person's own action or inaction because of 21 a lack of awareness, incompetence, or incapacity, which has resulted 22 or may result in physical or mental injury;

23 21. "Organization" means a corporation, trust, business trust, 24 partnership, association, or other legal entity;

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"Partially incapacitated person" means an incapacitated 1 22. 2 person whose impairment is only to the extent that without the 3 assistance of a limited guardian said the person is unable to: meet the essential requirements for his physical 4 a. 5 health or safety, or manage all of his financial resources or to engage in 6 b. 7 all of the activities necessary for the effective management of his financial resources. 8 9 A finding that an individual is a partially incapacitated person 10 shall not constitute a finding of legal incompetence. A partially 11 incapacitated person shall be legally competent in all areas other 12 than the area or areas specified by the court in its dispositional 13 or subsequent orders. Such person shall retain all legal rights and 14 abilities other than those expressly limited or curtailed in said 15 the orders; 16 23. "Party" means the person or entity filing a petition, 17 application, motion, acceptance of a testamentary nomination, or 18 objection; the subject of a guardianship proceeding; and the 19 quardian, the quardian ad litem and the conservator, if any such 20 persons have been appointed; 21 24. "Person" means an individual; 22 "Property" means real property, personal property, income, 25. 23 any interest in such real or personal property and includes anything

24 that may be the subject of ownership;

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1 26. "Restrictions on the legal capacity of a person to act in 2 his own behalf" means powers of an incapacitated or partially incapacitated person which are assigned to a quardian; 3 4 27. "Subject of the proceeding" means a minor or an adult: 5 a. who is the subject of a petition requesting the appointment of a guardian, limited guardian or special 6 7 guardian, b. for whom a guardian or limited guardian has been 8 9 appointed by the court, or 10 с. an adult for whom a conservator is requested or 11 appointed; and "Surcharge" means the imposition of personal liability by a 12 28. 13 court on a guardian or limited guardian for willful or negligent 14 misconduct in the administration of the estate or other financial 15 resources of a ward. 16 1. Nothing in this section shall be construed to mean an Β. 17 incapacitated person, a partially incapacitated person, or a minor 18 is abused or neglected for the sole reason that a guardian or other 19 person responsible, in good faith, selects and depends upon 20 spiritual means alone through prayer, in accordance with the tenets 21 and practices of a recognized church or religious denomination, for 22 the treatment or cure of disease or remedial care of the person or 23 minor in their trust, and, in the case of an adult, in accordance 24

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with the practices of or the express consent of the incapacitated or
 partially incapacitated person.

2. Nothing contained in this subsection shall prevent a court
from immediately assuming custody of a minor, pursuant to the
Oklahoma Children's Code, and ordering whatever action may be
necessary, including medical treatment, to protect the minor's
health or welfare.

8 SECTION 29. AMENDATORY 43A O.S. 2011, Section 1-103, as 9 last amended by Section 1, Chapter 246, O.S.L. 2017 (43A O.S. Supp. 10 2018, Section 1-103), is amended to read as follows:

Section 1-103. When used in this title, unless otherwise expressly stated, or unless the context or subject matter otherwise requires:

14 1. "Department" means the Department of Mental Health and 15 Substance Abuse Services;

16 2. "Chair" means the chair of the Board of Mental Health and 17 Substance Abuse Services;

18 3. "Mental illness" means a substantial disorder of thought,
19 mood, perception, psychological orientation or memory that
20 significantly impairs judgment, behavior, capacity to recognize
21 reality or ability to meet the ordinary demands of life;

4. "Board" means the Board of Mental Health and Substance Abuse
Services as established by the Mental Health Law;

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5. "Commissioner" means the individual selected and appointed
 by the Board to serve as Commissioner of Mental Health and Substance
 Abuse Services;

4 6. "Indigent person" means a person who has not sufficient
5 assets or resources to support the person and to support members of
6 the family of the person lawfully dependent on the person for
7 support;

7. "Facility" means any hospital, school, building, house or 8 9 retreat, authorized by law to have the care, treatment or custody of 10 an individual with mental illness, or drug or alcohol dependency, gambling addiction, eating disorders, an opioid substitution 11 12 treatment program, including, but not limited to, public or private 13 hospitals, community mental health centers, clinics, satellites or 14 facilities; provided, that facility shall not mean a child guidance 15 center operated by the State Department of Health;

16 8. "Consumer" means a person under care or treatment in a 17 facility pursuant to the Mental Health Law, or in an outpatient 18 status;

9. "Care and treatment" means medical care and behavioral health services, as well as food, clothing and maintenance, furnished to a person;

10. Whenever in this law or in any other law, or in any rule or order made or promulgated pursuant to this law or to any other law, or in the printed forms prepared for the admission of consumers or

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1 for statistical reports, the words "insane", "insanity", "lunacy", 2 "mentally sick", "mental disease" or "mental disorder" are used, 3 such terms shall have equal significance to the words "mental 4 illness";

"Licensed mental health professional" means: 5 11. a psychiatrist who is a diplomate of the American 6 a. 7 Board of Psychiatry and Neurology, b. a psychiatrist who is a diplomate of the American 8 9 Osteopathic Board of Neurology and Psychiatry, 10 с. a physician licensed pursuant to the Oklahoma 11 Allopathic Medical and Surgical Licensure and 12 Supervision Act or the Oklahoma Osteopathic Medicine 13 Act,

- 14 d. a clinical psychologist who is duly licensed to
 15 practice by the State Board of Examiners of
 16 Psychologists,
- e. a professional counselor licensed pursuant to the
 Licensed Professional Counselors Act,
- 19 f. a person licensed as a clinical social worker pursuant 20 to the provisions of the Social Worker's Licensing 21 Act,
- g. a licensed marital and family therapist as defined in
 the Marital and Family Therapist Licensure Act,

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1	h	ı.a	licensed behavioral practitioner as defined in the
2		I	icensed Behavioral Practitioner Act,
3	i	. a	n advanced practice nurse as defined in the Oklahoma
4		N	ursing Practice Act,
5	Ċ	. a	physician's assistant who is licensed in good
6		S	tanding in this state, or
7	k	х. а	licensed drug and alcohol counselor/mental health
8		(LADC/MH) as defined in the Licensed Alcohol and Drug
9		С	Counselors Act;
10	12. "	Menta	lly incompetent person" means any person who has been
11	adjudicate	ed men	tally or legally incompetent by an appropriate
12	district c	court;	
13	13. a	i. "	Person requiring treatment" means a person who
14		b	ecause of his or her mental illness or drug or
15		a	lcohol dependency:
16		(1) poses a substantial risk of immediate physical
17			harm to self as manifested by evidence or serious
18			threats of or attempts at suicide or other
19			significant self-inflicted bodily harm,
20		(2) poses a substantial risk of immediate physical
21			harm to another person or persons as manifested
22			by evidence of violent behavior directed toward
23			another person or persons,
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- (3) has placed another person or persons in a
 reasonable fear of violent behavior directed
 towards such person or persons or serious
 physical harm to them as manifested by serious
 and immediate threats,
 - (4) is in a condition of severe deterioration such that, without immediate intervention, there exists a substantial risk that severe impairment or injury will result to the person, or
- 10 (5) poses a substantial risk of immediate serious
 11 physical injury to self or death as manifested by
 12 evidence that the person is unable to provide for
 13 and is not providing for his or her basic
 14 physical needs.
- 15 The mental health or substance abuse history of the b. 16 person may be used as part of the evidence to 17 determine whether the person is a person requiring 18 treatment or an assisted outpatient. The mental 19 health or substance abuse history of the person shall 20 not be the sole basis for this determination. 21 с. Unless a person also meets the criteria established in 22 subparagraph a or b of this paragraph, person 23 requiring treatment or an assisted outpatient shall 24 not mean:

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1 (1)a person whose mental processes have been 2 weakened or impaired by reason of advanced years, dementia, or Alzheimer's disease, 3 4 (2) a mentally retarded or developmentally disabled 5 person with intellectual or developmental disability as defined in Title 10 of the Oklahoma 6 7 Statutes, (3) a person with seizure disorder, 8 9 (4) a person with a traumatic brain injury, or 10 (5) a person who is homeless. 11 A person who meets the criteria established in this d. 12 section, but who is medically unstable, or the 13 facility holding the person is unable to treat the 14 additional medical conditions of that person should be 15 discharged and transported in accordance with Section 16 1-110 of this title; 17 14. "Petitioner" means a person who files a petition alleging 18 that an individual is a person requiring treatment or an assisted 19 outpatient; 20 "Executive director" means the person in charge of a 15. 21 facility as defined in this section; 22 16. "Private hospital or facility" means any general hospital 23 maintaining a neuro-psychiatric unit or ward, or any private 24 hospital or facility for care and treatment of a person having a

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1 mental illness, which is not supported by the state or federal 2 government. The term "private hospital" or "facility" shall not 3 include nursing homes or other facilities maintained primarily for 4 the care of elderly and disabled persons;

5 17. "Individualized treatment plan" means a proposal developed 6 during the stay of an individual in a facility, under the provisions 7 of this title, which is specifically tailored to the treatment needs 8 of the individual. Each plan shall clearly include the following:

- 9 a. a statement of treatment goals or objectives, based
 10 upon and related to a clinical evaluation, which can
 11 be reasonably achieved within a designated time
 12 interval,
- b. treatment methods and procedures to be used to obtain
 these goals, which methods and procedures are related
 to each of these goals and which include specific
 prognosis for achieving each of these goals,
- 17 c. identification of the types of professional personnel 18 who will carry out the treatment procedures, including 19 appropriate medical or other professional involvement 20 by a physician or other health professional properly 21 qualified to fulfill legal requirements mandated under 22 state and federal law,
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1 d. documentation of involvement by the individual 2 receiving treatment and, if applicable, the accordance of the individual with the treatment plan, and 3 a statement attesting that the executive director of 4 e. 5 the facility or clinical director has made a reasonable effort to meet the plan's individualized 6 7 treatment goals in the least restrictive environment possible closest to the home community of the 8 9 individual;

10 18. "Telemedicine" means the practice of health care delivery, 11 diagnosis, consultation, evaluation, treatment, transfer of medical 12 data, or exchange of medical education information by means of 13 audio, video, or data communications. Telemedicine uses audio and 14 video multimedia telecommunication equipment which permits two-way 15 real-time communication between a health care practitioner and a 16 patient who are not in the same physical location. Telemedicine 17 shall not include consultation provided by telephone or facsimile 18 machine;

19 19. "Recovery and recovery support" means nonclinical services 20 that assist individuals and families to recover from alcohol or drug 21 problems. They include social support, linkage to and coordination 22 among allied service providers, including but not limited to 23 transportation to and from treatment or employment, employment 24 services and job training, case management and individual services

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1	coordinatior	n, life skills education, relapse prevention, housing
2	assistance,	child care, and substance abuse education;
3	20. "As	ssisted outpatient" means a person who:
4	a.	is either currently under the care of a facility
5		certified by the Department of Mental Health and
6		Substance Abuse Services as a Community Mental Health
7		Center, or is being discharged from the custody of the
8		Oklahoma Department of Corrections, or is being
9		discharged from a residential placement by the Office
10		of Juvenile Affairs,
11	b.	is suffering from a mental illness,
12	с.	is unlikely to survive safely in the community without
13		supervision, based on a clinical determination,
14	d.	has a history of lack of compliance with treatment for
15		mental illness that has:
16		(1) prior to the filing of a petition, at least twice
17		within the last thirty-six (36) months been a
18		significant factor in necessitating
19		hospitalization or treatment in a hospital or
20		residential facility, or receipt of services in a
21		forensic or other mental health unit of a
22		correctional facility, or a specialized treatment
23		plan for treatment of mental illness in a secure
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1 juvenile facility or placement in a specialized 2 residential program for juveniles, or (2) prior to the filing of the petition, resulted in 3 one or more acts of serious violent behavior 4 5 toward self or others or threats of, or attempts at, serious physical harm to self or others 6 7 within the last twenty-four (24) months, is, as a result of his or her mental illness, unlikely 8 e. 9 to voluntarily participate in outpatient treatment 10 that would enable him or her to live safely in the 11 community, in view of his or her treatment history and current 12 f. 13 behavior, is in need of assisted outpatient treatment 14 in order to prevent a relapse or deterioration which 15 would be likely to result in serious harm to the 16 person or persons as defined in this section, and

17 g. is likely to benefit from assisted outpatient
18 treatment; and

19 21. "Assisted outpatient treatment" means outpatient services 20 which have been ordered by the court pursuant to a treatment plan 21 approved by the court to treat an assisted outpatient's mental 22 illness and to assist the person in living and functioning in the 23 community, or to attempt to prevent a relapse or deterioration that

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1 may reasonably be predicted to result in suicide or the need for 2 hospitalization.

3 SECTION 30. AMENDATORY 43A O.S. 2011, Section 10-103, as 4 amended by Section 1, Chapter 39, O.S.L. 2016 (43A O.S. Supp. 2018, 5 Section 10-103), is amended to read as follows:

6 Section 10-103. A. When used in the Protective Services for
7 Vulnerable Adults Act:

8 1. "Protective services" means services which are necessary to 9 aid a vulnerable adult in meeting the essential requirements for 10 mental or physical health and safety that the vulnerable adult is 11 unable to provide or obtain without assistance. The term 12 "protective services" includes but is not limited to services 13 provided to or obtained for such person in order to prevent or 14 remedy the abuse, neglect, or exploitation of such person;

15 2. "Services which are necessary to aid an individual to meet 16 essential requirements for mental or physical health and safety" 17 include, but shall not be limited to:

18 a. the identification of vulnerable adults in need of the19 services,

20 b. the provision of medical care for physical and mental 21 health needs,

c. the provision of social services assistance in
 personal hygiene, food, clothing, and adequately
 heated and ventilated shelter,

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 e. protection from physical mistreatment, f. guardianship referral, g. outreach programs, and h. the transportation necessary to secure any of such services. 7 The term shall not include taking the person into physical custody 8 without the consent of the person except as provided for in Sectio 	
4 g. outreach programs, and 5 h. the transportation necessary to secure any of such 6 services. 7 The term shall not include taking the person into physical custody	
 h. the transportation necessary to secure any of such services. 7 The term shall not include taking the person into physical custody 	
6 services. 7 The term shall not include taking the person into physical custody	
7 The term shall not include taking the person into physical custody	
8 without the consent of the person except as provided for in Sectio	
	ns
9 10-107 and 10-108 of this title, and the evaluation, monitoring, a	nd
10 provision of protective placements;	
11 3. "Meet essential requirements for mental or physical health	
12 and safety" means those actions necessary to provide the health	
13 care, food, shelter, clothing, personal hygiene and other care	
14 without which physical injury or illness to the vulnerable adult i	S
15 likely to occur;	
16 4. "Incapacitated person" means:	
17 a. any person eighteen (18) years of age or older:	
18 (1) who is impaired by reason of mental or physical	
19 illness or disability, dementia or related	
20 disease, mental retardation, developmental <u>or</u>	
21 <u>intellectual</u> disability or other cause, and	
22 (2) whose ability to receive and evaluate informati	on
23 effectively or to make and to communicate	
24 responsible decisions is impaired to such an	

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1 extent that such person lacks the capacity to 2 manage his or her financial resources or to meet 3 essential requirements for his or her mental or 4 physical health or safety without assistance from 5 others, or a person for whom a guardian, limited guardian, or 6 b. 7 conservator has been appointed pursuant to the Oklahoma Guardianship and Conservatorship Act; 8 "Vulnerable adult" means an individual who is an 9 5. 10 incapacitated person or who, because of physical or mental 11 disability, including persons with Alzheimer's disease or other 12 dementias, incapacity, or other disability, is substantially 13 impaired in the ability to provide adequately for the care or 14 custody of himself or herself, or is unable to manage his or her 15 property and financial affairs effectively, or to meet essential 16 requirements for mental or physical health or safety, or to protect 17 himself or herself from abuse, verbal abuse, neglect, or 18 exploitation without assistance from others; 19 6. "Caretaker" means a person who has: 20 the responsibility for the care of a vulnerable adult a. 21 or the financial management of the resources of a 22 vulnerable adult as a result of a family relationship, 23 24

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1		b.	assumed the responsibility for the care of a
2			vulnerable adult voluntarily, by contract, or as a
3			result of the ties of friendship, or
4		с.	been appointed a guardian, limited guardian, or
5			conservator pursuant to the Oklahoma Guardianship and
6			Conservatorship Act;
7	7.	"Depa	rtment" means the Department of Human Services;
8	8.	"Abus	e" means causing or permitting:
9		a.	the infliction of physical pain, injury, sexual abuse,
10			sexual exploitation, unreasonable restraint or
11			confinement, or mental anguish, or
12		b.	the deprivation of nutrition, clothing, shelter,
13			health care, or other care or services without which
14			serious physical or mental injury is likely to occur
15			to a vulnerable adult by a caretaker or other person
16			providing services to a vulnerable adult;
17	9.	"Expl	oitation" or "exploit" means an unjust or improper use
18	of the	resour	cces of a vulnerable adult for the profit or advantage,
19	pecunia	ry or	otherwise, of a person other than the vulnerable adult
20	through	the u	use of undue influence, coercion, harassment, duress,
21	decepti	on, fa	lse representation or false pretense;
22	10.	"Fir	ancial neglect" means repeated instances by a
23	caretak	er, or	other person, who has assumed the role of financial

24 management, of failure to use the resources available to restore or

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maintain the health and physical well-being of a vulnerable adult,
 including, but not limited to:

3		a.	squandering or negligently mismanaging the money,
4			property, or accounts of a vulnerable adult,
5		b.	refusing to pay for necessities or utilities in a
6			timely manner, or
7		с.	providing substandard care to a vulnerable adult
8			despite the availability of adequate financial
9			resources;
10	11.	"Neg	lect" means:
11		a.	the failure to provide protection for a vulnerable
12			adult who is unable to protect his or her own
13			interest,
14		b.	the failure to provide a vulnerable adult with
15			adequate shelter, nutrition, health care, or clothing,
16			or
17		с.	negligent acts or omissions that result in harm or the
18			unreasonable risk of harm to a vulnerable adult
19			through the action, inaction, or lack of supervision
20			by a caretaker providing direct services;
21	12.	"Sex	ual abuse" means:
22		a.	oral, anal, or vaginal penetration of a vulnerable
23			adult by or through the union with the sexual organ of
24			a caretaker or other person providing services to the
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vulnerable adult, or the anal or vaginal penetration
of a vulnerable adult by a caretaker or other person
providing services to the vulnerable adult with any
other object, or

- 5 b. for the purpose of sexual gratification, the touching, 6 feeling or observation of the body or private parts of 7 a vulnerable adult by a caretaker or other person 8 providing services to the vulnerable adult, or
- 9 c. indecent exposure by a caretaker or other person
 10 providing services to the vulnerable adult;

11 13. "Indecent exposure" means forcing or requiring a vulnerable 12 adult to:

a. look upon the body or private parts of another person
or upon sexual acts performed in the presence of the
vulnerable adult, or

b. touch or feel the body or private parts of another;
14. "Self-neglect" means the action or inaction of a vulnerable
adult which causes that person to fail to meet the essential
requirements for physical or mental health and safety due to the
vulnerable adult's lack of awareness, incompetence or incapacity;

21 15. "Sexual exploitation" includes, but is not limited to, a 22 caretaker's causing, allowing, permitting or encouraging a 23 vulnerable adult to engage in prostitution or in the lewd, obscene, 24

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or pornographic photographing, filming or depiction of the
 vulnerable adult as those acts are defined by state law; and

3 16. "Verbal abuse" means the use of words, sounds, or other 4 communication including, but not limited to, gestures, actions or 5 behaviors, by a caretaker or other person providing services to a 6 vulnerable adult that are likely to cause a reasonable person to 7 experience humiliation, intimidation, fear, shame or degradation.

Nothing in this section shall be construed to mean a 8 в. 9 vulnerable adult is abused or neglected for the sole reason the 10 vulnerable adult, in good faith, selects and depends upon spiritual 11 means alone through prayer, in accordance with the practices of a 12 recognized religious method of healing, for the treatment or cure of disease or remedial care, or a caretaker or other person 13 14 responsible, in good faith, is furnishing such vulnerable adult 15 spiritual means alone through prayer, in accordance with the tenets 16 and practices of a recognized church or religious denomination, for 17 the treatment or cure of disease or remedial care in accordance with 18 the practices of or express consent of the vulnerable adult.

SECTION 31. AMENDATORY 43A O.S. 2011, Section 10-104, as amended by Section 1, Chapter 318, O.S.L. 2016 (43A O.S. Supp. 2018, Section 10-104), is amended to read as follows:

Section 10-104. A. Any person having reasonable cause to believe that a vulnerable adult is suffering from abuse, neglect, or

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1 exploitation shall make a report as soon as the person is aware of 2 the situation to: 3 1. The Department of Human Services; or 4 2. The municipal police department or sheriff's office in the 5 county in which the suspected abuse, neglect, or exploitation occurred. 6 7 Persons required to make reports pursuant to this section в. shall include, but not be limited to: 8 9 1. Physicians; 10 2. Operators of emergency response vehicles and other medical 11 professionals; 12 Social workers and mental health professionals; 3. 13 4. Law enforcement officials; 14 5. Staff of domestic violence programs; 15 Long-term care facility personnel, including staff of 6. 16 nursing facilities, intermediate care facilities for persons 17 individuals with mental retardation intellectual disabilities 18 (ICFs/IID), assisted living facilities, and residential care 19 facilities: 20 7. Other health care professionals; 21 8. Persons entering into transactions with a caretaker or other 22 person who has assumed the role of financial management for a 23 vulnerable adult; 24

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9. Staff of residential care facilities, group homes, or
 employment settings for individuals with developmental intellectual
 disabilities;

4 10. Job coaches, community service workers, and personal care 5 assistants; and

6 11. Municipal employees.

7 C. 1. If the report is not made in writing in the first instance, as soon as possible after it is initially made by 8 9 telephone or otherwise, the report shall be reduced to writing by 10 the Department of Human Services, in accordance with rules 11 promulgated by the Commission for Director of Human Services, or the 12 local municipal police or sheriff's department whichever entity 13 received the initial report. The report shall contain the following 14 information:

15	a.	the name and address of the vulnerable adult,
16	b.	the name and address of the caretaker, guardian, or
17		person having power of attorney over the vulnerable
18		adult's resources if any,

- c. a description of the current location of thevulnerable adult,
- 21 d. a description of the current condition of the
 22 vulnerable adult, and
- 24

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e. a description of the situation which may constitute
 abuse, neglect or exploitation of the vulnerable
 adult.

2. If federal law specifically prohibits the disclosure of any
of the information required by this subsection, that information may
be excluded from the report.

D. If the initial report is made to the local municipal police
department or sheriff's office, such police department or sheriff's
office shall notify, as soon as possible, the Department of Human
Services of its investigation.

E. Any person who knowingly and willfully fails to promptly report any abuse, neglect, or exploitation as required by the provisions of subsection A of this section, upon conviction, shall be guilty of a misdemeanor punishable by imprisonment in the county jail for a term not exceeding one (1) year or by a fine of not more than One Thousand Dollars (\$1,000.00), or by both such fine and imprisonment.

F. 1. Any person participating in good faith and exercising due care in the making of a report pursuant to the provisions of this section shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

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2. The same immunity from any civil or criminal liability shall also be extended to previous employers of a person employed to be responsible for the care of a vulnerable adult, who in good faith report to new employers or prospective employers of such caretaker any misconduct of the caretaker including, but not limited to, abuse, neglect or exploitation of a vulnerable adult, whether confirmed or not.

G. Any person who willfully or recklessly makes a false report 8 9 shall be civilly liable for any actual damages suffered by the 10 person being reported and for any punitive damages set by the court or jury which may be allowed in the discretion of the court or jury. 11 12 Η. 1. Every physician or other health care professional making 13 a report concerning the abuse, neglect or exploitation of a 14 vulnerable adult, as required by this section, or examining a 15 vulnerable adult to determine the likelihood of abuse, neglect or 16 exploitation, and every hospital in which a vulnerable adult is 17 examined or treated for abuse, neglect or exploitation shall 18 disclose necessary health information related to the case and 19 provide, upon request by either the Department of Human Services or 20 the local municipal police or sheriff's department receiving the 21 initial report, copies of the results or the records of the 22 examination on which the report was based, and any other clinical 23 notes, x-rays or photographs and other health information which is 24 related to the case if:

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- a. the vulnerable adult agrees to the disclosure of the health information, or
 - b. the individual is unable to agree to the disclosure of health information because of incapacity; and
- 5 (1) the requesting party represents that the health 6 information for which disclosure is sought is not 7 intended to be used against the vulnerable adult 8 in a criminal prosecution but to provide 9 protective services pursuant to the Protective 10 Services for Vulnerable Adults Act,
- 11 (2) the disclosure of the information is necessary to 12 conduct an investigation into the alleged abuse, 13 neglect or exploitation of the vulnerable adult 14 subject to the investigation, and
 - (3) immediate enforcement activity that depends upon the disclosure:
- 17 (a) is necessary to protect the health, safety
 18 and welfare of the vulnerable adult because
 19 of incapacity, or
- 20 (b) would be materially and adversely affected
 21 by waiting until the vulnerable adult is
 22 able to agree to the disclosure.

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2. If federal law specifically prohibits the disclosure of any
 of the information required by this subsection, that information may
 be excluded from the disclosed health information.

4 After investigating the report, either the county office of I. 5 the Department of Human Services or the municipal police department or sheriff's office, as appropriate, shall forward its findings to 6 7 the office of the district attorney in the county in which the suspected abuse, neglect, or exploitation occurred. Unsubstantiated 8 9 findings shall be labeled as such before transmission to the office 10 of the district attorney. Findings of self-neglect shall not be 11 forwarded to the office of the district attorney unless similar 12 findings were reported within six (6) months prior.

13 J. Any state or county medical examiner or physician who has 14 reasonable cause to suspect that the death of any vulnerable adult 15 may be the result of abuse or neglect as defined by Section 10-103 16 of this title shall make a report to the district attorney or other 17 law enforcement official of the county in which the death occurred. 18 The report shall include the name of the person making the report, 19 the name of the deceased person, the facts or other evidence 20 supporting such suspicion, and any other health information that may 21 be of assistance to the district attorney in conducting an 22 investigation into the matter.

K. No employer shall terminate the employment, prevent or
 impair the practice or occupation of or impose any other sanction on

any employee solely for the reason that the employee made or caused to be made a report or cooperated with an investigation pursuant to the Protective Services for Vulnerable Adults Act. A court, in addition to other damages and remedies, may assess reasonable attorney fees against an employer who has been found to have violated the provisions of this subsection.

7 SECTION 32. AMENDATORY 47 O.S. 2011, Section 1104.1, is
8 amended to read as follows:

9 Section 1104.1. A. Twenty-three Dollars (\$23.00) of the fee
10 authorized by Section 1135.5 of this title for university or college
11 supporter license plates which are received each year by the
12 Oklahoma Tax Commission or its motor license agents shall be
13 apportioned as follows:

14 Twenty Dollars (\$20.00) of the fee for each license plate 1. 15 designating a particular state university or college shall be 16 apportioned to the particular state university or college so 17 designated on the license plate. Twenty Dollars (\$20.00) of the fee 18 for each license plate designating a particular private university 19 or college shall be apportioned to the particular private university 20 or college so designated on the license plate and may be used by the 21 private university or college as compensation for use of the 22 symbols, words, or letters authorized by the private university or 23 college for use on the license plate; and

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2. Three Dollars (\$3.00) shall be deposited to the Adaptive
 Grant Program for Oklahomans with <u>Mental Retardation</u> <u>Intellectual</u>
 <u>Disabilities</u> Revolving Fund created by this section to be used for
 educational purposes.

5 Β. There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the 6 7 "Adaptive Grant Program for Oklahomans with Mental Retardation Intellectual Disabilities Revolving Fund". The fund shall be a 8 9 continuing fund, not subject to fiscal year limitations, and shall 10 consist of all funds deposited therein pursuant to the provisions of 11 paragraph 2 of subsection A of this section. All monies accruing to 12 the credit of the fund are hereby appropriated and may be budgeted 13 and expended by the Department of Human Services for the 14 administration of the Adaptive Grant Program for Oklahomans with 15 Mental Retardation Intellectual Disabilities.

16 The Director of the Department of Human Services is hereby С. 17 directed to promulgate rules to create the Adaptive Grant Program 18 for Oklahomans with Mental Retardation Intellectual Disabilities 19 Program to provide financial assistance in adaptation of 20 furnishings, fixtures, vehicles, equipment or structures in order to 21 meet any special needs of Oklahomans with mental retardation 22 intellectual disabilities; provided, recipients of grants awarded 23 pursuant to the program shall be limited to those programs, projects 24 or persons not otherwise qualifying for state or federal funding.

1 The Department of Human Services is authorized to contract with a 2 statewide private, nonprofit foundation certified to be a 501(c)(3) 3 organization by the Internal Revenue Service for administration of 4 the program.

5 D. The <u>Department Director</u> of Human Services shall prepare an 6 annual report on the Program. Such report shall be submitted to the 7 Governor, the President Pro Tempore of the Senate and the Speaker of 8 the House of Representatives.

9 SECTION 33. AMENDATORY 56 O.S. 2011, Section 198.11c, is 10 amended to read as follows:

Section 198.11c. A. This act shall be known and may be cited as the "Opportunities for Independent Living Act".

13 B. The Legislature finds that:

14 1. In the landmark Olmstead v. L.C. decision, the Supreme Court 15 interpreted Title II of the Americans with Disabilities Act to 16 require states to administer programs in the most integrated setting 17 appropriate to meet the needs of qualified persons with

18 disabilities;

Medicaid is presently structured to provide care to persons
 with disabilities in institutional settings such as skilled nursing
 facilities and private intermediate care facilities for persons
 <u>individuals</u> with mental retardation (ICFs-MR) intellectual
 <u>disabilities (ICFs/IID)</u>, and in community-based settings such as

24 group homes and waiver programs; and

3. Persons with disabilities living in institutional settings
 must meet certain low-income standards to become eligible for
 institutional care. Therefore, when a person with disabilities
 wishes to move into the community, he or she has little or no
 resources to pay for rent and utility deposits or purchase basic
 household items.

7 C. It is the intent of the Legislature to establish a three-8 year pilot program that:

9
1. Is consistent with and implements the Olmstead Decision;
10
2. Develops eligibility criteria for the pilot program;
11
3. In coordination with the Oklahoma Health Care Authority and
12 the Department of Human Services Aging Division, utilizes the
13 Centers for Medicare and Medicaid <u>Services Minimum Data Set (MDS)</u>
14 information to identify thirty people who have requested to receive

15 their services in a community setting;

16

4. Identifies barriers to moving into the community;

17 5. Works with nurses and case managers to coordinate services 18 for eligible participants within the pilot program to ensure the 19 health and safety of each consumer;

20 6. Establishes an infrastructure to allow for an effective
21 system that allows money to follow the person from Medicaid programs
22 into the community settings;

23 7. Increases the availability of safe, affordable and
24 accessible housing;

8. Establishes a presence within local hospitals to reduce the
 number of inappropriate placements within institutional settings;

3

9. Develops benefits counseling options; and

4 10. Allows qualified persons with disabilities the opportunity5 to transition from institutions into the community.

D. Subject to the availability of funding, the Oklahoma Health
Care Authority shall establish and maintain a three-year pilot
program to assist qualified individuals with disabilities living in
institutions to transition into the community. The Authority shall
act as the lead agency and is authorized to consult and cooperate
with the Department of Human Services as necessary to carry out the
provisions of this act the Opportunities for Independent Living Act.

E. The Authority shall enter into contracts to carry out the provisions of this act the Opportunities for Independent Living Act. Such contracted entities shall be consumer-controlled, nonresidence-based, community-based, nonprofit organizations with experience in transitioning persons with disabilities into community settings.

F. The Authority through its duly contracted entities shall:
Utilize MDS data to identify participants who prefer to
receive services within the community;

22 2. Develop eligibility criteria for pilot program participants;
23 3. Provide ongoing assistance to further develop assessment
24 criteria for pilot program participants;

4. Work in conjunction with health care providers and case
 managers to coordinate services for pilot program participants;

5. Establish an effective system that allows money to follow pilot program participants from the institutional setting to the community;

6 6. Increase pilot program participant access to safe and7 affordable housing;

8 7. Offer follow-up services such as training, technical
9 assistance and support for pilot program participants; and

B. Develop curriculum and marketing materials to train future
 service providers.

12 G. The Authority through its duly contracted entities is 13 authorized to use available funding to assist eligible persons under 14 this act the Opportunities for Independent Living Act to:

15 1. Pay rent deposits;

16 2. Pay utility deposits;

17 3. Purchase initial household supplies;

18 4. Purchase basic initial household appliances; and

19 5. Purchase initial furniture and pay moving expenses.

H. The Authority shall promulgate rules as necessary to carry
out the provisions of this act the Opportunities for Independent
Living Act. Such rules shall include but are not limited to:

23 1. Eligibility criteria for services;

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Assessment protocols to identify persons in need of
 services; and

3

3. Funding to assist eligible persons.

I. The Authority and the Department of Human Services shall
evaluate the implementation of the pilot program and annually make
recommendations to the Legislature regarding its effectiveness.

7 SECTION 34. AMENDATORY 56 O.S. 2011, Section 602, is
8 amended to read as follows:

9 Section 602. As used in the Oklahoma Family Support Act:
10 1. "Department" means the Department of Human Services;

11 2. "Family" means a family member and his or her parent or 12 legal guardian; and

13 3. "Family member" means a person less than eighteen (18) years 14 of age with mental retardation or other developmental <u>or</u> 15 <u>intellectual</u> disability as defined in Section 1408 of Title 10 of 16 the Oklahoma Statutes.

17SECTION 35.AMENDATORY56 O.S. 2011, Section 1017.2, is18amended to read as follows:

19 Section 1017.2. The Legislature finds that:

20 1. Oklahoma has a successful home- and community-based services 21 program known as the ADvantage Waiver Program for the frail, elderly 22 and adults with physical disabilities age twenty-one (21) and over 23 who do not have mental retardation an intellectual disability nor a 24 cognitive impairment. The ADvantage Waiver Program provides the

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1 following services: case management, transitional case management, personal care, advanced supportive/restorative, skilled nursing -2 3 home health setting, RN assessment evaluation, occupational therapy, 4 physical therapy, respiratory therapy, speech/language therapy, 5 adult day health, personal care in adult day health, therapy in adult day health, home-delivered meals, NF extended respite, in-home 6 7 respite, in-home extended respite, environmental modifications, hospice, consumer-directed personal care assistant services and 8 9 supports, assisted living, and specialized medical equipment and 10 supplies;

11 2. Many Oklahomans who could safely stay at home with cost-12 effective home- and community-based services go into nursing 13 facilities the day assistance is needed because their eligibility 14 for nursing facility supports is "presumed" by the nursing facility, 15 while eligibility for home and community supports can take weeks or 16 months. If their circumstances are such that they need immediate or 17 urgent care, they lose their choice to live and receive their 18 services at home. Once they are in a nursing facility, they may 19 lose their home or the supports they need to stay at home; and 20 3. The cost of serving Oklahomans who are in nursing facilities 21 when they could be living and receiving services at home is 22 significantly higher than the cost of serving them with home- and

23 community-based services.

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1 SECTION 36. AMENDATORY 56 O.S. 2011, Section 1017.3, is 2 amended to read as follows: 3 Section 1017.3. To be eligible for the ADvantage Waiver 4 Program, a person shall: 5 1. Qualify financially for Medicaid; 2. Be sixty-five (65) years of age or older or be a physically 6 7 disabled adult as determined by the Social Security Administration, age twenty-one (21) years or older without mental retardation an 8 9 intellectual disability or cognitive impairment; 10 3. Be determined to meet the nursing facility institutional level of care by the Aging Services Division of the Department of 11 12 Human Services: 13 4. Reside in his or her own home or a family member's home; and 14 5. Have needs that can be safely met with waiver services and 15 family or community supports. 16 SECTION 37. AMENDATORY 56 O.S. 2011, Section 1025.1, is 17 amended to read as follows: 18 Section 1025.1. For the purposes of this chapter: 19 "Bureau" means the Oklahoma State Bureau of Investigation; 1. 20 "Commission" means the Commission for Human Services; 2. 21 3. "Community services provider" means a community-based 22 program, corporation, or individual who contracts with, or is 23 licensed or funded by, the Department of Human Services to provide 24 residential or vocational services to persons who are elderly or

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persons with mental retardation <u>intellectual</u> or developmental disabilities, or contracts with the Oklahoma Health Care Authority to provide services to individuals with <u>mental retardation</u> <u>intellectual disabilities</u> through a Home and Community-Based Waiver, except a private ICF/MR ICF/IID;

4. 3. "Community services worker" means any person employed by 6 7 or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, 8 9 training, or supportive assistance to persons who are elderly or 10 persons with developmental disabilities, and who is not a licensed 11 health professional or any person who contracts with the Oklahoma 12 Health Care Authority to provide specialized foster care, 13 habilitation training specialist services, or homemaker services to 14 persons with developmental disabilities;

15 <u>5. 4.</u> "Department" means the Department of Human Services;
16 <u>6. 5.</u> "Developmental disability" means a severe, chronic
17 disability of a person which:

 18
 a. is attributable to a mental or physical impairment or

 19
 combination of mental and physical impairments, such

 20
 as mental retardation an intellectual development

 21
 disorder, cerebral palsy, or autism,

 22
 b. is manifested before the person attains twenty-two

 23
 (22) years of age,

24 c. is likely to continue indefinitely,

1	d.	results in substantial functional limitations in three
2		or more of the following areas of major life activity:
3		(1) self-care,
4		(2) receptive and expressive language,
5		(3) learning,
6		(4) mobility,
7		(5) self-direction,
8		(6) capacity for independent living, and
9		(7) economic self-sufficiency, and
10	e.	reflects the person's need for a combination and
11		sequence of special, interdisciplinary, or generic
12		care, treatment, or other services which are of
13		lifelong or extended duration and are individually
14		planned and coordinated;
15	7 6 ""	Valth-related corvices" means these corvices provided

15 7. 6. "Health-related services" means those services provided 16 by community services providers or community services workers to 17 persons who are elderly or persons with developmental disabilities 18 that include, but are not limited to, personal hygiene, 19 transferring, range of motion, supervision or assistance in 20 activities of daily living, basic nursing care such as taking 21 temperature, pulse or respiration, positioning, incontinent care, 22 and identification of signs and symptoms of disease. Certain tasks 23 that may be performed as basic nursing care by community services 24 workers require appropriate training provided or approved by the

1 Department, written agreement by the service recipient's personal 2 support team, and the primary care physician's acknowledgement and specific order related to the task. Under such circumstances, basic 3 4 nursing care may include, but need not be limited to: 5 a. nutrition, including meals by gastrostomy tube or jejeunostomy tube, 6 7 b. blood glucose monitoring, ostomy bag care, 8 с. 9 d. oral suctioning, and 10 e. administration of oral metered dose inhalers and 11 nebulizers; 12 8. 7. "Supportive assistance" means the service rendered to 13 persons with developmental disabilities which is sufficient to 14 enable such person to meet an adequate level of daily living. 15 Supportive assistance includes, but is not limited to, training, 16 supervision, assistance in housekeeping, assistance in the 17 preparation of meals, and assistance in activities of daily living 18 as necessary for the health and comfort of persons with 19 developmental disabilities; 9. 8. "Maltreatment" means abuse, verbal abuse, sexual abuse, 20

neglect, financial neglect, exploitation or sexual exploitation of vulnerable adults as defined in Section 10-103 of Title 43A of the Oklahoma Statutes or abuse, neglect, sexual abuse or sexual

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1 exploitation of children as defined in Section 1-1-105 of Title 10A
2 of the Oklahoma Statutes;

10. 9. "Personal care" means a level of assistance provided in 3 the home of an individual to meet the individual's activities of 4 5 daily living needs such as bathing, grooming, meal preparation, light housekeeping, laundry, and care plan-directed errands; 6 7 11. 10. "Medicaid personal care services provider" means a program, corporation or individual who provides services under the 8 9 state Medicaid program personal care program or Advantage Waiver to 10 individuals who are elderly or who have a physical disability; 12. 11. "Medicaid personal care assistant" means a person who 11 provides Medicaid services funded under the state Medicaid program 12 13 personal care program, who is not a certified nurse aide or a 14 licensed professional; 15 13. 12. "Specialized foster care" means the home- and 16 community-based service as defined in the 1915(c) waiver approved by 17 the Centers for Medicare and Medicaid Services; 18 14. 13. "Habilitation training specialist services" means the 19 home- and community-based service as defined in the 1915 (c) waiver 20 approved by the Centers for Medicare and Medicaid Services; 21 15. 14. "Homemaker services" means the home- and community-22 based service as defined in the 1915(c) waiver approved by the

23 Centers for Medicare and Medicaid Services.

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1SECTION 38.AMENDATORY56 O.S. 2011, Section 1030.1, is2amended to read as follows:

3 Section 1030.1. A. The Department of Human Services may, upon 4 its own initiative or at the request of an owner, operator or 5 resident of any agency providing residential services to people individuals with mental retardation intellectual disabilities, or at 6 7 the request of a resident's guardian or relative, petition the court to appoint a receiver to take possession of and operate an agency 8 9 providing residential services, except a facility subject to the 10 provisions of the Nursing Home Care Act. When requested to file a 11 petition, the Department of Human Services shall determine if proper 12 cause exists, and shall take whatever steps are necessary to protect 13 the health, welfare and safety of residents including, if necessary, 14 petitioning the court to place the agency under the control of a 15 receiver to ensure that the residents receive adequate care.

16 B. Upon the filing of a petition by the Department of Human 17 Services, subject to other provisions of this article, a court may 18 appoint a receiver to take possession of and operate an agency 19 licensed by or contracting with the Department of Human Services or 20 the Oklahoma Health Care Authority to provide community residential 21 supports to individuals with mental retardation or other 22 developmental or intellectual disabilities when there is actual, 23 imminent or substantial risk of serious physical or mental harm or 24

1 death to residents, and no other remedies at law are adequate to 2 protect the health, safety and welfare of the residents.

3 C. Conditions and factors which may result in mental or
4 physical harm or death, or risk of harm or death, as described in
5 subsection B of this section include, but are not limited to,
6 instances when any of the following occur:

7 1. The residential agency has violated, or has demonstrated a
8 pattern and practice of repeated violations of, state or federal
9 law, rule or regulation which affect health and safety;

The residential agency is in the process of terminating
 services or intends to cease operations, and arrangements for
 relocating residents are dangerously inadequate; or

3. The residential agency is insolvent as defined in subsection
C of Section 16 of this act 1030.2 of this title, and a receivership
is necessary to protect the health and safety of the residents.

16 D. Petitions filed pursuant to this section shall include the 17 following:

A description of the specific conditions, conduct, or
 occurrences existing at the agency which have resulted in serious
 physical or mental harm or death or which present a substantial risk
 of serious physical or mental harm or death to residents;

22 2. A statement explaining why other remedies of law are23 inadequate;

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3. The number of individuals receiving residential services
 from the agency who have been seriously harmed or died, or are at
 substantial risk of such harm or death;

4 4. A statement that the facts have been brought to the
5 attention of the owner or administrator and that conditions have not
6 been remedied within a reasonable period of time or that the
7 conditions, though remedied periodically, habitually exist at the
8 agency as a pattern or practice;

9 5. The name and address of the persons holding a contract for 10 the agency or serving as the duly authorized agent of the contract 11 and the address of a designated representative for the Director of 12 the Department of Human Services and the Administrator of the 13 Oklahoma Health Care Authority; and

14 6. A listing of any other reasons that may apply as set forth15 in this subsection.

E. No party, attorney, or person interested in an action shall be appointed a receiver pursuant to this section. To assist the court in identifying persons qualified to be named as receivers, the Director of the Department of Human Services or the Director's designee shall maintain a list of the names of such persons that the court may consider.

F. The court may award to a residential agency appropriate costs and expenses, including reasonable attorney fees, if the court determines that a petitioner has initiated a proceeding in bad faith

or merely for the purpose of harassing or embarrassing the
 residential agency.

3 SECTION 39. AMENDATORY 56 O.S. 2011, Section 2002, as 4 last amended by Section 1, Chapter 183, O.S.L. 2013 (56 O.S. Supp. 5 2018, Section 2002), is amended to read as follows:

6 Section 2002. A. For the purpose of providing quality care 7 enhancements, the Oklahoma Health Care Authority is authorized to and shall assess a Nursing Facilities Quality of Care Fee pursuant 8 9 to this section upon each nursing facility licensed in this state. 10 Facilities operated by the Oklahoma Department of Veterans Affairs shall be exempt from this fee. Quality of care enhancements 11 12 include, but are not limited to, the purposes specified in this section. 13

14 B. As a basis for determining the Nursing Facilities Quality of 15 Care Fee assessed upon each licensed nursing facility, the Authority 16 shall calculate a uniform per-patient day rate. The rate shall be 17 calculated by dividing six percent (6%) of the total annual patient 18 gross receipts of all licensed nursing facilities in this state by 19 the total number of patient days for all licensed nursing facilities 20 in this state. The result shall be the per-patient day rate. 21 Beginning July 15, 2004, the Nursing Facilities Quality of Care Fee 22 shall not be increased unless specifically authorized by the 23 Legislature.

24

C. Pursuant to any approved Medicaid waiver and pursuant to
 subsection N of this section, the Nursing Facilities Quality of Care
 Fee shall not exceed the amount or rate allowed by federal law for
 nursing home licensed bed days.

5 D. The Nursing Facilities Quality of Care Fee owed by a 6 licensed nursing facility shall be calculated by the Authority by 7 adding the daily patient census of a licensed nursing facility, as 8 reported by the facility for each day of the month, and by 9 multiplying the ensuing figure by the per-patient day rate 10 determined pursuant to the provisions of subsection B of this 11 section.

E. Each licensed nursing facility which is assessed the Nursing Facilities Quality of Care Fee shall be required to file a report on a monthly basis with the Authority detailing the daily patient census and patient gross receipts at such time and in such manner as required by the Authority.

F. 1. The Nursing Facilities Quality of Care Fee for a
licensed nursing facility for the period beginning October 1, 2000,
shall be determined using the daily patient census and annual
patient gross receipts figures reported to the Authority for the
calendar year 1999 upon forms supplied by the Authority.

22 2. Annually the Nursing Facilities Quality of Care Fee shall be23 determined by:

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1 using the daily patient census and patient gross a. 2 receipts reports received by the Authority for the 3 most recent available twelve (12) months, and 4 annualizing those figures. b. 5 Each year thereafter, the annualization of the Nursing Facilities Quality of Care Fee specified in this paragraph shall be 6 7 subject to the limitation in subsection B of this section unless the provision of subsection C of this section is met. 8 9 G. The payment of the Nursing Facilities Quality of Care Fee by licensed nursing facilities shall be an allowable cost for Medicaid 10 11 reimbursement purposes. 12 There is hereby created in the State Treasury a Η. 1. 13 revolving fund to be designated the "Nursing Facility Quality of 14 Care Fund". 15 The fund shall be a continuing fund, not subject to fiscal 2. 16 year limitations, and shall consist of: 17 all monies received by the Authority pursuant to this a. 18 section and otherwise specified or authorized by law, 19 b. monies received by the Authority due to federal 20 financial participation pursuant to Title XIX of the 21 Social Security Act, and 22 с. interest attributable to investment of money in the

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fund.

1	3.	All ı	monies accruing to the credit of the fund are hereby
2	appropr	iated	and shall be budgeted and expended by the Authority
3	for:		
4		a.	reimbursement of the additional costs paid to
5			Medicaid-certified nursing facilities for purposes
6			specified by Sections 1-1925.2, 5022.1 and 5022.2 of
7			Title 63 of the Oklahoma Statutes,
8		b.	reimbursement of the Medicaid rate increases for
9			intermediate care facilities for the mentally retarded
10			(ICFs/MR) individuals with intellectual disabilities
11			(ICFs/IID),
12		с.	nonemergency transportation services for Medicaid-
13			eligible nursing home clients,
14		d.	eyeglass and denture services for Medicaid-eligible
15			nursing home clients,
16		e.	ten additional ombudsmen employed by the Department of
17			Human Services,
18		f.	ten additional nursing facility inspectors employed by
19			the State Department of Health,
20		g.	pharmacy and other Medicaid services to qualified
21			Medicare beneficiaries whose incomes are at or below
22			one hundred percent (100%) of the federal poverty
23			level; provided however, pharmacy benefits authorized
24			for such qualified Medicare beneficiaries shall be

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1 suspended if the federal government subsequently 2 extends pharmacy benefits to this population, costs incurred by the Authority in the administration 3 h. 4 of the provisions of this section and any programs 5 created pursuant to this section, i. durable medical equipment and supplies services for 6 7 Medicaid-eligible elderly adults, and j. personal needs allowance increases for residents of 8 9 nursing homes and Intermediate Care Facilities for the 10 Mentally Retarded (ICFs/MR) Intellectually Disabled 11 (ICFs/IID) from Thirty Dollars (\$30.00) to Fifty 12 Dollars (\$50.00) per month per resident. 13 4. Expenditures from the fund shall be made upon warrants 14 issued by the State Treasurer against claims filed as prescribed by

15 law with the Director of the Office of Management and Enterprise16 Services for approval and payment.

5. The fund and the programs specified in this section funded
by revenues collected from the Nursing Facilities Quality of Care
Fee pursuant to this section are exempt from budgetary cuts,
reductions, or eliminations.

6. The Medicaid rate increases for intermediate care facilities
for the mentally retarded (ICFs/MR) individuals with intellectual
disabilities (ICFs/IID) shall not exceed the net Medicaid rate
increase for nursing facilities including, but not limited to, the

Medicaid rate increase for which Medicaid-certified nursing
 facilities are eligible due to the Nursing Facilities Quality of
 Care Fee less the portion of that increase attributable to treating
 the Nursing Facilities Quality of Care Fee as an allowable cost.

7. The reimbursement rate for nursing facilities shall be made
in accordance with Oklahoma's Medicaid reimbursement rate
methodology and the provisions of this section.

8 8. No nursing facility shall be guaranteed, expressly or
9 otherwise, that any additional costs reimbursed to the facility will
10 equal or exceed the amount of the Nursing Facilities Quality of Care
11 Fee paid by the nursing facility.

12 I. 1. In the event that federal financial participation 13 pursuant to Title XIX of the Social Security Act is not available to 14 the Oklahoma Medicaid program, for purposes of matching expenditures 15 from the Nursing Facility Quality of Care Fund at the approved 16 federal medical assistance percentage for the applicable fiscal 17 year, the Nursing Facilities Quality of Care Fee shall be null and 18 void as of the date of the nonavailability of such federal funding, 19 through and during any period of nonavailability.

20 2. In the event of an invalidation of this section by any court 21 of last resort under circumstances not covered in subsection J of 22 this section, the Nursing Facilities Quality of Care Fee shall be 23 null and void as of the effective date of that invalidation.

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3. In the event that the Nursing Facilities Quality of Care Fee
 is determined to be null and void for any of the reasons enumerated
 in this subsection, any Nursing Facilities Quality of Care Fee
 assessed and collected for any periods after such invalidation shall
 be returned in full within sixty (60) days by the Authority to the
 nursing facility from which it was collected.

7 If any provision of this section or the application J. 1. thereof shall be adjudged to be invalid by any court of last resort, 8 9 such judgment shall not affect, impair or invalidate the provisions 10 of the section, but shall be confined in its operation to the provision thereof directly involved in the controversy in which such 11 12 judgment was rendered. The applicability of such provision to other 13 persons or circumstances shall not be affected thereby.

14 2. This subsection shall not apply to any judgment that affects 15 the rate of the Nursing Facilities Quality of Care Fee, its 16 applicability to all licensed nursing homes in the state, the usage 17 of the fee for the purposes prescribed in this section, and/or the 18 ability of the Authority to obtain full federal participation to 19 match its expenditures of the proceeds of the fee.

20 K. The Authority shall promulgate rules for the implementation 21 and enforcement of the Nursing Facilities Quality of Care Fee 22 established by this section.

L. The Authority shall provide for administrative penalties in
 the event nursing facilities fail to:

1	1.	Submit the Quality of Care Fee;		
2	2.	Submit the fee in a timely manner;		
3	3.	Submit reports as required by this section; or		
4	4.	Submit reports timely.		
5	М. 2	As used in this section:		
6	1.	"Nursing facility" means any home, establishment or		
7	institution, or any portion thereof, licensed by the State			
8	Department of Health as defined in Section 1-1902 of Title 63 of the			
9	Oklahoma Statutes;			
10	2.	"Medicaid" means the medical assistance program established		
11	in Title	XIX of the federal Social Security Act and administered in		
12	this sta	te by the Authority;		
13	3.	"Patient gross revenues" means gross revenues received in		
14	compensa	tion for services provided to residents of nursing		
15	faciliti	es including, but not limited to, client participation. The		
16	term "patient gross revenues" shall not include amounts received by			
17	nursing	facilities as charitable contributions; and		
18	4.	"Additional costs paid to Medicaid-certified nursing		
19	faciliti	es under Oklahoma's Medicaid reimbursement methodology"		
20	means bo [.]	th state and federal Medicaid expenditures including, but		
21	not limi [.]	ted to, funds in excess of the aggregate amounts that would		
22	otherwise	e have been paid to Medicaid-certified nursing facilities		
23	under the	e Medicaid reimbursement methodology which have been updated		
24	for infla	ationary, economic, and regulatory trends and which are in		

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effect immediately prior to the inception of the Nursing Facilities
 Quality of Care Fee.

N. 1. As per any approved federal Medicaid waiver, the assessment rate subject to the provision of subsection C of this section is to remain the same as those rates that were in effect prior to January 1, 2012, for all state-licensed continuum of care facilities.

2. Any facilities that made application to the State Department 8 9 of Health to become a licensed continuum of care facility no later 10 than January 1, 2012, shall be assessed at the same rate as those 11 facilities assessed pursuant to paragraph 1 of this subsection; 12 provided, that any facility making said the application shall 13 receive the license on or before September 1, 2012. Any facility 14 that fails to receive such license from the State Department of 15 Health by September 1, 2012, shall be assessed at the rate 16 established by subsection C of this section subsequent to September 17 1, 2012.

0. If any provision of this section, or the application thereof, is determined by any controlling federal agency, or any court of last resort to prevent the state from obtaining federal financial participation in the state's Medicaid program, such provision shall be deemed null and void as of the date of the nonavailability of such federal funding and through and during any

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period of nonavailability. All other provisions of the bill shall
 remain valid and enforceable.

3 SECTION 40. AMENDATORY 56 O.S. 2011, Section 343, is 4 amended to read as follows:

5 Section 343. The Commission for Department of Human Services 6 and the University Hospitals Authority shall enter into cooperative 7 agreements between the University Hospitals Authority and the state 8 schools for the mentally retarded individuals with intellectual 9 <u>disabilities</u> in the development of basic medical services programs 10 at the schools for the mentally retarded <u>individuals with</u>

11 <u>intellectual disabilities</u>; provided, that the University Hospitals 12 Authority shall not have the responsibility for implementing such 13 programs or for providing medical services at the schools for the 14 <u>mentally retarded individuals with intellectual disabilities</u>.

15 SECTION 41. AMENDATORY 56 O.S. 2011, Section 347, is 16 amended to read as follows:

17 Section 347. The Department of Human Services is hereby 18 authorized to contract for the services of guardians and 19 conservators who will act on behalf of individuals that are 20 recipients of services through the agency's programs including, but 21 not limited to, the program for the mentally retarded individuals 22 with intellectual disabilities and the adult protective services 23 program. The Department is authorized to reimburse such guardians 24 and conservators for any expenses determined to be reimburseable by

1 the Department and incurred as a result of their services as 2 guardian or conservator.

3 SECTION 42. AMENDATORY 56 O.S. 2011, Section 530.2, is 4 amended to read as follows:

Section 530.2. A. It is the purpose and policy of the Oklahoma
Adult Companion Home Certification Act to ensure maintenance of
minimum standards for the care and protection of mentally retarded
or developmentally disabled adults with intellectual or
developmental disability, and to encourage and assist adult

10 companion homes in achieving maximum standards.

B. In order to provide care for mentally retarded or
developmentally disabled adults with intellectual or developmental
disability in adult companion homes, a certificate shall be obtained
from the Department of Human Services. Such certificate shall be
issued on the basis of meeting minimum standards which are essential
for the health and welfare of any mentally retarded or

17 developmentally disabled adult with intellectual or developmental

18 disability placed for care in such home.

19SECTION 43.AMENDATORY56 O.S. 2011, Section 530.3, is20amended to read as follows:

Section 530.3. For purposes of the provisions of the Oklahoma
Adult Companion Home Certification Act:

23 1. "Department" means the Department of Human Services; and 24

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2. "Adult companion home" means any home or establishment,
 funded and certified by the Department of Human Services, which
 provides homelike residential accommodations and supportive
 assistance to three or fewer mentally retarded or developmentally
 disabled adults with intellectual or developmental disability.
 SECTION 44. AMENDATORY 56 O.S. 2011, Section 530.6, is
 amended to read as follows:

8 Section 530.6. A. The Department of Human Services shall have 9 authority at any reasonable time to investigate and examine the 10 conditions of any home which receives and cares for mentally 11 retarded or developmentally disabled adults with intellectual or 12 developmental disability. The Department shall have authority at 13 any time to require the home to provide information pertaining to 14 mentally retarded or developmentally disabled adults with

15 <u>intellectual or developmental disability</u> in its care.

B. The State Department of Health may visit any home at the
request of the Department to advise on matters affecting the health
of mentally retarded or developmentally disabled adults with
<u>intellectual or developmental disability</u> and to inspect the
sanitation of the buildings used for their care.

C. The State Bureau of Investigation and the State Fire Marshal shall visit any home at the request of the Department to advise on matters affecting the safety of mentally retarded or developmentally disabled adults with intellectual or developmental disability and to

1 inspect the condition of the buildings in which their care is
2 provided.

D. Information obtained by the Department from any home
regarding mentally retarded or developmentally disabled adults with
<u>intellectual or developmental disability</u> shall be deemed
confidential, and shall be properly safeguarded, and shall not be
accessible to anyone except as herein provided unless upon order of
a court of competent jurisdiction.

9 SECTION 45. AMENDATORY 59 O.S. 2011, Section 367.3, is 10 amended to read as follows:

11 Section 367.3. A. The Board of Pharmacy shall implement 12 statewide a program consistent with public health and safety through 13 which unused prescription drugs, other than prescription drugs 14 defined as controlled dangerous substances in Section 2-101 of Title 15 63 of the Oklahoma Statutes, may be transferred from residential 16 care homes, nursing facilities, assisted living centers, public 17 intermediate care facilities for people individuals with mental 18 retardation (ICF/MR) intellectual disabilities (ICFs/IID) or 19 pharmaceutical manufacturers to pharmacies operated by a county. If 20 no county pharmacy exists, or if a county pharmacy chooses not to 21 participate, such unused prescription medications may be transferred 22 to a pharmacy operated by a city-county health department or a 23 pharmacy under contract with a city-county health department, a 24 pharmacy operated by the Department of Mental Health and Substance

Abuse Services or a charitable clinic for the purpose of
 distributing the unused prescription medications to Oklahoma
 residents who are medically indigent.

B. The Board of Pharmacy shall promulgate rules and establish
procedures necessary to implement the program established by the
Utilization of Unused Prescription Medications Act.

7 C. The Board of Pharmacy shall provide technical assistance to
8 entities who may wish to participate in the program.

9 SECTION 46. AMENDATORY 59 O.S. 2011, Section 887.17, as
10 last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp.
11 2018, Section 887.17), is amended to read as follows:

12 Section 887.17. A. 1. Except for workers' compensation 13 claims, any person licensed under the Physical Therapy Practice Act 14 as a physical therapist shall be able to evaluate and treat human 15 ailments by physical therapy on a patient without a referral from a 16 licensed health care practitioner for a period not to exceed thirty 17 (30) days. Treatment may be provided by a physical therapist 18 assistant under the supervision of a physical therapist. Any 19 treatment provided beyond the thirty-day period shall be only under 20 the referral of a person licensed as a physician or surgeon with 21 unlimited license, or the physician assistant of the person so 22 licensed, and Doctors of Dentistry, Chiropractic and Podiatry and an 23 Advanced Practice Registered Nurse, with those referrals being 24 limited to their respective areas of training and practice.

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1 2. A physical therapist may provide services within the scope 2 of physical therapy practice without a physician referral to 3 children who receive physical therapy services pursuant to the 4 Individuals with Disabilities Education Improvement Act of 2004, as 5 may be amended, and Section 504 of the Rehabilitation Act of 1973, Section 504, as may be amended. Provided further, a plan of care 6 7 developed by a person authorized to provide services within the scope of the Physical Therapy Practice Act shall be deemed to be a 8 9 prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education 10 11 Improvement Act of 2004, as may be amended, and Section 504 of the 12 Rehabilitation Act of 1973, as may be amended.

Nothing in the Physical Therapy Practice Act shall prevent a
 physical therapist from performing screening and educational
 procedures within the scope of physical therapy practice without a
 physician referral.

17 4. Nothing in the Physical Therapy Practice Act shall prevent a
18 physical therapist from performing services that are provided for
19 the purpose of fitness, wellness, or prevention that is not related
20 to the treatment of an injury or ailment.

5. Nothing in the Physical Therapy Practice Act shall be
construed as authorization for a physical therapist or physical
therapist assistant to practice any branch of the healing art.

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6. Any person violating the provisions of the Physical Therapy
 Practice Act shall be guilty of a misdemeanor as per Section 887.16
 of this title.

B. 1. The provisions of the Physical Therapy Practice Act are
not intended to limit the activities of persons legitimately engaged
in the nontherapeutic administration of baths, massage, and normal
exercise.

2. The Physical Therapy Practice Act shall not prohibit 8 9 students who are enrolled in schools of physical therapy approved by 10 the State Board of Medical Licensure and Supervision from performing 11 such work as is incidental to their course of study; nor shall it 12 prevent any student in any recognized school of the healing art in 13 carrying out prescribed courses of study; provided such school is a 14 recognized institution by the statutes of Oklahoma, and its 15 practitioners are duly licensed as prescribed by law.

3. Nothing in the Physical Therapy Practice Act shall apply to any person employed by an agency, bureau, or division of the federal government while in the discharge of official duties; however, if such individual engages in the practice of physical therapy outside the line of official duty, the individual must be licensed as herein provided.

22 SECTION 47. AMENDATORY 62 O.S. 2011, Section 57.32, is 23 amended to read as follows:

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1 Section 57.32. The State of Oklahoma Building Bonds Commission, 2 created by Section 57.302 of Title 62, Oklahoma Statutes 1951, 3 Section 57.1 of the Oklahoma Statutes, acting for and on behalf of 4 the State of Oklahoma, shall be the agency by and through which the 5 State of Oklahoma shall incur indebtedness to the extent of the sum of Thirty-five Million Five Hundred Thousand Dollars 6 7 (\$35,500,000.00) as principal, for the purpose of constructing new buildings and other capital improvements, and for equipping, 8 9 remodeling, modernizing and repairing any and all existing buildings 10 and capital improvements, at the constituent institutions of the 11 Oklahoma State System of Higher Education provided that Five Million 12 Dollars (\$5,000,000.00) thereof shall be used to construct and equip 13 a school and hospital for mentally retarded children with 14 intellectual disabilities in Northeastern Oklahoma pursuant to, and 15 under authority of, Section 34 of Article X of the Constitution of 16 the State of Oklahoma, and this act Section 57.15 et seq. of this 17 title.

18 SECTION 48. AMENDATORY 63 O.S. 2011, Section 1-1925.2, 19 is amended to read as follows:

20 Section 1-1925.2. A. The Oklahoma Health Care Authority shall 21 fully recalculate and reimburse nursing facilities and intermediate 22 care facilities for the mentally retarded (ICFs/MR) individuals with 23 intellectual disabilities (ICFs/IID) from the Nursing Facility 24 Quality of Care Fund beginning October 1, 2000, the average actual,

audited costs reflected in previously submitted cost reports for the cost-reporting period that began July 1, 1998, and ended June 30, 1999, inflated by the federally published inflationary factors for the two (2) years appropriate to reflect present-day costs at the midpoint of the July 1, 2000, through June 30, 2001, rate year.

1. The recalculations provided for in this subsection shall be
consistent for both nursing facilities and intermediate care
facilities for the mentally retarded (ICFs/MR) individuals with
<u>intellectual disabilities (ICFs/IID)</u>, and shall be calculated in the
same manner as has been mutually understood by the long-term care
industry and the Oklahoma Health Care Authority.

The recalculated reimbursement rate shall be implemented
 September 1, 2000.

B. 1. From September 1, 2000, through August 31, 2001, all nursing facilities subject to the Nursing Home Care Act, in addition to other state and federal requirements related to the staffing of nursing facilities, shall maintain the following minimum directcare-staff-to-resident ratios:

a. from 7:00 a.m. to 3:00 p.m., one direct-care staff to
every eight residents, or major fraction thereof,
b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
every twelve residents, or major fraction thereof, and
c. from 11:00 p.m. to 7:00 a.m., one direct-care staff to
every seventeen residents, or major fraction thereof.

2. From September 1, 2001, through August 31, 2003, nursing
 facilities subject to the Nursing Home Care Act and intermediate
 care facilities for the mentally retarded <u>ICFs/IID</u> with seventeen or
 more beds shall maintain, in addition to other state and federal
 requirements related to the staffing of nursing facilities, the
 following minimum direct-care-staff-to-resident ratios:

7 from 7:00 a.m. to 3:00 p.m., one direct-care staff to a. every seven residents, or major fraction thereof, 8 9 b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to 10 every ten residents, or major fraction thereof, and from 11:00 p.m. to 7:00 a.m., one direct-care staff to 11 с. 12 every seventeen residents, or major fraction thereof. 13 3. On and after September 1, 2003, subject to the availability 14 of funds, nursing facilities subject to the Nursing Home Care Act 15 and intermediate care facilities for the mentally retarded ICFs/IID 16 with seventeen or more beds shall maintain, in addition to other 17 state and federal requirements related to the staffing of nursing 18 facilities, the following minimum direct-care-staff-to-resident 19 ratios: 20 from 7:00 a.m. to 3:00 p.m., one direct-care staff to a. 21 every six residents, or major fraction thereof,

b. from 3:00 p.m. to 11:00 p.m., one direct-care staff to
every eight residents, or major fraction thereof, and

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1 from 11:00 p.m. to 7:00 a.m., one direct-care staff to с. 2 every fifteen residents, or major fraction thereof. Effective immediately, facilities shall have the option of 3 4. 4 varying the starting times for the eight-hour shifts by one (1) hour 5 before or one (1) hour after the times designated in this section without overlapping shifts. 6 7 5. On and after January 1, 2004, a facility that has been a. determined by the State Department of Health to have 8

9 been in compliance with the provisions of paragraph 3 10 of this subsection since the implementation date of 11 this subsection, may implement flexible staff 12 scheduling; provided, however, such facility shall 13 continue to maintain a direct-care service rate of at 14 least two and eighty-six one-hundredths (2.86) hours 15 of direct-care service per resident per day. 16 b. At no time shall direct-care staffing ratios in a

17 facility with flexible staff-scheduling privileges 18 fall below one direct-care staff to every sixteen 19 residents, and at least two direct-care staff shall be 20 on duty and awake at all times.

c. As used in this paragraph, "flexible staff-scheduling" means maintaining:

(1) a direct-care-staff-to-resident ratio based on overall hours of direct-care service per resident

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1		per day rate of not less than two and eighty-six
2		one-hundredths (2.86) hours per day,
3		(2) a direct-care-staff-to-resident ratio of at least
4		one direct-care staff person on duty to every
5		sixteen residents at all times, and
6		(3) at least two direct-care staff persons on duty
7		and awake at all times.
8	6. a.	On and after January 1, 2004, the Department shall
9		require a facility to maintain the shift-based, staff-
10		to-resident ratios provided in paragraph 3 of this
11		subsection if the facility has been determined by the
12		Department to be deficient with regard to:
13		(1) the provisions of paragraph 3 of this subsection,
14		(2) fraudulent reporting of staffing on the Quality
15		of Care Report,
16		(3) a complaint and/or survey investigation that has
17		determined substandard quality of care, or
18		(4) a complaint and/or survey investigation that has
19		determined quality-of-care problems related to
20		insufficient staffing.
21	b.	The Department shall require a facility described in
22		subparagraph a of this paragraph to achieve and
23		maintain the shift-based, staff-to-resident ratios
24		provided in paragraph 3 of this subsection for a
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minimum of three (3) months before being considered eligible to implement flexible staff scheduling as defined in subparagraph c of paragraph 5 of this subsection.

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- 5 с. Upon a subsequent determination by the Department that the facility has achieved and maintained for at least 6 7 three (3) months the shift-based, staff-to-resident ratios described in paragraph 3 of this subsection, 8 9 and has corrected any deficiency described in 10 subparagraph a of this paragraph, the Department shall 11 notify the facility of its eligibility to implement flexible staff-scheduling privileges. 12
- 13 7. For facilities that have been granted flexible staffa. 14 scheduling privileges, the Department shall monitor 15 and evaluate facility compliance with the flexible 16 staff-scheduling staffing provisions of paragraph 5 of 17 this subsection through reviews of monthly staffing 18 reports, results of complaint investigations and 19 inspections.
- b. If the Department identifies any quality-of-care
 problems related to insufficient staffing in such
 facility, the Department shall issue a directed plan
 of correction to the facility found to be out of
 compliance with the provisions of this subsection.

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- 1 c. In a directed plan of correction, the Department shall 2 require a facility described in subparagraph b of this 3 paragraph to maintain shift-based, staff-to-resident 4 ratios for the following periods of time:
- 5 (1) the first determination shall require that shift6 based, staff-to-resident ratios be maintained
 7 until full compliance is achieved,
- 8 (2) the second determination within a two-year period 9 shall require that shift-based, staff-to-resident 10 ratios be maintained for a minimum period of six 11 (6) months, and
- 12 (3) the third determination within a two-year period 13 shall require that shift-based, staff-to-resident 14 ratios be maintained for a minimum period of 15 twelve (12) months.

16 C. Effective September 1, 2002, facilities shall post the names 17 and titles of direct-care staff on duty each day in a conspicuous 18 place, including the name and title of the supervising nurse.

D. The State <u>Board Commissioner</u> of Health shall promulgate rules prescribing staffing requirements for intermediate care facilities for <u>the mentally retarded individuals with intellectual</u> <u>disabilities</u> serving six or fewer clients <u>(ICFs/IID-6)</u> and for intermediate care facilities for <u>the mentally retarded individuals</u>

1 with intellectual disabilities serving sixteen or fewer clients
2 (ICFs/IID-16).

E. Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance.

6 When the state Medicaid program reimbursement rate F. 1. 7 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the increases in actual audited costs over and above the actual 8 9 audited costs reflected in the cost reports submitted for the most 10 current cost-reporting period and the costs estimated by the 11 Oklahoma Health Care Authority to increase the direct-care, flexible 12 staff-scheduling staffing level from two and eighty-six one-13 hundredths (2.86) hours per day per occupied bed to three and two-14 tenths (3.2) hours per day per occupied bed, all nursing facilities 15 subject to the provisions of the Nursing Home Care Act and 16 intermediate care facilities for the mentally retarded individuals 17 with intellectual disabilities (ICFs/IID) with seventeen or more 18 beds, in addition to other state and federal requirements related to 19 the staffing of nursing facilities, shall maintain direct-care, 20 flexible staff-scheduling staffing levels based on an overall three 21 and two-tenths (3.2) hours per day per occupied bed.

22 2. When the state Medicaid program reimbursement rate reflects 23 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the 24 increases in actual audited costs over and above the actual audited

1 costs reflected in the cost reports submitted for the most current 2 cost-reporting period and the costs estimated by the Oklahoma Health Care Authority to increase the direct-care flexible staff-scheduling 3 4 staffing level from three and two-tenths (3.2) hours per day per 5 occupied bed to three and eight-tenths (3.8) hours per day per occupied bed, all nursing facilities subject to the provisions of 6 7 the Nursing Home Care Act and intermediate care facilities for the mentally retarded ICFs/IID with seventeen or more beds, in addition 8 9 to other state and federal requirements related to the staffing of 10 nursing facilities, shall maintain direct-care, flexible staff-11 scheduling staffing levels based on an overall three and eight-12 tenths (3.8) hours per day per occupied bed.

13 3. When the state Medicaid program reimbursement rate reflects 14 the sum of Ninety-four Dollars and eleven cents (\$94.11), plus the 15 increases in actual audited costs over and above the actual audited 16 costs reflected in the cost reports submitted for the most current 17 cost-reporting period and the costs estimated by the Oklahoma Health 18 Care Authority to increase the direct-care, flexible staff-19 scheduling staffing level from three and eight-tenths (3.8) hours 20 per day per occupied bed to four and one-tenth (4.1) hours per day 21 per occupied bed, all nursing facilities subject to the provisions 22 of the Nursing Home Care Act and intermediate care facilities for 23 the mentally retarded ICFs/IID with seventeen or more beds, in 24 addition to other state and federal requirements related to the

1 staffing of nursing facilities, shall maintain direct-care, flexible
2 staff-scheduling staffing levels based on an overall four and one3 tenth (4.1) hours per day per occupied bed.

4 4. The Board Commissioner shall promulgate rules for shift5 based, staff-to-resident ratios for noncompliant facilities denoting
6 the incremental increases reflected in direct-care, flexible staff7 scheduling staffing levels.

5. In the event that the state Medicaid program reimbursement 9 rate for facilities subject to the Nursing Home Care Act, and 10 intermediate care facilities for the mentally retarded <u>ICFs/IID</u> 11 having seventeen or more beds is reduced below actual audited costs, 12 the requirements for staffing ratio levels shall be adjusted to the 13 appropriate levels provided in paragraphs 1 through 4 of this 14 subsection.

G. For purposes of this subsection:

16 1. "Direct-care staff" means any nursing or therapy staff who 17 provides direct, hands-on care to residents in a nursing facility; 18 and

Prior to September 1, 2003, activity and social services
 staff who are not providing direct, hands-on care to residents may
 be included in the direct-care-staff-to-resident ratio in any shift.
 On and after September 1, 2003, such persons shall not be included
 in the direct-care-staff-to-resident ratio.

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H. 1. The Oklahoma Health Care Authority shall require all
nursing facilities subject to the provisions of the Nursing Home
Care Act and intermediate care facilities for the mentally retarded
<u>ICFs/IID</u> with seventeen or more beds to submit a monthly report on
staffing ratios on a form that the Authority shall develop.

2. The report shall document the extent to which such
facilities are meeting or are failing to meet the minimum directcare-staff-to-resident ratios specified by this section. Such
report shall be available to the public upon request.

3. The Authority may assess administrative penalties for the failure of any facility to submit the report as required by the Authority. Provided, however:

a. administrative penalties shall not accrue until the
Authority notifies the facility in writing that the
report was not timely submitted as required, and
b. a minimum of a one-day penalty shall be assessed in
all instances.

18 4. Administrative penalties shall not be assessed for19 computational errors made in preparing the report.

20 5. Monies collected from administrative penalties shall be 21 deposited in the Nursing Facility Quality of Care Fund and utilized 22 for the purposes specified in the Oklahoma Healthcare Initiative 23 Act.

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1	I. 1. All entities regulated by this state that provide long-
2	term care services shall utilize a single assessment tool to
3	determine client services needs. The tool shall be developed by the
4	Oklahoma Health Care Authority in consultation with the State
5	Department of Health.
6	2. a. The Oklahoma Nursing Facility Funding Advisory
7	Committee is hereby created and shall consist of the
8	following:
9	(1) four members selected by the Oklahoma Association
10	of Health Care Providers,
11	(2) three members selected by the Oklahoma
12	Association of Homes and Services for the Aging,
13	and
14	(3) two members selected by the State Council on
15	Aging.
16	The Chair shall be elected by the committee. No state
17	employees may be appointed to serve.
18	b. The purpose of the advisory committee will be to
19	develop a new methodology for calculating state
20	Medicaid program reimbursements to nursing facilities
21	by implementing facility-specific rates based on
22	expenditures relating to direct care staffing. No
23	nursing home will receive less than the current rate
24	

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at	the ti	me of	imp	lemer	itation	of	facility-specific
rate	es pur	suant	to	this	subpara	agra	aph.

- c. The advisory committee shall be staffed and advised by the Oklahoma Health Care Authority.
- 5 d. The new methodology will be submitted for approval to the Board of the Oklahoma Health Care Authority by 6 7 January 15, 2005, and shall be finalized by July 1, 2005. The new methodology will apply only to new 8 9 funds that become available for Medicaid nursing 10 facility reimbursement after the methodology of this 11 paragraph has been finalized. Existing funds paid to 12 nursing homes will not be subject to the methodology 13 of this paragraph. The methodology as outlined in 14 this paragraph will only be applied to any new funding 15 for nursing facilities appropriated above and beyond 16 the funding amounts effective on January 15, 2005. 17 The new methodology shall divide the payment into two e. 18 components:
 - (1) direct care which includes allowable costs for registered nurses, licensed practical nurses, certified medication aides and certified nurse aides. The direct care component of the rate shall be a facility-specific rate, directly
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1			related to each facility's actual expenditures on
2			direct care, and
3		(2)	other costs.
4	f.	The	Oklahoma Health Care Authority, in calculating the
5		base	year prospective direct care rate component,
6		shal	l use the following criteria:
7		(1)	to construct an array of facility per diem
8			allowable expenditures on direct care, the
9			Authority shall use the most recent data
10			available. The limit on this array shall be no
11			less than the ninetieth percentile,
12		(2)	each facility's direct care base-year component
13			of the rate shall be the lesser of the facility's
14			allowable expenditures on direct care or the
15			limit,
16		(3)	other rate components shall be determined by the
17			Oklahoma Nursing Facility Funding Advisory
18			Committee in accordance with federal regulations
19			and requirements, and
20		(4)	rate components in divisions (2) and (3) of this
21			subparagraph shall be re-based and adjusted for
22			inflation when additional funds are made
23			available.
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3. The Department of Human Services shall expand its statewide
 toll-free, Senior-Info Line for senior citizen services to include
 assistance with or information on long-term care services in this
 state.

4. The Oklahoma Health Care Authority shall develop a nursing
facility cost-reporting system that reflects the most current costs
experienced by nursing and specialized facilities. The Oklahoma
Health Care Authority shall utilize the most current cost report
data to estimate costs in determining daily per diem rates.

10 J. 1. When the state Medicaid program reimbursement rate 11 reflects the sum of Ninety-four Dollars and eleven cents (\$94.11), 12 plus the increases in actual audited costs, over and above the 13 actual audited costs reflected in the cost reports submitted for the 14 most current cost-reporting period, and the direct-care, flexible 15 staff-scheduling staffing level has been prospectively funding at 16 four and one-tenth (4.1) hours per day per occupied bed, the 17 Authority may apportion funds for the implementation of the 18 provisions of this section.

The Authority shall make application to the United States
 Centers for Medicare and Medicaid Service for a waiver of the
 uniform requirement on health-care-related taxes as permitted by
 Section 433.72 of 42 C.F.R.

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3. Upon approval of the waiver, the Authority shall develop a
 program to implement the provisions of the waiver as it relates to
 all nursing facilities.

4 SECTION 49. AMENDATORY 63 O.S. 2011, Section 1-219, is 5 amended to read as follows:

6 Section 1-219. The board of county commissioners of any county, 7 or the board of county commissioners of two or more counties jointly, is hereby authorized, at the option and approval of said 8 9 the board or boards, to conduct a child guidance program, and/or 10 community health center and/or community facility for the mentally 11 retarded individuals with intellectual disabilities, separate and 12 apart from or in conjunction with the county department of health, 13 and to request as a part of the county budget an appropriation of 14 not to exceed an amount equal to the net proceeds of a levy of 15 three-fourths (3/4) mill on the dollar valuation of taxable property 16 in the county for such purpose or purposes; and to employ personnel, 17 within the limits of such funds, to conduct such program or 18 Provided, that any center or facility for mental health programs. 19 services established or maintained hereunder shall first be approved 20 by the State Director of Mental Health on advice of the Board of 21 Mental Health and shall operate under the guidelines of the Oklahoma 22 Mental Health Services Act; and any center or facility for mental 23 retardation intellectual disability services established or 24 maintained hereunder shall first be approved by the Director of the

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Department of Institutions, Social and Rehabilitative Services on the advice of the Oklahoma Welfare Commission and shall operate under regulations prescribed by the Oklahoma Public Welfare Commission Human Services.

5 SECTION 50. AMENDATORY 63 O.S. 2011, Section 1-222.1, is 6 amended to read as follows:

7 Section 1-222.1. A. Every county or combination of counties desirous of establishing a mental health center and/or facilities 8 9 for the mentally retarded individuals with intellectual disabilities 10 shall establish a community mental health board and/or mental 11 retardation intellectual disability governing board each of which 12 shall be composed of not less than seven (7) members. The members 13 of such governing boards shall be appointed by the board of county 14 commissioners of said the county. The term of office of members of 15 the governing board shall be three (3) years, except that of the 16 members first appointed the term of three members shall be for one 17 (1) year, and the term of two members shall be for two (2) years. 18 All members shall serve without pay.

B. When any combination of counties desires to establish a mental health center and/or facilities for the mentally retarded individuals with intellectual disabilities, the chairman chair of the board of county commissioners of each participating county shall appoint two (2) members of a selection committee, which committee shall select the governing board.

1SECTION 51.AMENDATORY63 O.S. 2011, Section 1-222.2, is2amended to read as follows:

3 Section 1-222.2. The duties of each of the governing boards 4 shall be:

5 1. For the community mental health board, the duties prescribed
6 by the Community Mental Health Services Act, Sections 601 through
7 609, Title 43A, Oklahoma Statutes; and

8 2. For the mental retardation <u>intellectual disability</u> board,
9 the duties prescribed for the Oklahoma Welfare Commission <u>Department</u>
10 <u>of Human Services</u> by Sections 301 through 335, Title 43A, Oklahoma
11 Statutes.

 12
 SECTION 52.
 AMENDATORY
 63 O.S. 2011, Section 1-502.1, as

 13
 amended by Section 1, Chapter 246, O.S.L. 2013 (63 O.S. Supp. 2018,

 14
 Section 1-502.1), is amended to read as follows:

15 Section 1-502.1. A. All agencies and organizations that 16 regularly employ emergency medical technicians, paramedics, 17 firefighters, peace officers, as defined in Section 648 of Title 21 18 of the Oklahoma Statutes, correctional officers and employees, or 19 health care workers, all mental health or mentally retarded 20 intellectual disability treatment or evaluation programs that employ 21 persons involved with providing care for patients, the J.D. McCarty 22 Center for Children with Developmental Disabilities, and all 23 juvenile institutions of the Department of Human Services shall 24 implement the universal precautions for the prevention of the

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1 transmission of communicable diseases published by the Centers for 2 Disease Control, U.S. Public Health Service, in the Morbidity and 3 Mortality Weekly Report, Volume 36, Number 2S or as subsequently 4 amended.

5 в. The State Board Commissioner of Health shall promulgate rules and guidelines that will implement a system of notification of 6 7 emergency medical technicians, paramedics, firefighters, health care workers, funeral directors, peace officers, and any person who in 8 9 good faith renders aid in accordance with the Good Samaritan Act 10 relating to risk exposures during health care activities, emergency 11 response activities or funeral preparations. Risk exposure shall be 12 defined by the State Board Commissioner of Health to be exposure 13 that is epidemiologically demonstrated to have the potential for 14 transmitting a communicable disease.

C. The Board of Mental Health and Substance Abuse Services,
Department of Human Services, Oklahoma Cerebral Palsy Commission,
and State Board of Corrections shall each promulgate rules,
guidelines or policies to provide for such notification of risk
exposures to persons employed by such agencies.

20SECTION 53.AMENDATORY63 O.S. 2011, Section 1-533, is21amended to read as follows:

22 Section 1-533. A. The State <u>Board Commissioner</u> of Health shall 23 provide, pursuant to the provisions of Section 1-534 of this title<u>,</u> 24 as technologies and funds become available, an intensive educational

and newborn screening program among physicians, hospitals, public health nurses, and the public concerning phenylketonuria, related inborn metabolic disorders, and other genetic or biochemical disorders for which:

5 1. Newborn screening will provide early treatment and 6 management opportunities that might not be available without 7 screening; and

8 2. Treatment and management will prevent mental retardation
 9 <u>intellectual disabilities</u> and/or reduce infant morbidity and
 10 mortality.

B. This educational and newborn screening program shall include information about:

13 1. The nature of the diseases;

14 2. Examinations for the detection of the diseases in infancy; 15 and

16 3. Follow-up measures to prevent the morbidity and mortality 17 resulting from these diseases.

C. For purposes of this section, "phenylketonuria" means an inborn error of metabolism attributable to a deficiency of or a defect in phenylalanine hydroxylase, the enzyme that catalyzes the conversion of phenylalanine to tyrosine. The deficiency permits the accumulation of phenylalanine and its metabolic products in the body fluids. The deficiency can result in mental retardation intellectual disabilities (phenylpyruvic oligophrenia), neurologic

1	manifestations (including hyperkinesia, epilepsy, and microcephaly),				
2	light pigmentation, and eczema. The disorder is transmitted as an				
3	autosomal recessive trait and can be treated by administration of a				
4	diet low in phenylalanine.				
5	D. The State Board of Health <u>Commissioner</u> shall promulgate any				
6	rules necessary to effectuate the provision of this section.				
7	SECTION 54. AMENDATORY 63 O.S. 2011, Section 1-851.1, is				
8	amended to read as follows:				
9	Section 1-851.1. For purposes of the Long-term Care Certificate				
10	of Need Act:				
11	1. "Board" means the State Board of Health;				
12	2. "Commissioner" means the State Commissioner of Health;				
13	3. "Department" means the State Department of Health;				
14	4. "Long-term care facility" means:				
15	a. a nursing facility or a specialized facility, as such				
16	terms are defined by Section 1-1902 of this title,				
17	b. skilled nursing care provided in a distinct part of a				
18	hospital as such term is defined by Section 1-701 of				
19	this title,				
20	c. the nursing care component of a continuum of care				
21	facility, as such term is defined under the Continuum				
22	of Care and Assisted Living Act, or				
23					
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2 3 4 5 6 7	5. applica:		such term is defined by the Long-term Care Insurance Act; losure statement" means a written statement by the
4 5 6			
5 6			losure statement" means a written statement by the
6	applica		
		nt wni	ch contains:
7		a.	the full name, business address, and social security
-			number of the applicant, and all persons with
8			controlling interest as defined by the Long-term Care
9			Certificate of Need Act,
10		b.	the full name and address of any legal entity in which
11			the applicant holds a debt or equity interest of at
12			least five percent (5%), or which is a parent company
13			or subsidiary of the applicant,
14		C.	a description of the experience and credentials of the
15			applicant, including any past or present permits,
16			licenses, certifications, or operational
17			authorizations relating to long-term care facility
18			regulation,
19		d.	a listing and explanation of any administrative, civil
20			or criminal legal actions against the applicant or any
21			person with a controlling interest which resulted in a
22			final agency order or final judgment by a court of
23			record including, but not limited to, final orders or
24			judgments on appeal related to long-term care in the

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1 five (5) years immediately preceding the filing of the 2 application. Such actions shall include, without 3 limitation, any permit denial or any sanction imposed 4 by a state regulatory authority or the Centers for 5 Medicare and Medicaid Services, and a listing of any federal long-term care agency and any 6 e. 7 state long-term care agency outside this state that has or has had regulatory responsibility over the 8 9 applicant;

10 6. "History of noncompliance" means three standard or complaint 11 surveys found to be at the substandard quality of care level when 12 the facility does not achieve compliance by date certain in a 13 nursing facility or specialized facility for persons with 14 Alzheimer's disease or related disorders. Additionally, "history of 15 noncompliance" for an intermediate care or specialized facility for 16 persons with mental retardation intellectual disabilities means 17 three consecutive routine or complaint surveys that resulted in 18 determinations that the facility was out of compliance with two or 19 more Conditions of Participation in the Medicaid program within the 20 preceding thirty-six (36) months when the facility does not achieve 21 compliance within sixty (60) days;

7. "Person" means any individual, corporation, industry, firm, partnership, association, venture, trust, institution, federal,

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1 state or local governmental instrumentality, agency or body or any 2 other legal entity however organized; and

3 8. "Person with a controlling interest" means a person who
4 meets any one or more of the following requirements:

a. controls fifty percent (50%) or more of the common
stock of the corporate entity involved or controls
fifty percent (50%) or more of the interest in the
partnership involved,

b. controls a percentage of stock greater than any other
stockholder or equal to the other single largest
stockholder or controls a percentage of partnership
interest greater than any other partner or equal to
the other single largest partnership interest, or
a managing member of a Limited Liability Company

15

SECTION 55. AMENDATORY 63 O.S. 2011, Section 1-1902, as amended by Section 1, Chapter 288, O.S.L. 2016 (63 O.S. Supp. 2018, Section 1-1902), is amended to read as follows:

19 Section 1-1902. As used in the Nursing Home Care Act:

20 1. "Abuse" means the willful infliction of injury, unreasonable 21 confinement, intimidation or punishment, with resulting physical 22 harm, impairment or mental anguish;

23 2. "Access" means the right of a person to enter a facility to
 24 communicate privately and without unreasonable restriction when

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(LLC).

1 invited to do so by a resident. The state or local "ombudsman", as that term is defined by the Aging Services Division of the 2 Department of Human Services pursuant to the Older Americans' Act, 3 4 42 U.S.C.A., Section 3001 et seq., as amended, and a case manager 5 employed by the Department of Mental Health and Substance Abuse Services or one of its contract agencies shall have right of access 6 7 to enter a facility, communicate privately and without unreasonable restriction with any resident who consents to the communication, to 8 9 seek consent to communicate privately and without restriction with 10 any resident, and to observe all areas of the facility that directly pertain to the patient care of the resident without infringing upon 11 12 the privacy of the other residents without first obtaining their 13 consent;

14 "Administrator" means the person licensed by the State of 3. 15 Oklahoma who is in charge of a facility. An administrator must 16 devote at least one-third (1/3) of such person's working time to on-17 the-job supervision of the facility; provided that this requirement 18 shall not apply to an administrator of an intermediate care facility 19 for the mentally retarded individuals with intellectual disabilities 20 with sixteen or fewer beds (ICF-MR/16) (ICF/IID-16), in which case 21 the person licensed by the state may be in charge of more than one 22 ICF-MR/16 such ICF/IID-16 facility, if such facilities are located 23 within a circle that has a radius of not more than fifteen (15) miles, the total number of facilities and beds does not exceed six 24

facilities and sixty-four beds, and each ICF-MR/16 such ICF/IID-16 facility is supervised by a qualified mental retardation professional. The facilities may be free-standing in a community or may be on campus with a parent institution. The ICF-MR/16 ICF/IID-<u>16 facility</u> may be independently owned and operated or may be part of a larger institutional operation;

7 4. "Advisory Board" means the Long-Term Care Facility Advisory
8 Board;

9 5. "Adult companion home" means any home or establishment, 10 funded and certified by the Department of Human Services, which 11 provides homelike residential accommodations and supportive 12 assistance to three or fewer mentally retarded or developmentally 13 disabled adults with intellectual or developmental disabilities; 14 6. "Board" means State Board of Health; "Commissioner" means State Commissioner of Health; 15 7. 16 "Department" means the State Department of Health; 8. 17 9. "Facility" means a nursing facility and a specialized home; 18 provided this term shall not include a residential care home or an 19 adult companion home; "Nursing facility" means a home, an establishment or an 20 10. 21 institution, a distinct part of which is primarily engaged in 22 providing: 23

a. skilled nursing care and related services for
 residents who require medical or nursing care,

1 b. rehabilitation services for the rehabilitation of 2 injured, disabled, or sick persons, or 3 on a regular basis, health-related care and services с. 4 to individuals who because of their mental or physical 5 condition require care and services beyond the level of care provided by a residential care home and which 6 7 can be made available to them only through a nursing facility. 8

9 "Nursing facility" does not mean, for purposes of Section 1-851.1 of 10 this title, a facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 11 12 of the Oklahoma Statutes or the nursing care component of a 13 continuum of care facility, as such term is defined under the 14 Continuum of Care and Assisted Living Act, to the extent that the 15 facility constructed or operated by an entity described in paragraph 16 7 of subsection B of Section 6201 of Title 74 of the Oklahoma 17 Statutes contains such a nursing care component;

18 11. "Specialized facility" means any home, establishment, or 19 institution which offers or provides inpatient long-term care 20 services on a twenty-four-hour basis to a limited category of 21 persons requiring such services, including but not limited to a 22 facility providing health or habilitation services for mentally 23 retarded or developmentally disabled persons individuals with 24 intellectual or developmental disabilities, but does not mean, for

1 purposes of Section 1-851.1 of this title, a facility constructed or operated by an entity described in paragraph 7 of subsection B of 2 Section 6201 of Title 74 of the Oklahoma Statutes or the nursing 3 4 care component of a continuum of care facility, as such term is 5 defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity 6 7 described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component; 8

9 12. "Residential care home" means any home, establishment, or 10 institution licensed pursuant to the provisions of the Residential Care Act other than a hotel, motel, fraternity or sorority house, or 11 12 college or university dormitory, which offers or provides 13 residential accommodations, food service, and supportive assistance 14 to any of its residents or houses any resident requiring supportive 15 assistance. The residents shall be persons who are ambulatory and 16 essentially capable of managing their own affairs, but who do not 17 routinely require nursing care; provided, the term "residential care 18 home" shall not mean a hotel, motel, fraternity or sorority house, 19 or college or university dormitory, if the facility operates in a 20 manner customary to its description and does not house any person 21 who requires supportive assistance from the facility in order to 22 meet an adequate level of daily living;

23 13. "Licensee" means the person, a corporation, partnership, or 24 association who is the owner of the facility which is licensed by

1 the Department pursuant to the provisions of the Nursing Home Care 2 Act;

"Maintenance" means meals, shelter, and laundry services; 3 14. "Neglect" means failure to provide goods and/or services 4 15. 5 necessary to avoid physical harm, mental anguish, or mental illness;

"Owner" means a person, corporation, partnership, 7 association, or other entity which owns a facility or leases a facility. The person or entity that stands to profit or lose as a 8 9 result of the financial success or failure of the operation shall be 10 presumed to be the owner of the facility. Notwithstanding the 11 foregoing, any nonstate governmental entity that has acquired and 12 owns or leases a facility and that has entered into an agreement 13 with the Oklahoma Health Care Authority to participate in the 14 nursing facility supplemental payment program ("UPL Owner") shall be 15 deemed the owner of such facility and shall be authorized to obtain 16 management services from a management services provider ("UPL 17 Manager"), and to delegate, allocate and assign as between the UPL 18 Owner and UPL Manager, compensation, profits, losses, liabilities, 19 decision-making authority and responsibilities, including 20 responsibility for the employment, direction, supervision and 21 control of the facility's administrator and staff;

22 "Personal care" means assistance with meals, dressing, 17. 23 movement, bathing or other personal needs or maintenance, or general 24 supervision of the physical and mental well-being of a person, who

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1 is incapable of maintaining a private, independent residence, or who 2 is incapable of managing his person, whether or not a guardian has 3 been appointed for such person;

4 18. "Resident" means a person residing in a facility due to
5 illness, physical or mental infirmity, or advanced age;

6 "Representative of a resident" means a court-appointed 19. 7 quardian or, if there is no court-appointed quardian, the parent of a minor, a relative, or other person, designated in writing by the 8 9 resident; provided, that any owner, operator, administrator or 10 employee of a facility subject to the provisions of the Nursing Home 11 Care Act, the Residential Care Act, or the Group Homes for the 12 Developmentally Disabled or Physically Handicapped Persons Act shall 13 not be appointed guardian or limited guardian of a resident of the 14 facility unless the owner, operator, administrator or employee is 15 the spouse of the resident, or a relative of the resident within the 16 second degree of consanguinity and is otherwise eligible for 17 appointment; and

20. "Supportive assistance" means the service rendered to any person which is less than the service provided by a nursing facility but which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution, and administration of medications, and assistance in personal care as is necessary for the

health and comfort of such person. Supportive assistance shall not
 include medical service.

SECTION 56. 63 O.S. 2011, Section 1-1912, as 3 AMENDATORY last amended by Section 1, Chapter 251, O.S.L. 2014 (63 O.S. Supp. 4 5 2018, Section 1-1912), is amended to read as follows: 6 Section 1-1912. A. The State Department of Health shall 7 promptly serve a notice of violation upon a licensee whenever, upon inspection or investigation, the Department determines that: 8 9 1. The facility is in violation of the Nursing Home Care Act, 10 any rule promulgated thereunder, or applicable federal certification 11 criteria; or 12 2. The financial condition of the facility poses an immediate 13 risk to the proper operation of the facility or to the health, 14 safety or welfare of the residents of the facility. 15 B. Each notice of violation shall be prepared in writing and 16 shall specify the nature of the violation, and the statutory 17 provision, rule or standard alleged to have been violated. The 18 notice of violation shall inform the licensee of its obligation to 19 file a plan of correction within ten (10) working days of receipt of 20 the notice of violation. In the case of a specialized facility for 21 persons individuals with mental retardation intellectual 22 disabilities, the Department shall offer the licensee an informal 23 opportunity comparable to the process offered to Medicaid-certified 24

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nursing facilities pursuant to 42 CFR 488.331, in order to dispute
 the alleged violations.

C. The Department shall notify the licensee of its intent to take any remedial action, impose administrative penalties, place a monitor or temporary manager in the facility, issue a conditional license, or suspend or revoke a license. The Department shall also inform the licensee of the right to an informal dispute resolution, hearing, or both.

9 D. Whenever the Department finds that an emergency exists 10 requiring immediate action to protect the health, safety or welfare 11 of any resident of a facility licensed pursuant to the provisions of 12 the Nursing Home Care Act, the Department may, without notice of 13 hearing, issue an order stating the existence of such an emergency 14 and requiring that action be taken as deemed necessary by the 15 Department to meet the emergency. The order shall be effective 16 immediately. Any person to whom such an order is directed shall 17 comply with such order immediately but, upon application to the 18 Department, shall be afforded a hearing within ten (10) business 19 days of receipt of the application. On the basis of such hearing, 20 the Department may continue the order in effect, revoke it, or 21 modify it. Any person aggrieved by such order continued after the 22 hearing provided in this subsection may appeal to the district court 23 in Oklahoma County within thirty (30) days. Such appeal when 24 docketed shall have priority over all cases pending on the docket,

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except criminal cases. For purposes of this subsection, the State
 Board of Health shall define by rule the term "emergency" to
 include, but not be limited to, a life-endangering situation.

4 Within thirty (30) days of receipt of a plan of correction Ε. 5 by the State Department of Health from any facility operated by the Oklahoma Department of Veterans Affairs, the State Department of 6 7 Health shall submit the results of the inspection, including a list 8 of deficiencies in the condition or operation of the facility and 9 recommendations for corrective measures in the form of a written 10 report to the person immediately responsible for the administration 11 of the facility inspected, to the Oklahoma Department of Veterans 12 Affairs, to the Governor, to the Speaker of the House of 13 Representatives, and to the President Pro Tempore of the Senate.

F. At the conclusion of an inspection, survey, or investigation, the survey team's observations and preliminary findings shall be discussed in an exit conference with the facility personnel. During the exit conference, the facility shall be provided with the opportunity to discuss and supply additional information that they believe is pertinent to the preliminary findings. The following shall be provided to the facility:

A written list containing preliminary areas of potential
 noncompliance with state requirements based on findings during the
 survey, inspection or investigation. The information provided
 should be adequate to notify staff of surveyor concerns regarding

1 preliminary findings that indicate actual harm or substandard 2 quality of care; and

2. Any additional noncompliance with state requirements
determined during the review of field notes or in preparation of the
final survey report will be communicated to the facility personnel
by email or phone before issuing the final survey report.

7 SECTION 57. AMENDATORY 63 O.S. 2011, Section 330.51, is
8 amended to read as follows:

9 Section 330.51. For the purposes of this act Section 330.51 et
10 seq. of this title, and as used herein:

1. "Board" means the Oklahoma State Board of Examiners for
 Long-Term Care Administrators;

"Long-term care administrator" means a person licensed or 13 2. 14 certified as a nursing facility administrator, an assisted living 15 facility administrator, a residential care facility administrator, 16 or an adult day care center administrator pursuant to this act 17 Section 330.51 et seq. of this title. A long-term care 18 administrator must devote at least one-half (1/2) of such person's 19 working time to on-the-job supervision of a long-term care facility; 20 provided that this requirement shall not apply to an administrator 21 of an intermediate care facility for the mentally retarded 22 individuals with intellectual disabilities with sixteen or fewer 23 beds (ICF-MR/16) (ICF/IID-16), in which case the person licensed by 24 the state may be in charge of more than one ICF-MR/16 ICF/IID-16, if

such facilities are located within a circle that has a radius of not more than fifteen (15) miles, and the total number of facilities and beds does not exceed six facilities and sixty-four beds. The facilities may be free-standing in a community or may be on campus with a parent institution. The ICF-MR/16 ICF/IID-16 may be independently owned and operated or may be part of a larger institutional ownership and operation;

8 3. "Nursing facility administrator" means a person licensed by
9 the State of Oklahoma to perform the duties of an administrator
10 serving in a skilled nursing or nursing or ICF/MR facility;

4. "Assisted living facility administrator" means a person
 licensed or certified by the State of Oklahoma to perform the duties
 of an administrator serving in an assisted living facility;

14 5. "Residential care facility administrator" means a person
15 licensed or certified by the State of Oklahoma to perform the duties
16 of an administrator serving in a residential care facility;

17 6. "Adult day care center administrator" means a person
18 licensed or certified by the State of Oklahoma to perform the duties
19 of an administrator serving in an adult day care center; and

7. "Nursing home", "rest home" and "specialized home" shall have the same meaning as the term "nursing facility" as such term is defined in the Nursing Home Care Act; "assisted living center" and "continuum of care facility" shall have the same meaning as such terms are defined in the Continuum of Care and Assisted Living Act;

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1 "home" and "residential care home" shall have the same meaning as
2 the terms are used in the Residential Care Act; and "adult day care
3 center" and "center" shall have the same meaning as such terms are
4 used in the Adult Day Care Act.

5 SECTION 58. AMENDATORY 63 O.S. 2011, Section 5026, is 6 amended to read as follows:

7 Section 5026. A. The Oklahoma Health Care Authority Board shall, in administering the Medicaid prescription drug program, 8 9 utilize the following definition for "phenylketonuria" to mean: An inborn error of metabolism attributable to a deficiency of or a 10 11 defect in phenylalanine hydroxylase, the enzyme that catalyzes the 12 conversion of phenylalanine to tyrosine. The deficiency permits the 13 accumulation of phenylalanine and its metabolic products in the body 14 fluids. The deficiency can result in mental retardation 15 intellectual disabilities (phenylpyruvic oligophrenia), neurologic 16 manifestations (including hyperkinesia, epilepsy, and microcephaly), 17 light pigmentation, and eczema. The disorder is transmitted as an 18 autosomal recessive trait and can be treated by administration of a 19 diet low in phenylalanine.

B. The Oklahoma Health Care Authority Board shall promulgate
any rules necessary to effectuate the provisions of this section.
SECTION 59. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 5060 of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. Where practicable and in accordance with state and federal law, the state Medicaid program shall not contract with an out-ofstate medical provider for treatment that is available from one or more providers licensed and practicing in the state of Oklahoma.

5 B. The Oklahoma Health Care Authority shall seek any federal6 approval necessary to implement the provisions of this section.

7 SECTION 60. AMENDATORY 70 O.S. 2011, Section 6-105, as 8 last amended by Enrolled House Bill No. 1050 of the 1st Session of 9 the 57th Legislature (70 O.S. Supp. 2018, Section 6-105), is amended 10 to read as follows:

11 If, because of sickness or other reason, a Section 6-105. A. 12 teacher is temporarily unable to perform regular duties, a 13 substitute teacher may be employed for the position for the time of 14 the absence. A substitute teacher shall be paid in an amount and 15 under such terms as may be agreed upon in advance by the substitute 16 teacher and the board of education or according to regulations of 17 the board. If a teacher is absent for reason of personal business 18 the school district shall deduct from the salary of the teacher only 19 the amount necessary to pay the substitute.

B. No substitute teacher shall be employed for a total period of time in excess of one hundred thirty-five (135) school days during a school year; or one hundred forty-five (145) school days during the school year if the substitute teacher holds a lapsed or expired certificate or has a bachelors level college degree; or no

1 limit of school days during the school year if the substitute 2 teacher holds a valid certificate. Each school district shall adopt 3 a policy which sets forth the maximum number of days a substitute 4 teacher may be employed for the same assignment if the substitute 5 teacher does not hold a valid certificate.

6 Substitute teachers who do not hold a valid certificate and С. 7 who are employed to teach special education for students with physical disabilities or students with mental retardation 8 9 intellectual disabilities shall not be subject to the restrictions 10 on total time a substitute teacher may be employed if no certified teachers are available to teach such students and the students would 11 12 be denied instruction in special education if the substitute teacher 13 were not employed. Beginning with the 2007-08 school year, any 14 substitute teacher employed to teach special education for the same 15 assignment for more than fifteen (15) consecutive or thirty (30) 16 total school days during a school year who does not hold a valid 17 certificate to teach special education shall be required to complete 18 in-service training as prescribed by the State Board of Education. 19 The training shall be provided at no cost to the substitute teacher. 20 Availability of certified teachers shall be determined after the 21 school has consulted the State Board of Education and any other 22 resources for filling the vacant position with a certified teacher. 23 D. A school district may request a waiver of the restrictions 24 on total time a substitute teacher may be employed from the State

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Board of Education for a substitute teacher who does not hold a
valid certificate. The school district shall submit evidence on the
availability of certified substitute teachers and the qualifications
of the substitute teacher. The Board shall develop procedures for
the filing and processing of substitute teacher waivers pursuant to
this subsection.

7 E. Payment of salary to a substitute shall have no effect on
8 the amount of salary to which the absent regular teacher is entitled
9 under the applicable leave plan.

F. Any substitute or cadet teacher employed in any school system on a monthly or annual basis shall hold a certificate and have a written contract in the manner and under the same conditions as for regular teachers.

14 G. Teachers who are members of the Reserve Forces of the Army, 15 the Navy, the Marine Corps, the Coast Guard, the Air Force, or any 16 other component of the Armed Forces of the United States, including 17 members of the Air or Army National Guard, shall, when ordered by 18 the proper authority to active duty or service, be entitled to a 19 leave of absence from such civil employment for the period of such 20 active service without loss of status or efficiency rating and 21 without loss of pay during the first thirty (30) days of such leave 22 of absence.

H. School districts in this state may contract with outside
 providers for the training and employment of substitute teachers.

The State Board of Education shall promulgate guidelines to assist
 school districts in the sanctioning and approval of an outside
 provider in accordance with this section.

4 SECTION 61. AMENDATORY 74 O.S. 2011, Section 255, is 5 amended to read as follows:

6 Section 255. The heads of the departments except as otherwise 7 herein provided are hereby authorized and empowered to appoint persons to hold positions created in their respective departments. 8 9 The persons so appointed shall hold office at the will of such state 10 officer and in the case of all boards and commissioners, such board 11 or commission shall, by vote thereof, except as otherwise provided, 12 appoint persons to hold positions created under such boards or 13 commissions by this act, and the said persons so appointed shall 14 hold office at the will of such officer, boards or commissions 15 making said the appointment, provided that any board or commission 16 may authorize the secretary of such board or commission to make said 17 the appointment.

Provided further, that it shall be unlawful for the heads of any department, or any departments, except institutions of higher learning and state hospitals, the State Health Department, the Highway Department in the employment of engineers and technicians, schools for mentally retarded <u>individuals with intellectual</u> <u>disabilities</u> and State Veterans Facilities as pertains to doctors, dentists, nurses and other trained technicians, to employ in any way

1	any person who is not a citizen of the United States, and repealing
2	all laws in conflict herewith. The provisions of this act shall in
3	no way be interpreted to repeal any provision of the laws heretofore
4	enacted creating the Merit System of the State of Oklahoma.
5	SECTION 62. This act shall become effective November 1, 2019."
6	Passed the Senate the 24th day of April, 2019.
7	
8	Presiding Officer of the Senate
9	riestang officer of the Senate
10	Passed the House of Representatives the day of,
11	2019.
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13	Presiding Officer of the House
14	of Representatives
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1	ENGROSSED HOUSE
2	BILL NO. 2341 By: Roberts (Sean) of the House
3	and
4	Smalley of the Senate
5	
6	
7	An Act relating to physical therapy; amending 59 O.S.
8	2011, Section 887.17, as last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp. 2018, Section
9	887.17), which relates to referrals by physicians, surgeons, or assistants thereof; broadening
10	practitioners who may make referrals; updating statutory language; and providing an effective date.
11	
12	
13	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
14	SECTION 63. AMENDATORY 59 O.S. 2011, Section 887.17, as
15	last amended by Section 3, Chapter 324, O.S.L. 2014 (59 O.S. Supp.
16	2018, Section 887.17), is amended to read as follows:
17	Section 887.17 A. 1. Except for workers' compensation claims,
18	any person licensed under the Physical Therapy Practice Act as a
19	physical therapist shall be able to evaluate and treat human
20	ailments by physical therapy on a patient without a referral from a
21	licensed health care practitioner for a period not to exceed thirty
22	(30) days. Treatment may be provided by a physical therapist
23	assistant under the supervision of a physical therapist. Any
24	treatment provided beyond the thirty-day period shall be only under

1 the referral of a person licensed as a physician or surgeon with 2 unlimited license, or the physician assistant of the person so 3 licensed, and Doctors of Dentistry, Chiropractic and Podiatry <u>and an</u> 4 <u>Advanced Practice Registered Nurse</u>, with those referrals being 5 limited to their respective areas of training and practice.

6 2. A physical therapist may provide services within the scope 7 of physical therapy practice without a physician referral to children who receive physical therapy services pursuant to the 8 9 Individuals with Disabilities Education Improvement Act of 2004, as 10 may be amended, and Section 504 of the Rehabilitation Act of 1973, 11 Section 504, as may be amended. Provided further, a plan of care 12 developed by a person authorized to provide services within the 13 scope of the Physical Therapy Practice Act shall be deemed to be a 14 prescription for purposes of providing services pursuant to the 15 provisions of the Individuals with Disabilities Education 16 Improvement Act of 2004, as may be amended, and Section 504 of the 17 Rehabilitation Act of 1973, as may be amended.

Nothing in the Physical Therapy Practice Act shall prevent a
 physical therapist from performing screening and educational
 procedures within the scope of physical therapy practice without a
 physician referral.

4. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing services that are provided for 24

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1 the purpose of fitness, wellness, or prevention that is not related 2 to the treatment of an injury or ailment.

5. Nothing in the Physical Therapy Practice Act shall be
4 construed as authorization for a physical therapist or physical
5 therapist assistant to practice any branch of the healing art.

6 6. Any person violating the provisions of the Physical Therapy
7 Practice Act shall be guilty of a misdemeanor as per Section 887.16
8 of this title.

9 B. 1. The provisions of the Physical Therapy Practice Act are 10 not intended to limit the activities of persons legitimately engaged 11 in the nontherapeutic administration of baths, massage, and normal 12 exercise.

13 2. The Physical Therapy Practice Act shall not prohibit 14 students who are enrolled in schools of physical therapy approved by 15 the State Board of Medical Licensure and Supervision from performing 16 such work as is incidental to their course of study; nor shall it 17 prevent any student in any recognized school of the healing art in 18 carrying out prescribed courses of study; provided such school is a 19 recognized institution by the statutes of Oklahoma, and its 20 practitioners are duly licensed as prescribed by law.

3. Nothing in the Physical Therapy Practice Act shall apply to any person employed by an agency, bureau, or division of the federal government while in the discharge of official duties; however, if such individual engages in the practice of physical therapy outside

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1	the line of official duty, the individual must be licensed as herein
2	provided.
3	SECTION 64. This act shall become effective November 1, 2019.
4	Passed the House of Representatives the 13th day of March, 2019.
5	
6	Dussiding Officen of the House
7	Presiding Officer of the House of Representatives
8	Passed the Senate the day of 2010
9	Passed the Senate the day of, 2019.
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11	Presiding Officer of the Senate
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