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H.B. 945
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Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. A. White and Roemer

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SUMMARY

- Reduces the period of time a hospice care program license is valid from three years to one.
- Sets initial license and license renewal fees at \$700 each.
- Requires an application for licensure to include additional information regarding any person who owns more than 30% of the program, the program's chief administrator, and the program's medical director.
- Requires an applicant to post a \$100,000 surety bond with the Department of Health when the application is approved and maintain that bond for five years.
- Establishes additional reasons the Department may suspend or revoke a hospice care program license.
- Prohibits a change in ownership for the first five years of licensure and requires a change of ownership to be accompanied by a five-year \$100,000 surety bond.
- Prohibits someone from serving as the chief administrator for more than one hospice unless each shares at least 50% ownership in common.
- Generally prohibits someone from serving as the medical director for more than two hospices unless each shares at least 50% ownership in common.
- Expands the continuing law requirement of ensuring hospice care is available 24/7 by requiring that care be available from a nurse within two hours.
- Requires each licensee to maintain an independent commercial office with visible signage and basic operational infrastructure, including secure file storage and a continuously answered telephone line.

- Requires the Department, in consultation with associations representing hospices, to select a set of hospice care measures to be monitored by the Department using data available through the federal Centers for Medicare and Medicaid Services and establish thresholds that require the Department to conduct a survey of the hospice.
- Imposes a six-month moratorium on the Department issuing new hospice care program licenses or approving changes of ownership.

DETAILED ANALYSIS

License duration and renewal

H.B. 945 modifies the period a hospice care program license is valid by shortening its duration from three years to one. When a license is renewed, the bill requires the renewal application to include all information specified on the initial application.¹

Fees and surety bond

The bill sets initial hospice care program license and license renewal fees at \$700 each. Current law requires the Department of Health to set the fees at no more than \$600 and grants the Department authority to increase the fees by up to 50% with Controlling Board approval.²

The bill additionally requires an applicant for hospice care program licensure to post a \$100,000 surety bond with the Department when an application is approved and to maintain that bond for five years. The bond is for the payment of civil penalties or costs resulting from enforcement actions.³

License application

Current law requires an application for hospice care program licensure to include information required by the Department. The bill retains the Department's authority to specify information that must be included with an application, and also requires each application to include the name of (1) any person owning 30% or more of the hospice, (2) the hospice's chief administrator, and (3) the hospice's medical director and all of the following information about each of them:

- Evidence that a criminal records check has been performed;
- Professional discipline;
- Suspension or revocation of the health care facility license of a facility that was owned wholly or in part by the person or where the chief administrator or medical director served as an administrator or medical director;

¹ R.C. 3712.04(C).

² R.C. 3712.03 and 3712.04(A) and (C).

³ R.C. 3712.04(B), conforming changes in R.C. 3712.062.

- Whether the person, chief administrator, or medical director has been charged with, been convicted of, or pleaded guilty to a crime pertaining to health care fraud or abuse.

The bill requires the name of the hospice care program on the application to match the name of the program listed on any certification through the U.S. Centers for Medicare and Medicaid Services (CMS), and for the application to include any other names the program uses.

If the Department has evidence that the applicant, any person that owns more than 30% of the hospice, the chief administrator, or the medical director has been excluded from participation in Medicare or Medicaid or been convicted of or pleaded guilty to a crime pertaining to health care fraud or abuse, the bill prohibits the Department from issuing a license.⁴

Criminal records check

The bill requires that each applicant for a hospice care program license request that the Superintendent of the Bureau of Criminal Identification and Investigation request a criminal records check of each person who owns 30% or more of the hospice, the chief administrator, and the medical director. The criminal records checks must be conducted in the same manner as criminal records checks are conducted under existing law for applicants under final consideration for employment with a hospice care program.⁵

Out-of-state applicants

If an applicant for a hospice care program license has a primary residence or business address outside of Ohio, the Department may require the applicant to submit the result of any inspection or survey conducted on a hospice that shares at least 30% ownership with the hospice care program for which the applicant is seeking a license. The Department also may require the disclosure of negative performance history for any chief administrator or medical director of the hospice in the ten years preceding the date of application. Negative performance history includes professional discipline and any charge, conviction, or guilty plea for a crime pertaining to health care fraud or abuse.⁶

License revocation and suspension

Continuing law permits the Department to suspend or revoke a license if the licensee made any material misrepresentation in the application for licensure or no longer meets the requirements to operate a hospice care program. The bill additionally permits the Department to suspend or revoke a hospice license for any of the following reasons:⁷

- Any person who owns 30% or more of the hospice has been excluded from participation in Medicare or Medicaid or has been convicted of or pleaded guilty to a crime pertaining to health care fraud or abuse;

⁴ R.C. 3712.04(A) and (E), conforming changes in R.C. 3712.01.

⁵ R.C. 3712.04(E); R.C. 3712.09, not in the bill.

⁶ R.C. 3712.04(F).

⁷ R.C. 3712.04(D).

- Another hospice care program is licensed at the same business address;
- The hospice was subject to a reduced annual payment penalty by CMS for failure to meet hospice quality reporting requirements;
- In the preceding 12 months, the hospice did not provide services to any patient;
- The chief administrator is recorded as the chief administrator for another hospice;
- The medical director is recorded as the medical director for more than two hospices, unless permitted by rule;
- In the preceding 36 months, the hospice reported a hospice aggregate cap utilization rate greater than 80% of the hospice aggregate cap set by CMS.

Change of ownership

The bill prohibits a hospice care program from any change in ownership within the first five years of licensure, unless an owner is deceased. A change in ownership of more than 30% ownership interest must be accompanied by a change in ownership application. The Department is responsible for prescribing and providing the forms of the application, which must include all information required for initial licensure.

If the hospice care program applying for change in ownership has a surety bond with the Department, that bond must be maintained for five years after the change in ownership application is approved. If the hospice does not have a surety bond with the Department, it must post a bond of \$100,000 and maintain it for five years. Like the surety bond posted upon initial licensure, this bond is to pay civil penalties or costs associated with enforcement actions.

Within six months of approving a change in ownership application, the bill requires the Department to conduct a survey of the hospice to confirm compliance with the laws and rules governing hospice care programs.⁸ However, for change in ownership applications filed within 15 months after the bill's effective date, the Department has until 24 months after the bill's effective date to complete the required survey.⁹

Chief administrator and medical director

The bill prohibits someone from serving as the chief administrator for more than one hospice care program unless each program shares at least 50% ownership in common. It also prohibits someone from serving as the medical director for more than two hospice care programs unless each shares at least 50% ownership in common; however, the Department may adopt rules exempting hospice care programs located in rural areas from that restriction.¹⁰

⁸ R.C. 3712.04(I).

⁹ Section 3(C).

¹⁰ R.C. 3712.20(A) and 3712.03(B).

If a hospice care program employs a new chief administrator or medical director, it must notify the Department within ten calendar days.¹¹

Provision of services

The bill establishes two requirements regarding the provision of hospice care services. First, current law requires a hospice care program to ensure care is available 24/7. The bill specifies that this 24/7 care must be available from a nurse within two hours.

Additionally, the bill requires each hospice care program to maintain a commercial office independent from any other business with both visible signage and basic operational infrastructure. The infrastructure includes secure file storage and a telephone line that is answered 24/7.¹²

Data collection

The bill requires the Department to consult with associations representing hospice care programs to select a set of hospice care measures to be monitored by the Department using data available through CMS. These must include measures that capture live discharge rates, length of stay, family satisfaction, service delivery, and transitions of care. The Department is required to monitor these measures on a quarterly basis and may contract with a data management company to do so.

In collaboration with hospice care associations, the Department is required to establish thresholds for these measures that require the Department to conduct a survey of the hospice care program within six months to check for compliance with hospice laws and rules.¹³

New license and change of ownership moratorium

The bill generally prohibits the Department of Health from issuing a new hospice care program license or accepting an application for a hospice change of ownership until six months after the bill's effective date, with two exceptions. First, the Department may accept a change of ownership application if a current owner is deceased. Second, the Department may issue a new license within six months after the bill's effective date if the Department determines that there is a demonstrated need in the geographic area the hospice care program would serve.¹⁴ CMS recently announced a six-month nationwide moratorium on new Medicare hospice providers.¹⁵

¹¹ R.C. 3712.20(B).

¹² R.C. 3712.06.

¹³ R.C. 3712.21.

¹⁴ Section 3.

¹⁵ CMS, 91 [Federal Register 2794](#) (May 15, 2026).

HISTORY

Action	Date
Introduced	05-19-26
