

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 945

Representatives White, A., Roemer

To amend sections 3712.01, 3712.03, 3712.04, 1
3712.06, and 3712.062 and to enact sections 2
3712.20 and 3712.21 of the Revised Code 3
regarding the regulation of hospice care 4
programs. 5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3712.01, 3712.03, 3712.04, 6
3712.06, and 3712.062 be amended and sections 3712.20 and 7
3712.21 of the Revised Code be enacted to read as follows: 8

Sec. 3712.01. As used in this chapter: 9

(A) "Hospice care program" means a coordinated program of 10
home, outpatient, and inpatient care and services that is 11
operated by a person or public agency and that provides the 12
following care and services to hospice patients, including 13
services as indicated below to hospice patients' families, 14
through a medically directed interdisciplinary team, under 15
interdisciplinary plans of care established pursuant to section 16
3712.06 of the Revised Code, in order to meet the physical, 17
psychological, social, spiritual, and other special needs that 18
are experienced during the final stages of illness, dying, and 19
bereavement: 20

(1) Nursing care by or under the supervision of a registered nurse;	21 22
(2) Physical, occupational, or speech or language therapy, unless waived by the department of health pursuant to rules adopted under division (A) of section 3712.03 of the Revised Code;	23 24 25 26
(3) Medical social services by a social worker under the direction of a physician;	27 28
(4) Services of a home health aide;	29
(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;	30 31
(6) Physician's services;	32
(7) Short-term inpatient care, including both palliative and respite care and procedures;	33 34
(8) Counseling for hospice patients and hospice patients' families;	35 36
(9) Services of volunteers under the direction of the provider of the hospice care program;	37 38
(10) Bereavement services for hospice patients' families.	39
"Hospice care program" does not include a pediatric respite care program or a pediatric transition care program.	40 41
(B) "Hospice patient" means a patient, other than a pediatric respite care patient, who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a hospice care program.	42 43 44 45 46 47

(C) "Hospice patient's family" means a hospice patient's immediate family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team.

(D) "Interdisciplinary team" means a working unit composed of professional and lay persons that includes at least a physician, a registered nurse, a social worker, a member of the clergy or a counselor, and a volunteer.

(E) "Palliative care" means specialized care for a patient of any age who has been diagnosed with a serious or life-threatening illness that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness, and that aims to do all of the following:

(1) Relieve the symptoms, stress, and suffering resulting from the illness;

(2) Improve the quality of life of the patient and the patient's family;

(3) Address the patient's physical, emotional, social, and spiritual needs;

(4) Facilitate patient autonomy, access to information, and medical decision making.

(F) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(G) "Attending physician" means the physician identified 76
by the hospice patient, pediatric respite care patient, hospice 77
patient's family, or pediatric respite care patient's family as 78
having primary responsibility for the medical care of the 79
hospice patient or pediatric respite care patient. 80

(H) "Registered nurse" means a person registered under 81
Chapter 4723. of the Revised Code to practice professional 82
nursing. 83

(I) "Social worker" means a person licensed under Chapter 84
4757. of the Revised Code to practice as a social worker or 85
independent social worker. 86

(J) "Pediatric respite care program" means a program 87
operated by a person or public agency that provides inpatient 88
respite care and related services, including all of the 89
following services, only to pediatric respite care patients and, 90
as indicated below, pediatric respite care patients' families, 91
in order to meet the physical, psychological, social, spiritual, 92
and other special needs that are experienced during or leading 93
up to the final stages of illness, dying, and bereavement: 94

(1) Short-term inpatient care, including both palliative 95
and respite care and procedures; 96

(2) Nursing care by or under the supervision of a 97
registered nurse; 98

(3) Physician's services; 99

(4) Medical social services by a social worker under the 100
direction of a physician; 101

(5) Medical supplies, including drugs and biologicals, and 102
the use of medical appliances; 103

(6) Counseling for pediatric respite care patients and	104
pediatric respite care patients' families;	105
(7) Bereavement services for respite care patients'	106
families.	107
"Pediatric respite care program" does not include a	108
pediatric transition care program or hospice care program.	109
(K) "Pediatric transition care program" means a program	110
operated by a person or public agency that arranges for the	111
provision of health care and related services in a private home	112
setting, including all of the following services, only to	113
pediatric transition care patients, who are not related by birth	114
or adoption to the person that arranges for the provision of	115
health care and related services, and, as indicated below, the	116
parents of pediatric transition care patients, in order to meet	117
the physical, psychological, social, spiritual, and other	118
special needs of children who have been diagnosed with life-	119
threatening diseases and conditions:	120
(1) Inpatient care and procedures;	121
(2) Skilled nursing care;	122
(3) Nursing care by or under the supervision of a	123
registered nurse;	124
(4) Physician's services;	125
(5) Medical supplies, including drugs and biologicals, and	126
the use of medical appliances;	127
(6) For a pediatric transition care patients' parents,	128
counseling, education, and visitation to promote reunification.	129
"Pediatric transition care program" does not include a	130

hospice care program or a pediatric respite care program. 131

(L) "Pediatric respite care patient" means a patient, 132
other than a hospice patient, who is less than twenty-seven 133
years of age and to whom all of the following conditions apply: 134

(1) The patient has been diagnosed with a disease or 135
condition that is life-threatening and is expected to shorten 136
the life expectancy that would have applied to the patient 137
absent the patient's diagnosis, regardless of whether the 138
patient is terminally ill. 139

(2) The diagnosis described in division (L)(1) of this 140
section occurred while the patient was less than eighteen years 141
of age. 142

(3) The patient, or the parent or guardian of the patient 143
if the patient is under eighteen years of age or under 144
guardianship, has voluntarily requested and is receiving care 145
from a person or public agency licensed under this chapter to 146
provide a pediatric respite care program. 147

(M) "Pediatric transition care patient" means a patient, 148
other than a hospice patient, who is less than twenty-seven 149
years of age and to whom all of the following conditions apply: 150

(1) The patient has been diagnosed with a disease or 151
condition that is life-threatening and is expected to shorten 152
the life expectancy that would have applied to the patient 153
absent the patient's diagnosis, regardless of whether the 154
patient is terminally ill. 155

(2) The diagnosis described in division (M)(1) of this 156
section occurred when the patient was less than eighteen years 157
of age. 158

(3) The patient, or the parent or guardian of the patient 159
if the patient is under eighteen years of age or under 160
guardianship, has voluntarily requested and is receiving care 161
from a person or public agency registered under this chapter to 162
provide a pediatric transition care program. 163

(N) "Pediatric respite care patient's family" means a 164
pediatric respite care patient's family members, including a 165
spouse, brother, sister, child, or parent, and any other 166
relative or individual who has significant personal ties to the 167
patient and who is designated as a member of the patient's 168
family by mutual agreement of the patient, the relative or 169
individual, and the patient's interdisciplinary team. 170

(O) "Skilled nursing care" means procedures that require 171
technical skills and knowledge beyond those the untrained person 172
possesses and that are commonly employed in providing for the 173
physical, mental, and emotional needs of the ill or otherwise 174
incapacitated. "Skilled nursing care" includes the following: 175

(1) Irrigations, catheterizations, application of 176
dressings, and supervision of special diets; 177

(2) Objective observation of changes in the patient's 178
condition as a means of analyzing and determining the nursing 179
care required and the need for further medical diagnosis and 180
treatment; 181

(3) Special procedures contributing to rehabilitation; 182

(4) Administration of medication by any method ordered by 183
a physician, such as hypodermically, rectally, or orally, 184
including observation of the patient after receipt of the 185
medication; 186

(5) Carrying out other treatments prescribed by the 187

physician that involve a similar level of complexity and skill 188
in administration. 189

(P) "Medical director" means the physician responsible for 190
overseeing the clinical care, regulatory compliance, and medical 191
quality of a hospice care program. 192

Sec. 3712.03. (A) In accordance with Chapter 119. of the 193
Revised Code, the director of health shall adopt, and may amend 194
and rescind, rules: 195

(1) Providing for the licensing of persons or public 196
agencies providing hospice care programs within this state by 197
the department of health and for the suspension and revocation 198
of licenses; 199

~~(2) Establishing a license fee and license renewal fee for 200~~
~~hospice care programs, neither of which shall, except as 201~~
~~provided in division (B) of this section, exceed six hundred 202~~
~~dollars. The fees shall cover the three-year period during which 203~~
~~an existing license is valid as provided in division (B) of 204~~
~~section 3712.04 of the Revised Code.~~ 205

~~(3) Establishing an inspection fee for hospice care 206~~
programs not to exceed, except as provided in division (B) of 207
this section, one thousand seven hundred fifty dollars; 208

~~(4)~~ (3) Establishing requirements for hospice care program 209
facilities and services; 210

~~(5)~~ (4) Establishing procedures a hospice care program must 211
follow while investigating a sign of suspected diversion of 212
controlled substances containing opioids pursuant to division 213
(B) (5) of section 3712.062 of the Revised Code; 214

~~(6)~~ (5) Establishing requirements for reporting to a local 215

law enforcement agency pursuant to division (B) (6) of section 216
3712.062 of the Revised Code the results of an investigation of 217
suspected diversion; 218

~~(7)~~ (6) Providing for a waiver of the requirement for the 219
provision of physical, occupational, or speech or language 220
therapy contained in division (A) (2) of section 3712.01 of the 221
Revised Code when the requirement would create a hardship 222
because such therapy is not readily available in the geographic 223
area served by the provider of a hospice care program; 224

~~(8)~~ (7) Providing for the granting of licenses to provide 225
hospice care programs to persons and public agencies that are 226
accredited or certified to provide such programs by an entity 227
whose standards for accreditation or certification equal or 228
exceed those provided for licensure under this chapter and rules 229
adopted under it; 230

~~(9)~~ (8) Establishing interpretive guidelines for each rule 231
adopted under this section. 232

(B) ~~Subject to the approval of the controlling board, the~~ 233
~~director may establish fees in excess of the maximum amounts~~ 234
~~specified in this section, provided that the fees do not exceed~~ 235
~~those amounts by greater than fifty per cent~~ The department of 236
health may adopt rules exempting hospice care programs located 237
in rural areas from the prohibition against an individual 238
serving as the medical director for more than two hospice care 239
programs pursuant to section 3712.20 of the Revised Code. 240

(C) The department of health shall: 241

(1) Grant, suspend, and revoke licenses for hospice care 242
programs in accordance with this chapter and rules adopted under 243
it; 244

(2) Make such inspections as are necessary to determine 245
whether hospice care program facilities and services meet the 246
requirements of this chapter and rules adopted under it; and 247

(3) Implement and enforce provisions of this chapter and 248
rules adopted under it as such provisions apply to hospice care 249
programs. 250

Sec. 3712.04. (A) Every person or public agency that 251
proposes to provide a hospice care program shall apply to the 252
department of health for a license. Application shall be made on 253
forms prescribed and provided by the department, ~~shall include~~ 254
~~such information as the department requires,~~ and shall be 255
accompanied by ~~the~~ a license fee established by rules of the 256
~~director of health adopted under division (A) of section 3712.03~~ 257
of the Revised Code of seven hundred dollars. The name of the 258
hospice care program on the application shall match the name of 259
the program listed on any certification through the United 260
States centers for medicare and medicaid services, and the 261
application shall include all of the following information: 262

(1) The name of any person owning thirty per cent or more 263
of the hospice care program; 264

(2) The name of the chief administrator of the hospice 265
care program; 266

(3) The name of the medical director; 267

(4) Any other names the program uses; 268

(5) The following information pertaining to any person 269
that owns thirty per cent or more of the hospice care program, 270
the chief administrator, and the medical director: 271

(a) Professional discipline; 272

(b) Suspension or revocation of the health care facility 273
license of a facility that was owned in whole or in part by the 274
person or where the chief administrator or medical director 275
served as an administrator or medical director; 276

(c) Whether the person, chief administrator, or medical 277
director has been charged with, convicted of, or pleaded guilty 278
to a crime pertaining to health care fraud or abuse. 279

(6) Evidence that a criminal records check has been 280
requested pursuant to division (E) of this section for each 281
person that owns thirty per cent or more of the hospice care 282
program, the chief administrator, and the medical director. 283

(7) Any other information required by the department, 284
including information described in division (F) of this section. 285

The department shall grant a license to the applicant if 286
the applicant is in compliance with this chapter and rules 287
adopted under it. The department shall not grant a license to 288
the applicant if the department has evidence that the applicant 289
or any person that owns thirty per cent or more of the hospice 290
care program, the chief administrator, or the medical director 291
has been excluded from participation in medicare or medicaid or 292
convicted of or pleaded guilty to a crime pertaining to health 293
care fraud or abuse. 294

(B) Each person or public agency applying for a hospice 295
care program license under this section shall, upon license 296
approval, immediately post a surety bond with the department in 297
the amount of one hundred thousand dollars and shall maintain 298
the bond for five years after the initial license is granted. 299
The bond shall be for the payment of civil penalties or costs 300
resulting from enforcement actions. 301

(C) A license granted under this section shall be valid 302
for ~~three years~~ one year. Application for renewal of a license 303
shall be accompanied by a seven hundred dollar renewal fee and 304
shall be made at least ninety days before the expiration of the 305
license in the same manner as for an initial license, except 306
that, if the program provides hospice care and services in a 307
hospice patient's home, the application for renewal shall 308
include written evidence demonstrating that the applicant is in 309
compliance with section 3712.062 of the Revised Code. The 310
application for renewal shall include all information required 311
for initial licensure under division (A) of this section. The 312
department shall renew the license if the applicant meets the 313
requirements of this chapter and rules adopted under it. 314

~~(C)~~ (D) Subject to Chapter 119. of the Revised Code, the 315
department may suspend or revoke a license ~~if the~~ for any of the 316
following reasons: 317

(1) The licensee made any material misrepresentation in 318
the application for the license or no longer meets the 319
requirements of this chapter or rules adopted under it. 320

(2) Any person that owns thirty per cent or more of the 321
hospice care program has been excluded from participation in 322
medicare or medicaid or has been convicted of or pleaded guilty 323
to a crime pertaining to health care fraud or abuse. 324

(3) Another hospice care program is licensed at the same 325
business address. 326

(4) The hospice care program was subject to a reduced 327
annual payment penalty by the United States centers for medicare 328
and medicaid services for failure to meet hospice quality 329
reporting requirements. 330

(5) In the preceding twelve months, the hospice care 331
program did not provide services to any patient. 332

(6) The chief administrator of the hospice care program is 333
recorded as the chief administrator for another hospice care 334
program. 335

(7) Except as permitted by rule, the medical director is 336
recorded as the medical director for more than two hospice care 337
programs. 338

(8) In the preceding thirty-six months, the hospice care 339
program reported a hospice aggregate cap utilization rate 340
greater than eighty per cent of the hospice aggregate cap set by 341
the United States centers for medicare and medicaid services. 342

~~(D)~~(E) Each person or public agency applying for a 343
hospice care program license under this section shall request 344
that the superintendent of the bureau of criminal identification 345
and investigation conduct a criminal records check of each 346
person owning thirty per cent or more of the hospice care 347
program, the chief administrator of the hospice care program, 348
and the medical director in the same manner as a criminal 349
records check is requested for an applicant pursuant to section 350
3712.09 of the Revised Code. 351

(F) If the person or public agency applying for a hospice 352
care program license under this section has a primary residence 353
or business address that is located outside of this state, the 354
department may require the submission of both of the following: 355

(1) The results of any inspection or survey conducted on a 356
hospice care program that shares at least thirty per cent 357
ownership with the hospice care program for which the person or 358
public agency is seeking a license; 359

(2) Disclosure of negative performance history for any 360
chief administrator of the hospice care program or medical 361
director in the ten years preceding the date of application, 362
including professional discipline and any charge, conviction, or 363
guilty plea for a crime pertaining to health care fraud or 364
abuse. 365

(G) A hospital, nursing home, home for the aged, county 366
medical care facility, or other health facility or agency that 367
provides a hospice care program shall be licensed to provide a 368
hospice care program under this section. 369

~~(E)~~ (H) A nursing home licensed under Chapter 3721. of the 370
Revised Code that does not hold itself out to be a hospice, does 371
not hold itself out as providing a hospice care program, does 372
not use the term hospice to describe or refer to its activities 373
or facilities, and that does not provide all of the services 374
enumerated in division (A) of section 3712.01 of the Revised 375
Code is not subject to the licensing provisions of this chapter. 376

(I) (1) A hospice care program licensed under this section 377
shall not undergo any change in ownership for at least five 378
years after the date the license is first issued, unless an 379
owner is deceased. Any change in ownership of more than thirty 380
per cent ownership interest shall be accompanied by a change in 381
ownership application. The application shall be made on forms 382
prescribed and provided by the department and shall include all 383
information required for initial licensure under division (A) of 384
this section. 385

(2) If the hospice care program applying for a change in 386
ownership has a surety bond with the department pursuant to 387
division (B) of this section, that surety bond shall be 388
maintained for five years after the change in ownership 389

application is approved by the department. If the hospice care 390
program does not have a surety bond with the department, the 391
license holder shall post a surety bond with the department in 392
the amount of one hundred thousand dollars and shall maintain 393
the bond for five years after the change in ownership 394
application is approved by the department. The bond shall be for 395
the payment of civil penalties or costs resulting from 396
enforcement actions. 397

(3) Within six months after approving a change in 398
ownership application, the department shall conduct a survey of 399
the hospice care program for compliance with the requirements of 400
this chapter or rules adopted under it. 401

Sec. 3712.06. Any person or public agency licensed under 402
section 3712.04 of the Revised Code to provide a hospice care 403
program shall: 404

(A) Provide a planned and continuous hospice care program, 405
the medical components of which shall be under the direction of 406
a physician; 407

(B) Ensure that care from a nurse licensed under Chapter 408
4723. of the Revised Code is available within two hours twenty- 409
four hours a day and seven days a week; 410

(C) Establish an interdisciplinary plan of care for each 411
hospice patient and the patient's family that: 412

(1) Is coordinated by one designated individual who shall 413
ensure that all components of the plan of care are addressed and 414
implemented; 415

(2) Addresses maintenance of patient-family participation 416
in decision making; and 417

(3) Is periodically reviewed by the patient's attending physician and by the patient's interdisciplinary team.	418 419
(D) Have an interdisciplinary team or teams that provide or supervise the provision of care and establish the policies governing the provision of the care;	420 421 422
(E) Provide bereavement counseling for hospice patients' families;	423 424
(F) Not discontinue care because of a hospice patient's inability to pay for the care;	425 426
(G) Maintain central clinical records on all hospice patients under its care; and	427 428
(H) Provide care in individuals' homes, on an outpatient basis, and on a short-term inpatient basis.	429 430
A provider of a hospice care program may include pharmacist services among the other services that are made available to its hospice patients.	431 432 433
A provider of a hospice care program may arrange for another person or public agency to furnish a component or components of the hospice care program pursuant to a written contract. When a provider of a hospice care program arranges for a hospital, a home providing nursing care, or home health agency to furnish a component or components of the hospice care program to its patient, the care shall be provided by a licensed, certified, or accredited hospital, home providing nursing care, or home health agency pursuant to a written contract under which:	434 435 436 437 438 439 440 441 442 443
(1) The provider of a hospice care program furnishes to the contractor a copy of the hospice patient's interdisciplinary	444 445

plan of care that is established under division (C) of this 446
section and specifies the care that is to be furnished by the 447
contractor; 448

(2) The regimen described in the established plan of care 449
is continued while the hospice patient receives care from the 450
contractor, subject to the patient's needs, and with approval of 451
the coordinator of the interdisciplinary team designated 452
pursuant to division (C)(1) of this section; 453

(3) All care, treatment, and services furnished by the 454
contractor are entered into the hospice patient's medical 455
record; 456

(4) The designated coordinator of the interdisciplinary 457
team ensures conformance with the established plan of care; and 458

(5) A copy of the contractor's medical record and 459
discharge summary is retained as part of the hospice patient's 460
medical record. 461

Any hospital contracting for inpatient care shall be 462
encouraged to offer temporary limited privileges to the hospice 463
patient's attending physician while the hospice patient is 464
receiving inpatient care from the hospital. 465

(I) Notify a veteran, spouse, surviving spouse, or 466
representative on behalf of the veteran, seeking services from 467
the hospice care agency that the veteran, spouse, or surviving 468
spouse, may be eligible for health care or financial benefits 469
through the United States department of veterans affairs and 470
provide the veteran, spouse, surviving spouse, or representative 471
with information about congressionally chartered veterans 472
service organizations or the county veterans service office that 473
can assist with investigating and applying for benefits through 474

the United States department of veterans affairs. As used in 475
this division, "veteran" has the same meaning as in section 476
5901.01 of the Revised Code. 477

(J) Maintain a commercial office independent from any 478
other business that has both: 479

(1) Visible signage; 480

(2) Basic operational infrastructure including secure file 481
storage and a telephone line that is answered twenty-four hours 482
a day and seven days a week. 483

Sec. 3712.062. (A) Each hospice care program licensed 484
under this chapter that provides hospice care and services in a 485
hospice patient's home shall establish a written policy 486
establishing procedures to be followed in preventing the 487
diversion of controlled substances containing opioids that are 488
prescribed to its hospice patients. The policy shall include 489
procedures for the disposal of any such drugs prescribed to a 490
hospice patient as part of the patient's interdisciplinary plan 491
of care that are relinquished to the program after the patient's 492
death or that otherwise are no longer needed by the patient. The 493
policy shall require that the disposal be documented by a 494
program employee and conducted in any of the following ways: 495

(1) Performed by a program employee and witnessed by the 496
patient or patient's family member; 497

(2) Performed by the patient or patient's family member 498
and witnessed by a program employee; 499

(3) Performed by a program employee and witnessed by 500
another program employee. 501

(B) As part of a hospice patient's interdisciplinary plan 502

of care required by section 3712.06 of the Revised Code, each 503
hospice care program that provides hospice care and services in 504
the patient's home shall do all of the following: 505

(1) Before providing hospice care and services, distribute 506
a copy of the written policy established under division (A) of 507
this section to the patient and patient's family and discuss the 508
procedures included in the policy with the patient and patient's 509
family; 510

(2) Assess the patient, the patient's family, and the care 511
environment for any risk factors associated with diversion; 512

(3) Maintain records of controlled substances containing 513
opioids prescribed to the patient and included in the patient's 514
interdisciplinary plan of care, including accurate counts of the 515
numbers dispensed and used; 516

(4) Monitor the use and consumption of controlled 517
substances containing opioids prescribed to the patient and 518
included in the patient's interdisciplinary plan of care, 519
including prescription refills, for signs of diversion; 520

(5) Investigate any sign of suspected diversion in 521
accordance with rules adopted under division (A) (5) of section 522
3712.03 of the Revised Code. 523

(6) Report the results of an investigation of suspected 524
diversion to the local law enforcement agency with jurisdiction 525
over the territory in which the hospice patient's home is 526
located in accordance with rules adopted under division (A) (6) 527
of section 3712.03 of the Revised Code; 528

(7) Before providing hospice care and services, inform the 529
patient and the patient's family that the hospice care program 530
will dispose of any controlled substances containing opioids 531

that are no longer needed by the patient and were included in 532
the patient's interdisciplinary plan of care; 533

(8) After the patient's death or when no longer needed by 534
the patient, request, in writing, that the patient or patient's 535
family relinquish to the program for disposal any remaining 536
controlled substances containing opioids that were included in 537
the patient's interdisciplinary plan of care to the program; 538

(9) Report to the local law enforcement agency with 539
jurisdiction over the territory in which the hospice patient's 540
home is located the quantity and type of any remaining 541
controlled substances containing opioids that were included in 542
the patient's interdisciplinary plan of care and were not 543
relinquished to the program by the patient or patient's family. 544

(C) If a hospice care program complies with divisions (B) 545
(8) and (9) of this section, none of the following shall be 546
liable in damages to any person or government entity in a civil 547
action for injury, death, or loss to person or property that 548
allegedly arises from an action or omission relative to this 549
section unless the action or omission constitutes willful or 550
wanton misconduct: the program; a program employee, officer, or 551
director; or a prescriber of controlled substances containing 552
opioids that were included in the patient's interdisciplinary 553
plan of care. 554

(D) No person who receives a written request under 555
division (B) (8) of this section shall fail to relinquish 556
controlled substances containing opioids that were included in a 557
patient's interdisciplinary plan of care. 558

(E) Following a report from a hospice program under 559
division (B) (9) of this section, the local law enforcement 560

agency with jurisdiction over the territory in which the hospice 561
patient's home is located shall investigate and dispose of the 562
remaining controlled substances containing opioids that were 563
reported to the agency pursuant to division (B) (9) of this 564
section. 565

(F) After a review of the written evidence submitted under 566
division ~~(B)~~(C) of section 3712.04 of the Revised Code with an 567
application for license renewal, if the department determines 568
that the program is not in compliance with this section, the 569
department may suspend the program's license for not more than 570
six months and impose a fine not to exceed twenty thousand 571
dollars. 572

(G) Not later than one year after the effective date of 573
this section, the director of health shall adopt rules in 574
accordance with Chapter 119. of the Revised Code establishing 575
standards and procedures for the submission and review of the 576
written evidence required by division ~~(B)~~(C) of section 3712.04 577
of the Revised Code for renewal of a hospice care program 578
license. 579

Sec. 3712.20. (A) (1) No individual shall serve as the 580
chief administrator for more than one hospice care program 581
licensed under section 3712.04 of the Revised Code unless each 582
hospice care program for whom the individual serves as the chief 583
administrator shares at least fifty per cent ownership in 584
common. 585

(2) No individual shall serve as the medical director for 586
more than two hospice care programs licensed under section 587
3712.04 of the Revised Code unless each hospice care program for 588
whom the individual serves as the medical director shares at 589
least fifty per cent ownership in common, except that the 590

department of health may adopt rules exempting hospice care 591
programs located in rural areas from this prohibition. 592

(B) Any person or public agency licensed under section 593
3712.04 of the Revised Code to provide a hospice care program 594
shall notify the department of health within ten calendar days 595
of employing a new chief administrator or medical director. 596

Sec. 3712.21. (A) The department of health 597

, in consultation with associations representing hospice 598
care programs, shall do both of the following: 599

(1) Select a set of hospice care measures to be monitored 600
by the department using data available through the United States 601
centers for medicare and medicaid services, including measures 602
that capture: 603

(a) Live discharge rates; 604

(b) Length of stay; 605

(c) Family satisfaction; 606

(d) Service delivery; 607

(e) Transitions of care. 608

(2) Establish thresholds for measures selected under 609
division (A) (1) of this section that require the department to 610
conduct a survey of the program within six months for compliance 611
with the requirements of this chapter and rules adopted under 612
it. 613

(B) On a quarterly basis, the department shall monitor the 614
measures selected under division (A) (1) of this section for 615
hospice care programs licensed under section 3712.04 of the 616
Revised Code and may contract with a data management company to 617

fulfill this requirement. 618

Section 2. That existing sections 3712.01, 3712.03, 619
3712.04, 3712.06, and 3712.062 of the Revised Code are hereby 620
repealed. 621

Section 3. (A) Except as provided in division (B) of this 622
section, the Department of Health shall not do either of the 623
following until six months after the effective date of this 624
section: 625

(1) Issue a new license under section 3712.04 of the 626
Revised Code to a person or public agency that proposes to 627
provide a hospice care program; 628

(2) Accept an application for a hospice care program 629
change of ownership, unless an owner is deceased. 630

(B) The Department of Health may issue a license under 631
section 3712.04 of the Revised Code within six months after the 632
effective date of this section if the Department determines 633
there is a demonstrated need in the geographic area the hospice 634
care program would serve. 635

(C) Notwithstanding division (I) (3) of section 3712.04 of 636
the Revised Code, for applications for change in ownership of a 637
hospice care program that are filed within fifteen months after 638
the effective date of this section, the Department of Health has 639
until the date that is twenty-four months after the effective 640
date of this section to complete the change of ownership survey 641
required under that division. 642