

1 **SENATE FLOOR VERSION**

2 April 13, 2023

3 **AS AMENDED**

4 ENGROSSED HOUSE

5 BILL NO. 1013

6 By: Echols, Hefner, and
7 Hasenbeck of the House

8 and

9 Garvin of the Senate

10 [health care - Lori Brand Patient Bill of Rights Act
11 of 2023 - list of rights for a patient seeking
12 treatment - responsibilities of patients seeking
13 treatment - rights for minor patients seeking
14 treatment - responsibilities of parents -
15 codification - effective date]

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

17 SECTION 1. NEW LAW A new section of law to be codified
18 in the Oklahoma Statutes as Section 3501 of Title 63, unless there
19 is created a duplication in numbering, reads as follows:

20 This act shall be known and may be cited as the "Lori Brand
21 Patient Bill of Rights Act of 2023".

22 SECTION 2. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 3501.1 of Title 63, unless there
24 is created a duplication in numbering, reads as follows:

A. Each patient treated in this state shall have the following
rights when being treated:

1 1. The right to considerate and respectful care, provided in a
2 safe environment, free from all forms of abuse, neglect, harassment,
3 and/or exploitation;

4 2. To receive information in a manner that he or she
5 understands. Communications with the patient shall be effective and
6 provided in a manner that facilitates understanding by the patient.
7 Written information provided will be appropriate to the age,
8 understanding, and, as appropriate, the language of the patient. As
9 appropriate, communications specific to the vision-, speech-,
10 hearing-, cognitive- and language-impaired patient will be provided.
11 The hospital shall meet the requirements of federal regulations that
12 require program and facility accessibility;

13 3. To receive as much information about any proposed treatment
14 or procedure as he or she may need in order to give informed consent
15 or to refuse the course of treatment. Except in emergencies, this
16 shall include a description of the procedure or treatment, the
17 medically significant risks involved in the procedure or treatment,
18 alternate courses of treatment or nontreatment and the risks
19 involved in each, and the name of the person who will carry out the
20 procedure or treatment;

21 4. To receive the name of the doctor who has primary
22 responsibility for coordinating his or her care and the names and
23 professional relationships of other doctors, nurses, and health care
24 providers who will see him or her;

1 5. To have an advance directive attorney for health care
2 concerning treatment or to designate a surrogate decision-maker with
3 the expectation that the hospital will honor the intent of that
4 directive to the extent allowed by law and hospital policy. The
5 health care provider must advise a patient of his or her rights
6 under state law and hospital policy to make informed medical
7 decisions, ask if the patient has an advance directive, and include
8 that information in patient records. The patient has the right to
9 timely information about hospital policy that may limit its ability
10 to implement a legally valid advance directive;

11 6. To participate in the development and implementation of his
12 or her plan of care and actively participate in decisions regarding
13 his or her medical care;

14 7. To accept medical care or to refuse treatment, to the extent
15 permitted by law, and to be informed of the consequences of such
16 refusal;

17 8. To become informed of his or her rights as a patient in
18 advance of, or when discontinuing, the provision of care. The
19 patient may appoint a representative to receive this information
20 should he or she so desire;

21 9. To leave the hospital, even against the advice of his or her
22 doctor;

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1 10. To be informed by his or her doctor or a delegate of his or
2 her doctor about the continuing health care requirements following
3 his or her discharge from the hospital;

4 11. To have a family member or representative of his or her
5 choice notified promptly of his or her admission to the hospital;

6 12. To request that no information regarding his or her
7 admittance, diagnosis, or treatment be released;

8 13. To full consideration of privacy concerning his or her
9 medical care program. Case discussion, consultation, examination,
10 and treatment are confidential and should be conducted discreetly to
11 protect privacy. The patient has the right to be advised as to the
12 reason for the presence of any individual involved in his or her
13 health care;

14 14. To review the records and/or obtain a copy of the medical
15 records pertaining to his or her medical care and to have the
16 information explained or interpreted as necessary, except when
17 restricted by law;

18 15. To reasonable continuity of care, when appropriate, and to
19 be informed by the doctor and other caregivers of available and
20 realistic patient care options when hospital care is no longer
21 appropriate;

22 16. To confidential treatment of all communications and records
23 pertaining to his or her care and stay at the hospital. The
24 patient's written authorization shall be obtained before his or her

1 medical records can be made available to anyone not directly
2 concerned with his or her care;

3 17. To expect that, within its capacity and policies, the
4 hospital will make a reasonable response to the request of a patient
5 for appropriate and medically directed care and services. The
6 hospital must provide evaluation, service, and or a referral as
7 indicated by the urgency of the case. When medically appropriate
8 and legally permissible, or when a patient has requested a transfer,
9 that patient may be transferred to another facility. That facility
10 must have first accepted the patient for transfer. The patient must
11 also have the benefit of the complete information and explanation
12 concerning the need for, risks and benefits of, and alternatives to
13 such a transfer;

14 18. The patient or patient's representative has the right to
15 participate in the consideration of ethical issues that might arise
16 in the care of the patient. The hospital shall have a mechanism for
17 the consideration of ethical issues arising in the care of patients
18 and to provide education to caregivers and patients on ethical
19 issues in health care;

20 19. To exercise these rights without regard to sex, cultural,
21 economic, educational, or religious background, or the source of
22 payment for care;

23 20. To be advised of the hospital's complaint or grievance
24 process should the patient wish to communicate a concern regarding

1 the quality of care he or she receives. This includes whom to
2 contact to file a complaint. The patient will be provided with a
3 written notice of the complaint determination that contains the name
4 of the hospital's contact person, the steps taken on his or her
5 behalf to investigate the complaint, the results of the complaint
6 and, when possible, the resolution of the complaint concerning the
7 quality of care;

8 21. To know which hospital rules, regulations, and policies
9 apply to the patient's conduct while receiving treatment at a
10 hospital;

11 22. If the patient is sixty-five (65) years of age or older,
12 the message from Medicare outlining the rights of the elderly shall
13 be provided to the patient at the time of his or her admission to
14 the hospital;

15 23. To access protective and advocacy services or have these
16 services accessed on the patient's behalf;

17 24. To be advised if a hospital or doctor proposes to engage in
18 research studies or human experimentation affecting the patient's
19 care or treatment. The patient has the right to consent or refuse
20 to participate in such research studies and to have those studies
21 fully explained prior to consent. All information provided to
22 subjects shall be contained in the medical record or research file,
23 along with the consent forms. Refusal to participate or
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1 discontinuation of participation shall not compromise the patient's
2 right to access care, treatment, or services;

3 25. To examine and receive an explanation of his or her bill
4 regardless of source of payment;

5 26. To ask and be informed of the existence of business
6 relationships among the hospital, educational institutions, health
7 care providers, or payers that may influence the patient's treatment
8 and care;

9 27. To remain free from restraints or seclusion in any forms
10 that are not medically necessary or are used as a means of coercion,
11 discipline, convenience, or retaliation by staff;

12 28. To information about pain and pain-relief measures, staff
13 committed to pain prevention and pain management, health
14 professionals who respond quickly to reports of pain, health
15 professionals who believe reports of pain, and state-of-the-art pain
16 management;

17 29. To receive the visitors whom he or she designates,
18 including, but not limited to, a spouse, a domestic partner,
19 including a same-sex domestic partner, another family member, or a
20 friend. The patient has the right to withdraw or deny consent at
21 any time. Visitation will not be restricted, limited, or otherwise
22 denied on the basis of race, color, national origin, religion, sex,
23 or disability; and
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1 30. Through use of the Hospital-Issued Notice of Noncoverage,
2 Medicare beneficiaries have the right to be informed in advance of
3 procedures or treatment for which Medicare may deny payment, and
4 that the beneficiary may be personally responsible for full payment
5 if Medicare denies payment.

6 B. A patient, guardian of a patient, or legally authorized
7 representative of a patient shall have the following
8 responsibilities:

9 1. To provide accurate and complete information concerning the
10 patient's present complaints, past illnesses, hospitalizations,
11 medications, and other matters relating to his or her health;

12 2. To report perceived risks in the patient's care and
13 unexpected changes in his or her condition to the responsible health
14 care provider;

15 3. For the patient's actions should he or she refuse treatment
16 or not follow his or her doctor's orders;

17 4. To ask questions when the patient does not understand what
18 he or she has been told about the patient's care or what he or she
19 is expected to do;

20 5. To be considerate of the rights of other patients and
21 hospital personnel;

22 6. To participate in educational and discharge planning
23 activities necessary to ensure that he or she has adequate knowledge
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1 and support services to provide him or her with a safe environment
2 upon discharge from the hospital;

3 7. To ask the doctor or nurse what to expect regarding pain
4 management, to discuss pain relief options with doctors and nurses
5 and to help develop a pain management plan, to ask for pain relief
6 when pain first begins, to help doctors and nurses assess the
7 patient's pain, to tell the doctors and nurses if his or her pain is
8 not relieved, and to tell doctors and nurses about any concerns
9 about taking pain medication;

10 8. For keeping appointments and for notifying the hospital or
11 doctor when he or she is unable to do so;

12 9. Being respectful of his or her personal property and that of
13 other patients in the hospital;

14 10. Following hospital procedures; and

15 11. Assuring that the financial obligations of his or her care
16 is fulfilled as promptly as possible.

17 C. Any minor patient has the following rights when being
18 treated in this state:

19 1. To be treated with respect in regards to:

20 a. each child and adolescent as a unique individual, and

21 b. the caretaking role and individual response of the
22 parent and legal guardian;

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1 2. To provisions for normal physical and physiological needs of
2 a growing child including nutrition, rest, sleep, warmth, activity,
3 and freedom to move and explore. Minors shall have the right to:

4 a. appropriate treatment in the least restrictive
5 setting,

6 b. not receive unnecessary or excessive medication,

7 c. an individualized treatment plan and the right to
8 participate in the plan,

9 d. a humane treatment environment that provides
10 reasonable protection from harm and appropriate
11 privacy for personal needs,

12 e. separation from adult patients when possible, and

13 f. regular communication between the minor patient and
14 the patient's family or legal guardian;

15 3. To consistent, supportive, and nurturing care which:

16 a. meets the emotional and psychosocial needs of the
17 minor, and

18 b. fosters open communication;

19 4. To provisions for self-esteem needs which will be met by
20 attempts to give the minor:

21 a. the reassuring presence of a caring person, especially
22 a parent,

23 b. freedom to express feelings or fears with appropriate
24 reactions,

- c. as much control as possible over both self and situation,
- d. opportunities to work through experiences before and after they occur, verbally, in play, or in other appropriate ways, and
- e. recognition for coping well during difficult situations;

5. To provisions for varied and normal stimuli of life which contributes to cognitive, social, emotional, and physical developmental needs such as play, educational, and social activities essential to all children and adolescents;

6. To information about what to expect prior to, during, and following a procedure or experience and support in coping with it;

7. To participate in decisions affecting their own medical treatment; and

8. To the minimization of stay duration by recognizing discharge planning needs.

D. All parents and legal guardians of minor patients in this state shall have the following responsibilities:

1. To continue in their parenting role to the extent of their ability; and

2. To be available to participate in decision-making and provide staff with knowledge of other parent or family whereabouts.

1 SECTION 3. This act shall become effective November 1, 2023.

2 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
3 April 13, 2023 - DO PASS AS AMENDED
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