STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

HOUSE BILL 1013 By: Echols

AS INTRODUCED

An Act relating to health care; enacting the Lori Brand Patient Bill of Rights Act of 2023; creating a list of rights for a patient seeking treatment; specifying certain responsibilities of patients seeking treatment; creating certain rights for minor patients seeking treatment; specifying certain responsibilities of parents of minor patients seeking treatment in this state; providing for codification; and providing an effective date.

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

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

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

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 3501.1 of Title 63, unless there 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. The right to considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment, and/or exploitation;

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

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

4. To receive the name of the doctor who has primary responsibility for coordinating his or her care and the names and

professional relationships of other doctors, nurses, and health care providers who will see him or her;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24. To be advised if a hospital or doctor proposes to engage in research studies or human experimentation affecting the patient's care or treatment. The patient has the right to consent or refuse to participate in such research studies and to have those studies fully explained prior to consent. All information provided to subjects shall be contained in the medical record or research file, along with the consent forms. Refusal to participate or

discontinuation of participation shall not compromise the patient's right to access care, treatment, or services;

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

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

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

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

29. To receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner, including a same-sex domestic partner, another family member, or a friend. The patient has the right to withdraw or deny consent at any time. Visitation will not be restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability; and

30. Through use of the Hospital-Issued Notice of Noncoverage, Medicare beneficiaries have the right to be informed in advance of procedures or treatment for which Medicare may deny payment, and that the beneficiary may be personally responsible for full payment if Medicare denies payment.

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

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

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

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

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

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

6. To participate in educational and discharge planning activities necessary to ensure that he or she has adequate knowledge

and support services to provide him or her with a safe environment upon discharge from the hospital;

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

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

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

10. Following hospital procedures; and

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

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

1. To be treated with respect in regards to:

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

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

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

- a. appropriate treatment in the least restrictive setting,
- b. not receive unnecessary or excessive medication,
- c. an individualized treatment plan and the right to participate in the plan,
- d. a humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs,
- e. separation from adult patients when possible, and
- f. regular communication between the minor patient and the patient's family or legal guardian;

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

- a. meets the emotional and psychosocial needs of the minor, and
- b. fosters open communication;

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

- a. the reassuring presence of a caring person, especially a parent,
- b. freedom to express feelings or fears with appropriate 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.

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

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