

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 60th Legislature (2025)

4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 1600

By: Gise, Williams, Pae,
7 Roberts, Caldwell (Chad),
8 Adams, Steagall, **Harris**,
9 and **Kelley** of the House

and

Hines of the Senate

10
11 COMMITTEE SUBSTITUTE

12 An Act relating to health care; enacting the Lori
13 Brand Patient Bill of Rights Act of 2025; creating a
14 list of rights for a patient seeking treatment;
15 specifying certain responsibilities of patients
16 seeking treatment; creating certain rights for minor
17 patients seeking treatment; specifying certain
18 responsibilities of parents of minor patients seeking
19 treatment in this state; providing for codification;
20 and providing an effective date.

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

22 SECTION 1. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 3401 of Title 63, unless there
24 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 2025".

1 SECTION 2. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 3401.1 of Title 63, unless there
3 is created a duplication in numbering, reads as follows:

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

6 1. The right to considerate and respectful care, provided in a
7 safe environment, free from all forms of abuse, neglect, harassment,
8 and exploitation;

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

18 3. To receive as much information about any proposed treatment
19 or procedure as he or she may need in order to give informed consent
20 or to refuse the course of treatment. Except in emergencies, this
21 shall include a description of the procedure or treatment, the
22 medically significant risks involved in the procedure or treatment,
23 alternate courses of treatment or nontreatment and the risks

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1 involved in each, and the name of the person who will carry out the
2 procedure or treatment;

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

13 5. To participate in the development and implementation of his
14 or her plan of care and actively participate in decisions regarding
15 his or her medical care;

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

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

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

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

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

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

11 12. To confidential treatment of all communications and records
12 pertaining to his or her care and stay at the hospital;

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

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

7 15. To be advised of the hospital's complaint or grievance
8 process should the patient wish to communicate a concern regarding
9 the quality of care he or she receives. This includes whom to
10 contact to file a complaint. The patient will be provided with a
11 written notice of the complaint determination that contains the name
12 of the hospital's contact person, the steps taken on his or her
13 behalf to investigate the complaint, the results of the complaint
14 and, when possible, the resolution of the complaint concerning the
15 quality of care;

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

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

21 18. To receive the visitors whom he or she designates,
22 including, but not limited to, a spouse, a domestic partner,
23 including a same-sex domestic partner, another family member, or a
24 friend. The patient has the right to withdraw or deny consent at

1 any time. Visitation will not be restricted, limited, or otherwise
2 denied on the basis of race, color, national origin, religion, sex,
3 or disability; and

4 19. Through use of the hospital-issued notice of noncoverage,
5 Medicare beneficiaries have the right to be informed in advance of
6 procedures or treatment for which Medicare may deny payment, and
7 that the beneficiary may be personally responsible for full payment
8 if Medicare denies payment.

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

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

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

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

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

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

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

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

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

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

16 10. Following hospital procedures; and

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

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

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

- 22 a. each child and adolescent as a unique individual, and
- 23 b. the caretaking role and individual response of the
- 24 parent and legal guardian;

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,

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

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

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

14 7. To participate in decisions affecting his or her own medical
15 treatment; and

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

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

20 1. To continue in his or her parenting role to the extent of
21 his or her ability; and

22 2. To be available to participate in decision-making and
23 provide staff with knowledge of other parent or family whereabouts.
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SECTION 3. This act shall become effective November 1, 2025.

COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
OVERSIGHT, dated 03/05/2025 - DO PASS, As Amended and Coauthored.