STATE OF OKLAHOMA

1st Session of the 47th Legislature (1999)

SENATE BILL NO. _____ By: Weedn

AS INTRODUCED

An Act relating to public health and safety; creating the "Patient's Right to Know Act"; citing act; requiring certain entities to provide specified information; specifying information to be provided; requiring promulgation of rules; requiring certain annual report; requiring certain providers to report certain occurrences; providing penalty for failure to report such occurrence; requiring investigation and report to patient or patient's family; requiring development of consent form for certain purpose; requiring witnessing of signing of form; providing for contents of form; requiring certain language be displayed prominently; providing for separate consent form for certain procedure; providing for penalty; requiring certain audit; allowing modification of published rates for specified entities; specifying information to be included in report; providing for codification; and providing an effective date.

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

SECTION 613. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-760.1 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 "Patient's Right to Know Act".

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-760.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. All hospitals or related institutions licensed pursuant to the provisions of Section 1-701 et seq. of Title 63 of the Oklahoma Statutes shall, upon written request, provide the information described in subsection B of this section to patients, prospective patients and the public at large.

B. The following information shall be maintained by all hospitals or related institutions that offer medical and surgical treatment in a format suitable for distribution to the public:

1. The number of patients in each of the Diagnosis-Related Groups (DRGs) listed in subsection G of this section, for which the hospital or related institution discharged at least twenty-five (25) patients during the preceding calendar year;

2. The mortality rate for each DRG, defined as the ratio of the number of deaths during hospitalization and thirty (30) days thereafter, to the number of patients discharged in each DRG;

3. The infection rate for each DRG, including, but not limited to, readmissions within thirty (30) days after discharge for infections related to treatment;

4. The rate of adverse incidents; and

5. The total number of discharges during the preceding calendar year, and the overall rates of mortality, infection, and adverse incidents.

C. 1. The State Board of Health shall promulgate rules defining the DRGs and age categories to be reported by each hospital or related institution not later than six (6) months after the effective date of this act. The Board shall develop for inclusion in the initial report a list of DRGs which shall include, but not be limited to, the list of DRGs in subsection G of this section; provided, however, such DRGs may be substituted with other groupings at the discretion of the Board as long as at least twelve reporting categories are provided.

2. The State Department of Health shall publish, at least annually, a report listing the information described in subsection B of this section for each hospital or related institution in the state. The report shall be available in all public libraries and shall be available for sale to the public at a reasonable cost. The

first such report shall be available not later than six (6) months after promulgation of rules by the Board.

D. 1. Any health care provider licensed or certified pursuant to state law with direct knowledge of the occurrence of an adverse incident shall report such occurrence to the risk manager of the hospital or related institution in which such incident occurred as soon as practicable after acquiring such knowledge. Failure of such provider to comply with this reporting requirement shall be reported by the risk manager to the Board for the purpose of pursuing disciplinary proceedings against the provider. The risk manager of the hospital or related institution shall report all adverse incidents under this act. The Insurance Commissioner may suspend, for a period of not less than one (1) year, the license of a risk manager who fails to make any reports required by this section.

2. All reports of adverse incidents shall be investigated by the Department which shall, within ten (10) days of a finding of probable cause, so inform, in writing, the patient who suffered serious injury, or in the event of the patient's death, shall so inform such patient's family.

E. 1. The Department shall require each hospital or related institution to develop a detailed consent form to ensure that a patient receives, in advance of treatment, a full written explanation of the possible risks, benefits and side effects for each of the DRGs for which treatment is offered. Where practicable, the signing of the consent form shall be witnessed by a person designated by the patient, or by a notary public, and shall contain the following information:

a. the name, qualifications, and role of each provider who will be involved in the procedure,

b. a statement of the patient's history and physical examination findings and the plan of action for that patient,

c. each incidental procedure including the incision type, location and size, and the method by which the incision shall be closed,

d. with regard to consent for possible procedures, a statement of the condition requiring the possible procedure,

e. all alternative treatment options and their risks and benefits, and

f. a statement showing the amount of liability insurance coverage carried by each provider and the hospital or related institution.

2. Whenever the hospital or related institution or any provider who is involved in treatment has limited liability for patient injury, the following language shall be displayed prominently on the consent form: "I understand that (name of person and/or the facility) enjoys/enjoy a special legal status that protects him/her/them from paying medical malpractice judgments over One Hundred Thousand Dollars ($100,000.00) without passage of a special act by both houses of the state legislature. I also understand that other institutions may not have this limitation."

3. A separate consent form shall be provided for general anesthesia.

4. Failure to comply with the provisions of this act shall constitute grounds for discipline.

F. 1. The Department shall conduct an unannounced audit of a random sample of patient records at each hospital or related institution in this state at least biannually to determine whether the rates of adverse incidents, infections and mortality are being reported accurately.

2. If such audit reveals a substantial difference between the rates reported by the risk manager and rates determined in the

audit, the published rates for that hospital or related institution may be adjusted to reflect the rates determined by the audit.

G. The following Diagnosis-Related Groups shall be included in the report required by this act:

1. DRG1: Craniotomy without trauma, age greater than seventeen (17) years;

2. DRG5: Extracranial vascular procedures;

3. DRG14: Specific Cerebrovascular disorders except TIA;

4. DRG15: Transient ischemic attack and precerebral occlusions;

5. DRG90: Simple pneumonia and pleurisy, age greater than seventeen (17) years;

6. DRG104: Cardiac valve procedure with pump and cardiac catheterization;

7. DRG127: Heart failure and shock;

8. DRG148: Major small and large bowel procedures with complication/comorbidity;

9. DRG167: Appendectomy without complicated principal diagnosis without complication;

10. DRG174: G.I. Hemorrhage with complication/comorbidity;

11. DRG198: Total cholecystectomy without common bile duct exploration without compliance;

12. DRG209: Major joint and limb reattachment procedures;

13. DRG210: Hip and femur procedures except major joint;

14. DRG215: Back and neck procedures without complication/comorbidity;

15. DRG311: Transurethral procedures without complication/comorbidity;

16. DRG336: Transurethral prostatectomy with complication/comorbidity;

17. DRG359: Uterine/adnexa procedures for non-malignancy without complication/comorbity;

18. DRG371: Cesarean section without complication/comorbidity; and

19. DRG373: Vaginal delivery without complicating diagnosis.

SECTION 2. This act shall become effective November 1, 1999.

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