

STATE OF OKLAHOMA

2nd Session of the 58th Legislature (2022)

HOUSE BILL 4204

By: Echols

AS INTRODUCED

An Act relating to health care; enacting the Lori Brand Patient Bill of Rights Act of 2022; creating a list of rights of 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 2022".

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 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 from his or her doctor and other
5 relevant caregivers, about his or her illness, course of treatment,
6 outcomes of care including unanticipated outcomes, and his or her
7 prognosis for recovery in terms that he or she can understand;

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

16 4. The name of the doctor who has primary responsibility for
17 coordinating his or her care and the names and professional
18 relationships of other doctors, nurses, and health care providers
19 who will see him or her;

20 5. To have an advance directive attorney for health care
21 concerning treatment or to designate a surrogate decision-maker with
22 the expectation that the hospital will honor the intent of that
23 directive to the extent allowed by law and hospital policy. The
24 provider must advise a patient of his or her rights under state law

1 and hospital policy to make informed medical choices, ask if the
2 patient has an advanced directive, and include that information in
3 patient records. The patient has the right to timely information
4 about hospital policy that may limit its ability to implement a
5 legally valid advance directive;

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

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

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

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

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

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

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

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

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

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

15 16. To confidential treatment of all communications and records
16 pertaining to his or her care and stay at the facility. His or her
17 written authorization giving permission shall be obtained before his
18 or her medical records can be made available to anyone not directly
19 concerned with his or her care;

20 17. To expect that, within its capacity and policies, the
21 hospital will make a reasonable response to the request of a patient
22 for appropriate and medically directed care and services. The
23 hospital must provide evaluation, service, and or a referral as
24 indicated by the urgency of the case. When medically appropriate

1 and legally permissible, or when a patient has requested a transfer,
2 that patient may be transferred to another facility. That facility
3 must have first accepted the patient for transfer. The patient must
4 also have the benefit of the complete information and explanation
5 concerning the need for, risks, benefits, and alternatives to such a
6 transfer;

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

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

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

1 21. To be advised of the facility's complaint or grievance
2 process should the patient wish to communicate a concern regarding
3 the quality of care he or she receives. This includes whom to
4 contact to file a complaint. The patient will be provided with a
5 written notice of the complaint determination that contains the name
6 of the facility's contact person, the steps taken on his or her
7 behalf to investigate the complaint, the results of the complaint
8 and when possible, the resolution of the complaint concerning the
9 quality of care;

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

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

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

19 25. To be advised if a hospital or doctor proposes to engage in
20 research studies or human experimentation affecting his or her care
21 or treatment. The patient has the right to consent or refuse to
22 participate in such research projects and to have those studies
23 fully explained prior to consent. All information provided to
24 subjects shall be contained in the medical record or research file,

1 along with the consent forms. Refusal to participate or
2 discontinuation of participation shall not compromise the patient's
3 right to access care, treatment, or services;

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

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

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

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

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

1 31. Through use of the Hospital Issued Notice of Noncoverage
2 (HINN), Medicare beneficiaries have the right to be informed in
3 advance of procedures or treatment for which Medicare may deny
4 payment, and that the beneficiary may be personally responsible for
5 full payment 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 his
10 or her present complaints, past illnesses, hospitalizations,
11 medications, and other matters relating to his or her health;

12 2. For reporting perceived risks in his or her care and
13 unexpected changes in his or her condition to the responsible
14 practitioner;

15 3. For following the treatment plan established by his or her
16 doctor, including the instructions of nurses and other health
17 professionals, as they carry out the doctor's orders;

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

20 5. For asking questions when the patients do not understand
21 what they have been told about the patient's care or what he or she
22 are expected to do;

23 6. For being considerate of the rights of other patients and
24 hospital personnel;

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

5 8. 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 worries you
11 have about taking pain medication;

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

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

16 11. Following hospital procedures; and

17 12. 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 receive respect for:

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

23 b. the caretaking role and individual response of the
24 parent;

1 2. To provision for normal physical and physiological needs of
2 a growing child to include 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 to 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;

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

- 16 a. meets the emotional and psychosocial needs of the
17 child, and
- 18 b. fosters open communication;

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

- 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 and reward 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 participation of children and families in decisions affecting their own medical treatment; and

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

D. All parents 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, 2022.

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