## An Act

ENROLLED HOUSE BILL NO. 1600

By: Gise, Williams, Pae, Roberts, Caldwell (Chad), Adams, Steagall, Harris, Kelley, and Stark of the House

and

Hines, McIntosh, Standridge, Green, Bullard, Hamilton, Grellner, and Sacchieri of the Senate

An Act relating to health care; creating the Lori Brand Patient Bill of Rights Act of 2025; providing short title; creating a list of rights for patients 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; providing for codification; and providing an effective date.

SUBJECT: Health care

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 3401 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 2025".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 3401.1 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. To receive considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment, and exploitation;

2. To receive information in plain language and in a manner that is accessible and timely. Communications with the patient shall be effective and provided in a manner that facilitates understanding to the best of the patient's ability.

- a. For a patient with one or more disabilities, the right conferred by this paragraph shall include the use of accessible websites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.
- b. For a patient with limited English proficiency, the right conferred by this paragraph shall include the provision of language services at no cost to the individual, including oral interpretation and written translations;

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 information 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 shall carry out the procedure or treatment;

4. To execute an advance directive 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 shall 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;

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

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

7. To be 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;

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

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

10. To review and obtain a copy of the medical records pertaining to his or her medical care, with full disclosure of any associated fees for such copies, except when restricted by law;

11. To receive 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;

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

13. To expect that, within its capability, capacity, and policies, the hospital shall make a reasonable response to the request of a patient for appropriate and medically directed care and services. The hospital shall provide evaluation, service, and 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. The receiving facility shall have first agreed to accept the patient for transfer. The patient shall also have the benefit of the complete information and explanation concerning the need for, risks and benefits of, and alternatives to such a transfer; 14. To a mechanism, which shall be implemented and maintained by the hospital, for the consideration of ethical issues arising in the care of patients, and to education on ethical issues in health care, which the hospital shall provide to caregivers and patients;

15. 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 and to be advised of whom to contact to file a complaint. The patient shall be provided with a written notice of the complaint determination that contains the name of the hospital's contact person, the steps taken on the patient's behalf to investigate the complaint, the results of the complaint and, when possible, the resolution of the complaint concerning the quality of care;

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

17. 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;

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

19. For a patient who is a Medicare beneficiary, to be informed, through use of the hospital-issued notice of noncoverage, in advance of procedures or treatment for which Medicare may deny payment, including a statement 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. To keep appointments and to notify the hospital or doctor when he or she is unable to do so;

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

10. To follow hospital procedures; and

11. To ensure that the financial obligations of his or her care are 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,
- 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;

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

- a. the reassuring presence of a parent or legal guardian,
- 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
- recognition for coping well during difficult situations;

5. To provisions for varied and normal stimuli of life which contribute to cognitive, social, emotional, and physical developmental needs such as play and 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 with a parent or legal guardian affecting his or her own medical treatment; and

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

D. Notwithstanding subsection C, parents or legal guardians have the final say in their minor child's medical care as specified in Section 2002 of Title 25 of the Oklahoma Statutes, subject to the provisions of Title 63 of the Oklahoma Statutes.

E. Each parent or legal guardian of minor patients in this state shall have the following responsibilities:

1. To continue in his or her parenting role to the extent of his or her 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, 2025.

Passed the House of Representatives the 14th day of May, 2025.

Presiding Officer of the House of Representatives

Passed the Senate the 30th day of April, 2025.

Presiding Officer of the Senate

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