

1 **SENATE FLOOR VERSION**

2 April 7, 2025

3 ENGROSSED HOUSE  
4 BILL NO. 1600

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

7 and

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

10  
11  
12 An Act relating to health care; enacting the Lori  
Brand Patient Bill of Rights Act of 2025; creating a  
13 list of rights for a patient seeking treatment;  
specifying certain responsibilities of patients  
14 seeking treatment; creating certain rights for minor  
patients seeking treatment; specifying certain  
15 responsibilities of parents of minor patients seeking  
treatment; providing for codification; and providing  
16 an effective date.

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18  
19 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

20 SECTION 1. NEW LAW A new section of law to be codified  
21 in the Oklahoma Statutes as Section 3401 of Title 63, unless there  
22 is created a duplication in numbering, reads as follows:

23 This act shall be known and may be cited as the "Lori Brand  
24 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

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

4. 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 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 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 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;

8. To have a family member or representative of his or her 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 shall make a reasonable response to the  
15 request of a patient for appropriate and medically directed care and  
16 services. The hospital shall 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 shall have first accepted the patient for transfer.  
21 The patient shall 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;

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 shall 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 shall 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 parent or legal guardian,
- 22           b. freedom to express feelings or fears with appropriate  
23               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 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 this title.

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

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

3        2. To be available to participate in decision-making and  
4 provide staff with knowledge of other parent or family whereabouts.

5        SECTION 3. This act shall become effective November 1, 2025.

6 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES  
7 April 7, 2025 - DO PASS  
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