

1 ENGROSSED SENATE AMENDMENT
TO
2 ENGROSSED HOUSE
BILL NO. 1600

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

and

Hines and McIntosh of the
Senate

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10 An Act relating to health care; enacting the Lori
11 Brand Patient Bill of Rights Act of 2025; creating a
12 list of rights for a patient seeking treatment;
13 specifying certain responsibilities of patients
14 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.

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17 AUTHOR: Add the following Senate Coauthors: Standridge, Green,
18 Bullard, Hamilton, Grellner, and Sacchieri

19 AMENDMENT NO. 1. Page 1, strike the title, enacting clause and
20 entire bill and insert

21 "An Act relating to health care; creating the Lori
22 Brand Patient Bill of Rights Act of 2025; providing
23 short title; creating a list of rights for patients
24 seeking treatment; specifying certain
responsibilities of patients seeking treatment;
creating certain rights for minor patients seeking
treatment; specifying certain responsibilities of

1 parents of minor patients seeking treatment;
2 providing for codification; and providing an
3 effective date.

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

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

8 This act shall be known and may be cited as the "Lori Brand
9 Patient Bill of Rights Act of 2025".

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

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

15 1. To receive considerate and respectful care, provided in a
16 safe environment, free from all forms of abuse, neglect, harassment,
17 and exploitation;

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

22 a. For a patient with one or more disabilities, the right
23 conferred by this paragraph shall include the use of
24 accessible websites and the provision of auxiliary

1 aids and services at no cost to the individual in
2 accordance with the Americans with Disabilities Act of
3 1990 and Section 504 of the Rehabilitation Act of
4 1973.

5 b. For a patient with limited English proficiency, the
6 right conferred by this paragraph shall include the
7 provision of language services at no cost to the
8 individual, including oral interpretation and written
9 translations;

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

18 4. To execute an advance directive for health care concerning
19 treatment or to designate a surrogate decision-maker with the
20 expectation that the hospital will honor the intent of that
21 directive to the extent allowed by law and hospital policy. The
22 health care provider shall advise a patient of his or her rights
23 under state law and hospital policy to make informed medical
24 decisions, ask if the patient has an advance directive, and include

1 that information in patient records. The patient has the right to
2 timely information about hospital policy that may limit its ability
3 to implement a legally valid advance directive;

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

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

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

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

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

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

21 11. To receive reasonable continuity of care, when appropriate,
22 and to be informed by the doctor and other caregivers of available
23 and realistic patient care options when hospital care is no longer
24 appropriate;

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

3 13. To expect that, within its capability, capacity, and
4 policies, the hospital shall make a reasonable response to the
5 request of a patient for appropriate and medically directed care and
6 services. The hospital shall provide evaluation, service, and a
7 referral as indicated by the urgency of the case. When medically
8 appropriate and legally permissible, or when a patient has requested
9 a transfer, that patient may be transferred to another facility.
10 The receiving facility shall have first agreed to accept the patient
11 for transfer. The patient shall also have the benefit of the
12 complete information and explanation concerning the need for, risks
13 and benefits of, and alternatives to such a transfer;

14 14. To a mechanism, which shall be implemented and maintained
15 by the hospital, for the consideration of ethical issues arising in
16 the care of patients, and to education on ethical issues in health
17 care, which the hospital shall provide to caregivers and patients;

18 15. To be advised of the hospital's complaint or grievance
19 process should the patient wish to communicate a concern regarding
20 the quality of care he or she receives and to be advised of whom to
21 contact to file a complaint. The patient shall be provided with a
22 written notice of the complaint determination that contains the name
23 of the hospital's contact person, the steps taken on the patient's
24 behalf to investigate the complaint, the results of the complaint

1 and, when possible, the resolution of the complaint concerning the
2 quality of care;

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

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

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

14 19. For a patient who is a Medicare beneficiary, to be
15 informed, through use of the hospital-issued notice of noncoverage,
16 in advance of procedures or treatment for which Medicare may deny
17 payment, including a statement that the beneficiary may be
18 personally responsible for full payment if Medicare denies payment.

19 B. A patient, guardian of a patient, or legally authorized
20 representative of a patient shall have the following
21 responsibilities:

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

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

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

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

9 5. To be considerate of the rights of other patients and
10 hospital personnel;

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

15 7. To ask the doctor or nurse what to expect regarding pain
16 management, to discuss pain relief options with doctors and nurses
17 and to help develop a pain management plan, to ask for pain relief
18 when pain first begins, to help doctors and nurses assess the
19 patient's pain, to tell the doctors and nurses if his or her pain is
20 not relieved, and to tell doctors and nurses about any concerns
21 about taking pain medication;

22 8. To keep appointments and to notify the hospital or doctor
23 when he or she is unable to do so;

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

3 10. To follow hospital procedures; and

4 11. To ensure that the financial obligations of his or her care
5 are fulfilled as promptly as possible.

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

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

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

10 b. the caretaking role and individual response of the
11 parent and legal guardian;

12 2. To provisions for normal physical and physiological needs of
13 a growing child including nutrition, rest, sleep, warmth, activity,
14 and freedom to move and explore. Minors shall have the right to:

15 a. appropriate treatment in the least restrictive
16 setting,

17 b. not receive unnecessary or excessive medication,

18 c. an individualized treatment plan and the right to
19 participate in the plan,

20 d. a humane treatment environment that provides
21 reasonable protection from harm and appropriate
22 privacy for personal needs,

23 e. separation from adult patients when possible, and
24

1 f. regular communication between the minor patient and
2 the patient's family or legal guardian;

3 3. To consistent, supportive, and nurturing care;

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

6 a. the reassuring presence of a parent or legal guardian,

7 b. freedom to express feelings or fears with appropriate
8 reactions,

9 c. as much control as possible over both self and
10 situation,

11 d. opportunities to work through experiences before and
12 after they occur, verbally, in play, or in other
13 appropriate ways, and

14 e. recognition for coping well during difficult
15 situations;

16 5. To provisions for varied and normal stimuli of life which
17 contribute to cognitive, social, emotional, and physical
18 developmental needs such as play and educational and social
19 activities essential to all children and adolescents;

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

22 7. To participate in decisions with a parent or legal guardian
23 affecting his or her own medical treatment; and
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1 8. To the minimization of stay duration by recognizing
2 discharge planning needs.

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

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

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

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

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

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

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Presiding Officer of the Senate

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18 Passed the House of Representatives the ____ day of _____,
19 2025.

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Presiding Officer of the House
of Representatives

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1 ENGROSSED HOUSE
2 BILL NO. 1600

By: Gise, Williams, Pae,
Roberts, Caldwell (Chad),
Adams, Steagall, Harris,
Kelley, and Stark of the
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5 Hines and McIntosh of the
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8 An Act relating to health care; enacting the Lori
9 Brand Patient Bill of Rights Act of 2025; creating a
10 list of rights for a patient seeking treatment;
11 specifying certain responsibilities of patients
12 seeking treatment; creating certain rights for minor
13 patients seeking treatment; specifying certain
14 responsibilities of parents of minor patients seeking
15 treatment; providing for codification; and providing
16 an effective date.

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

18 SECTION 4. NEW LAW A new section of law to be codified
19 in the Oklahoma Statutes as Section 3401 of Title 63, unless there
20 is created a duplication in numbering, reads as follows:

21 This act shall be known and may be cited as the "Lori Brand
22 Patient Bill of Rights Act of 2025".

23 SECTION 5. NEW LAW A new section of law to be codified
24 in the Oklahoma Statutes as Section 3401.1 of Title 63, unless there
is created a duplication in numbering, reads as follows:

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

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

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

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

23 4. To have an advance directive attorney for health care
24 concerning treatment or to designate a surrogate decision-maker with

1 the expectation that the hospital will honor the intent of that
2 directive to the extent allowed by law and hospital policy. The
3 health care provider shall advise a patient of his or her rights
4 under state law and hospital policy to make informed medical
5 decisions, ask if the patient has an advance directive, and include
6 that information in patient records. The patient has the right to
7 timely information about hospital policy that may limit its ability
8 to implement a legally valid advance directive;

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

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

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

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

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

23 10. To review the records and obtain a copy of the medical
24 records pertaining to his or her medical care and to have the

1 information explained or interpreted as necessary, except when
2 restricted by law;

3 11. To reasonable continuity of care, when appropriate, and to
4 be informed by the doctor and other caregivers of available and
5 realistic patient care options when hospital care is no longer
6 appropriate;

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

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

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

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

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

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

17 18. To receive the visitors whom he or she designates,
18 including, but not limited to, a spouse, a domestic partner,
19 including a same-sex domestic partner, another family member, or a
20 friend. The patient has the right to withdraw or deny consent at
21 any time. Visitation shall not be restricted, limited, or otherwise
22 denied on the basis of race, color, national origin, religion, sex,
23 or disability; and
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1 19. Through use of the hospital-issued notice of noncoverage,
2 Medicare beneficiaries have the right to be informed in advance of
3 procedures or treatment for which Medicare may deny payment, and
4 that the beneficiary may be personally responsible for full payment
5 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 the
10 patient's present complaints, past illnesses, hospitalizations,
11 medications, and other matters relating to his or her health;

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

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

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

20 5. To be considerate of the rights of other patients and
21 hospital personnel;

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

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

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

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

14 10. Following hospital procedures; and

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

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

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

- 20 a. each child and adolescent as a unique individual, and
- 21 b. the caretaking role and individual response of the
- 22 parent and legal guardian;
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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 6. This act shall become effective November 1, 2025.

6 Passed the House of Representatives the 25th day of March, 2025.

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Presiding Officer of the House
of Representatives

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11 Passed the Senate the ____ day of _____, 2025.

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Presiding Officer of the Senate

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