

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 761

By: McIntosh

AS INTRODUCED

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 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; 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 2025".

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:

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 or 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 will carry out the
22 procedure or treatment;

23 4. To receive the name of the doctor who has primary
24 responsibility for coordinating his or her care;

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

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

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

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

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

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

1 11. 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 12. To access his or her medical records, including current
8 medical records, upon a verbal or written request, in the form and
9 format requested by the individual, if it is readily producible in
10 such form and format (including in an electronic form or format when
11 such medical records are maintained electronically); or, if not, in
12 a readable hard copy form or such other form and format as agreed to
13 by the facility and the individual, and within a reasonable time
14 frame. The hospital must not frustrate the legitimate efforts of
15 individuals to gain access to their own medical records and must
16 actively seek to meet these requests as quickly as its record
17 keeping system permits;

18 13. To reasonable continuity of care, when appropriate, and to
19 be informed by the doctor and other caregivers of available and
20 realistic patient care options when hospital care is no longer
21 appropriate;

22 14. To confidential treatment of all communications and records
23 pertaining to his or her care and stay at the hospital. The
24 patient's written authorization shall be obtained before his or her
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1 medical records can be made available to anyone not directly
2 concerned with his or her care;

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

14 16. The patient or patient's representative has the right to
15 participate in the consideration of ethical issues that might arise
16 in the care of the patient. The hospital shall have a mechanism for
17 the consideration of ethical issues arising in the care of patients
18 and to provide education to caregivers and patients on ethical
19 issues in health care;

20 17. To be advised of the hospital's complaint or grievance
21 process should the patient wish to communicate a concern regarding
22 the quality of care he or she receives. This process shall include
23 whom to contact to file a complaint. The patient shall be provided
24 with a written notice of the complaint determination that contains

1 the contact information of the patient advocate or similar person or
2 department, the steps taken on his or her behalf to investigate the
3 complaint, the results of the complaint and, when possible, the
4 resolution of the complaint concerning the quality of care;

5 18. If the patient is sixty-five (65) years of age or older,
6 the message from Medicare outlining the rights of the elderly shall
7 be provided to the patient at the time of his or her admission to
8 the hospital;

9 19. To be advised if a hospital or doctor proposes to engage in
10 medical education, training examinations with students or other
11 personnel, research studies, or human experimentation affecting the
12 patient's care or treatment. The patient has the right to consent
13 or refuse to participate in and to have such education, training
14 examinations, research studies, or experiments fully explained prior
15 to consent. All information provided to subjects shall be contained
16 in the medical record or research file, along with the consent
17 forms. Refusal to participate or discontinuation of participation
18 shall not compromise the patient's right to access care, treatment,
19 or services;

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

22 21. To find publicly disclosed on any website for the hospital
23 any language that would put a reasonable person on notice as to
24 whether the hospital may be corporately-owned or physician-owned.

1 For purposes of this section, a public website for the hospital does
2 not include, by way of example: social media websites, electronic
3 payment portals, electronic patient care portals, or electronic
4 health information exchanges;

5 22. 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 23. To receive the visitors whom he or she designates,
9 including, but not limited to, a spouse, a domestic partner,
10 including a same-sex domestic partner, another family member, or a
11 friend. The patient has the right to withdraw or deny consent at
12 any time. Visitation shall not be restricted, limited, or otherwise
13 denied on the basis of race, color, national origin, religion, sex,
14 disease type or state, or disability; and

15 24. Through use of the Hospital-Issued Notice of Noncoverage,
16 Medicare beneficiaries have the right to be informed in advance of
17 procedures or treatment for which Medicare may deny payment, and
18 that the beneficiary may be personally responsible for full payment
19 if Medicare denies payment.

20 B. A patient, guardian of a patient, or legally authorized
21 representative of a patient shall have the following
22 responsibilities:
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1 1. To provide accurate and complete information concerning the
2 patient's present complaints, past illnesses, hospitalizations,
3 medications, and other matters relating to his or her health;

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

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

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

12 5. To be considerate of the rights of other patients and
13 hospital personnel;

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

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

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

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

5 10. Following hospital procedures; and

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

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

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

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

12 b. the caretaking role and individual response of the
13 parent and legal guardian;

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

17 a. appropriate treatment in the least restrictive
18 setting,

19 b. not receive unnecessary or excessive medication,

20 c. an individualized treatment plan and the right to
21 participate in the plan,

22 d. a humane treatment environment that provides
23 reasonable protection from harm and appropriate
24 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 which:

- a. meets the emotional and psychosocial needs of the minor, and
- b. fosters open communication;

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

- a. the reassuring presence of a parent, guardian, or designee of the parent or guardian,
- b. 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
- 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;

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

3 7. To participate with the minor's parent or guardian in
4 decisions affecting his or her own medical treatment; and

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

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

9 1. To continue in their parenting role to the extent of their
10 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.

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