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HOUSE BILL NO. 376

INTRODUCED BY J. GILLETTE, F. ANDERSON, S. KERNS, J. SCHILLINGER, C. KNUDSEN, S. GIST, K. ZOLNIKOV, B. MITCHELL, P. FIELDER, S. VINTON, G. OBLANDER, G. KMETZ, T. FALK, L. DEMING, Z. WIRTH, N. DURAM, E. BUTCHER, N. HASTINGS

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING A HOSPITAL PATIENT BILL OF RIGHTS."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Patient bill of rights.** The following rights may be exercised by a patient or, if the patient lacks decisionmaking capacity, is legally incompetent, or is a minor, by a patient's designated surrogate or lay proxy decisionmaker as defined in 50-5-1301:

- (1) The patient has the right to be treated with dignity and respect.
- (2) The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
- (3) Except in emergencies when the patient lacks decisionmaking capacity and the need for treatment is urgent, the patient is entitled to ~~the opportunity to discuss and request be informed of~~ information related to the specific procedures and treatments that are recommended or planned, the risks involved that may cause harm to the patient, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
- (4) The patient has the right to know the identity of physicians, nurses, and others involved in the patient's care, as well as whether those involved are students, residents, or other trainees
- (5) The patient has the right to know the immediate and long-term financial implications of treatment choices, to the extent the costs are known.
- (6) (a) The patient has the right to make decisions about the plan of care prior to and during the course of treatment, to refuse a recommended treatment or plan of care, and to be informed of the medical consequences of the decision.
- (b) When the patient refuses a recommended treatment or plan of care, the patient is entitled to

1 other appropriate care and services that the hospital provides or to transfer to another hospital or discharge to  
2 home with impunity and without penalty or threat.

3 (c) A hospital shall notify patients of any policy that might affect patient choices within the facility.

4 (7) (a) The patient has the right to have an advance directive, including but not limited to a living  
5 will, health care proxy, or health care power of attorney, concerning treatment or designating a surrogate  
6 decisionmaker with the expectation that the hospital will honor the intent of the directive. A hospital shall advise  
7 a patient of the patient's rights under state law and hospital policy to make informed medical choices, ask if the  
8 patient has an advance directive or surrogate decisionmaker, and include that information in the patient's  
9 record.

10 (b) The patient has the right to timely information about hospital policy that may limit the hospital's  
11 ability to implement fully a legally valid advance directive or surrogate decisionmaker.

12 (8) The patient has the right to have an advocate or support person of the patient's choosing  
13 present in clinically appropriate settings.

14 ~~(8)(9)~~ The patient has the right to visitation privileges that are no more restrictive for nonfamily  
15 members than they are for immediate family members and, in an end-of-life situation, has the right to visitation  
16 regardless of the patient's diagnosis. If the diagnosis or condition of a person at the end of life requires specific  
17 protocols, the hospital shall make accommodations to facilitate visitation in accordance with the protocols and  
18 may not eliminate the opportunity for visitation unless allowing visitation would violate federal requirements and  
19 result in loss of payment.

20 ~~(9)(10)~~ The patient has the right to every consideration of privacy.

21 ~~(10)(11)~~ The patient has the right to review records pertaining to the patient's medical care and to  
22 have the information explained or interpreted as necessary.

23 ~~(11)(12)~~ (a) The patient has the right to expect that, within its capacity and policies, a hospital will  
24 make reasonable response to the patient's request for appropriate and medically indicated care and services.  
25 The hospital shall provide evaluation, service, or referral as indicated by the urgency of the case.

26 (b) When medically appropriate and legally permissible or on request of the patient, the patient  
27 may be transferred to another facility that has accepted the patient for transfer. The patient must have the  
28 benefit of complete information and explanation concerning the need for, risks and benefits of, and alternatives

1 to the transfer.

2 ~~(12)~~(13) The patient has the right to ~~ask and~~ be informed of the existence of business relationships  
3 among the hospital, educational institutions, other health care providers, or payers that may influence the  
4 patient's care and treatment.

5 ~~(13)~~(14) The patient has the right to consent or decline to participate in proposed research studies or  
6 human experimentation affecting care and treatment or requiring direct patient involvement and to have the  
7 studies fully explained prior to consent. A patient who declines to participate in research or experimentation is  
8 entitled to the most effective care that the hospital can otherwise provide.

9 ~~(14)~~(15) The patient has the right to expect continuity of care and care coordination between the  
10 patient's regular care provider and hospital care and to be informed by physicians and other caregivers of  
11 available and realistic patient care options when hospital care is no longer appropriate.

12 ~~(15)~~(16) The patient has the right to be informed of available resources for resolving disputes,  
13 grievances, and conflicts, including but not limited to ethics committees, patient representatives, and other  
14 available avenues.

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16 NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an  
17 integral part of Title 50, chapter 5, part 1, and the provisions of Title 50, chapter 5, part 1, apply to [section 1].

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