Division

1	HOUSE BILL NO. 376	
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6	A BILL FOR A	N ACT ENTITLED: "AN ACT ESTABLISHING A HOSPITAL PATIENT BILL OF RIGHTS."
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8	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:	
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10	NEW S	SECTION. Section 1. Patient bill of rights. The following rights may be exercised by a patient
11	or, if the patient lacks decisionmaking capacity, is legally incompetent, or is a minor, by a patient's designated	
12	surrogate or lay proxy decisionmaker as defined in 50-5-1301:	
13	(1)	The patient has the right to be treated with dignity and respect.
14	(2)	The patient has the right to and is encouraged to obtain from physicians and other direct
15	caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.	
16	(3)	Except in emergencies when the patient lacks decisionmaking capacity and the need for
17	treatment is urgent, the patient is entitled to the opportunity to discuss and request BE INFORMED OF information	
18	related to the specific procedures and treatments that are recommended or planned, the risks involved <u>THAT</u>	
19	MAY CAUSE HARM TO THE PATIENT, the possible length of recuperation, and the medically reasonable alternatives	
20	and their accompanying risks and benefits.	
21	(4)	The patient has the right to know the identity of physicians, nurses, and others involved in the
22	patient's care,	as well as whether those involved are students, residents, or other trainees
23	(5)	The patient has the right to know the immediate and long-term financial implications of
24	treatment choices, to the extent the costs are known.	
25	(6)	(a) The patient has the right to make decisions about the plan of care prior to and during the
26	course of treatment, to refuse a recommended treatment or plan of care, and to be informed of the medical	
27	consequences of the decision.	
28	(b)	When the patient refuses a recommended treatment or plan of care, the patient is entitled to
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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 A hospital shall notify patients of any policy that might affect patient choices within the facility. (c) 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.

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

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(8) THE PATIENT HAS THE RIGHT TO HAVE AN ADVOCATE OR SUPPORT PERSON OF THE PATIENT'S

13 <u>CHOOSING PRESENT IN CLINICALLY APPROPRIATE SETTINGS.</u>

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.

(10)(11) The patient has the right to review records pertaining to the patient's medical care and to
 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.

(b) When medically appropriate and legally permissible or on request of the patient, the patient
 may be transferred to another facility that has accepted the patient for transfer. The patient must have the
 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. 15 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]. - END -18

