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ENGROSSED SUBSTITUTE HOUSE BILL 1141 (Corrected Copy)

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State of Washington

67th Legislature

2021 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Rude, Macri, Stonier, Tharinger, Ormsby, Frame, Pollet, Goodman, Peterson, Thai, Ramel, J. Johnson, Bateman, Simmons, Fitzgibbon, and Valdez)

READ FIRST TIME 01/22/21.

1 AN ACT Relating to increasing access to the provisions of the  
2 Washington death with dignity act; amending RCW 70.245.010,  
3 70.245.010, 70.245.020, 70.245.030, 70.245.040, 70.245.050,  
4 70.245.060, 70.245.070, 70.245.080, 70.245.090, 70.245.100,  
5 70.245.110, 70.245.120, 70.245.150, 70.245.180, 70.245.190,  
6 70.245.220, and 70.41.520; adding a new section to chapter 70.245  
7 RCW; adding a new section to chapter 70.41 RCW; providing effective  
8 dates; and providing an expiration date.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 **Sec. 1.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read  
11 as follows:

12 The definitions in this section apply throughout this chapter  
13 unless the context clearly requires otherwise.

14 (1) "Adult" means an individual who is eighteen years of age or  
15 older.

16 (2) "Attending (~~physician~~) qualified medical provider" means  
17 the physician, physician assistant licensed under chapter 18.71A RCW,  
18 osteopathic physician assistant licensed under chapter 18.57A RCW, or  
19 advanced registered nurse practitioner licensed under chapter 18.79  
20 RCW who has primary responsibility for the care of the patient and  
21 treatment of the patient's terminal disease.

1 (3) "Competent" means that, in the opinion of a court or in the  
2 opinion of the patient's attending (~~(physician)~~) qualified medical  
3 provider or consulting (~~(physician)~~) qualified medical provider,  
4 psychiatrist, or psychologist, a patient has the ability to make and  
5 communicate an informed decision to health care providers, including  
6 communication through persons familiar with the patient's manner of  
7 communicating if those persons are available.

8 (4) "Consulting (~~(physician)~~) qualified medical provider" means a  
9 physician, physician assistant licensed under chapter 18.71A RCW,  
10 osteopathic physician assistant licensed under chapter 18.57A RCW, or  
11 advanced registered nurse practitioner licensed under chapter 18.79  
12 RCW who is qualified by specialty or experience to make a  
13 professional diagnosis and prognosis regarding the patient's disease.

14 (5) "Counseling" means one or more consultations as necessary  
15 between a state licensed psychiatrist (~~(or)~~) psychologist,  
16 independent clinical social worker, advanced social worker, mental  
17 health counselor, or psychiatric advanced registered nurse  
18 practitioner and a patient for the purpose of determining that the  
19 patient is competent and not suffering from a psychiatric or  
20 psychological disorder or depression causing impaired judgment.

21 (6) "Health care provider" means a person licensed, certified, or  
22 otherwise authorized or permitted by law to administer health care or  
23 dispense medication in the ordinary course of business or practice of  
24 a profession, and includes a health care facility.

25 (7) "Informed decision" means a decision by a qualified patient,  
26 to request and obtain a prescription for medication that the  
27 qualified patient may self-administer to end his or her life in a  
28 humane and dignified manner, that is based on an appreciation of the  
29 relevant facts and after being fully informed by the attending  
30 (~~(physician)~~) qualified medical provider of:

31 (a) His or her medical diagnosis;

32 (b) His or her prognosis;

33 (c) The potential risks associated with taking the medication to  
34 be prescribed;

35 (d) The probable result of taking the medication to be  
36 prescribed; and

37 (e) The feasible alternatives including, but not limited to,  
38 comfort care, hospice care, and pain control.

39 (8) "Medically confirmed" means the medical opinion of the  
40 attending (~~(physician)~~) qualified medical provider has been confirmed

1 by a consulting (~~(physician)~~) qualified medical provider who has  
2 examined the patient and the patient's relevant medical records.

3 (9) "Patient" means a person who is under the care of (~~a~~  
4 ~~physician~~) an attending qualified medical provider.

5 (10) "Physician" means a doctor of medicine or osteopathy  
6 licensed to practice medicine in the state of Washington.

7 (11) "Qualified patient" means a competent adult who is a  
8 resident of Washington state and has satisfied the requirements of  
9 this chapter in order to obtain a prescription for medication that  
10 the qualified patient may self-administer to end his or her life in a  
11 humane and dignified manner.

12 (12) "Self-administer" means a qualified patient's act of  
13 ingesting medication to end his or her life in a humane and dignified  
14 manner.

15 (13) "Terminal disease" means an incurable and irreversible  
16 disease that has been medically confirmed and will, within reasonable  
17 medical judgment, produce death within six months.

18 **Sec. 2.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read  
19 as follows:

20 The definitions in this section apply throughout this chapter  
21 unless the context clearly requires otherwise.

22 (1) "Adult" means an individual who is eighteen years of age or  
23 older.

24 (2) "Attending (~~(physician)~~) qualified medical provider" means  
25 the physician, physician assistant licensed under chapter 18.71A RCW,  
26 or advanced registered nurse practitioner licensed under chapter  
27 18.79 RCW who has primary responsibility for the care of the patient  
28 and treatment of the patient's terminal disease.

29 (3) "Competent" means that, in the opinion of a court or in the  
30 opinion of the patient's attending (~~(physician)~~) qualified medical  
31 provider or consulting (~~(physician)~~) qualified medical provider,  
32 psychiatrist, or psychologist, a patient has the ability to make and  
33 communicate an informed decision to health care providers, including  
34 communication through persons familiar with the patient's manner of  
35 communicating if those persons are available.

36 (4) "Consulting (~~(physician)~~) qualified medical provider" means a  
37 physician, physician assistant licensed under chapter 18.71A RCW, or  
38 advanced registered nurse practitioner licensed under chapter 18.79

1 RCW who is qualified by specialty or experience to make a  
2 professional diagnosis and prognosis regarding the patient's disease.

3 (5) "Counseling" means one or more consultations as necessary  
4 between a state licensed psychiatrist ~~((or))~~, psychologist,  
5 independent clinical social worker, advanced social worker, mental  
6 health counselor, or psychiatric advanced registered nurse  
7 practitioner and a patient for the purpose of determining that the  
8 patient is competent and not suffering from a psychiatric or  
9 psychological disorder or depression causing impaired judgment.

10 (6) "Health care provider" means a person licensed, certified, or  
11 otherwise authorized or permitted by law to administer health care or  
12 dispense medication in the ordinary course of business or practice of  
13 a profession, and includes a health care facility.

14 (7) "Informed decision" means a decision by a qualified patient,  
15 to request and obtain a prescription for medication that the  
16 qualified patient may self-administer to end his or her life in a  
17 humane and dignified manner, that is based on an appreciation of the  
18 relevant facts and after being fully informed by the attending  
19 ~~((physician))~~ qualified medical provider of:

20 (a) His or her medical diagnosis;

21 (b) His or her prognosis;

22 (c) The potential risks associated with taking the medication to  
23 be prescribed;

24 (d) The probable result of taking the medication to be  
25 prescribed; and

26 (e) The feasible alternatives including, but not limited to,  
27 comfort care, hospice care, and pain control.

28 (8) "Medically confirmed" means the medical opinion of the  
29 attending ~~((physician))~~ qualified medical provider has been confirmed  
30 by a consulting ~~((physician))~~ qualified medical provider who has  
31 examined the patient and the patient's relevant medical records.

32 (9) "Patient" means a person who is under the care of ~~((a~~  
33 ~~physician))~~ an attending qualified medical provider.

34 (10) "Physician" means a doctor of medicine or osteopathy  
35 licensed to practice medicine in the state of Washington.

36 (11) "Qualified patient" means a competent adult who is a  
37 resident of Washington state and has satisfied the requirements of  
38 this chapter in order to obtain a prescription for medication that  
39 the qualified patient may self-administer to end his or her life in a  
40 humane and dignified manner.

1 (12) "Self-administer" means a qualified patient's act of  
2 ingesting medication to end his or her life in a humane and dignified  
3 manner.

4 (13) "Terminal disease" means an incurable and irreversible  
5 disease that has been medically confirmed and will, within reasonable  
6 medical judgment, produce death within six months.

7 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.245  
8 RCW to read as follows:

9 (1) Subject to the provisions in subsection (2) of this section,  
10 a qualified patient may select the attending or consulting qualified  
11 medical provider of the qualified patient's choosing.

12 (2)(a) If a qualified patient selects an attending qualified  
13 medical provider who is a licensed professional other than a  
14 physician, the qualified patient must select a physician to serve as  
15 the qualified patient's consulting qualified medical provider.

16 (b) A qualified patient may select a consulting qualified medical  
17 provider who is a licensed professional other than a physician, only  
18 if the qualified patient's attending qualified medical provider is a  
19 physician.

20 (c) The attending qualified medical provider and the consulting  
21 qualified medical provider selected by the qualified patient may not  
22 have a supervisory relationship with each other.

23 **Sec. 4.** RCW 70.245.020 and 2009 c 1 s 2 are each amended to read  
24 as follows:

25 (1) An adult who is competent, is a resident of Washington state,  
26 and has been determined by the attending (~~(physician)~~) qualified  
27 medical provider and consulting (~~(physician)~~) qualified medical  
28 provider to be suffering from a terminal disease, and who has  
29 voluntarily expressed his or her wish to die, may make a written  
30 request for medication that the patient may self-administer to end  
31 his or her life in a humane and dignified manner in accordance with  
32 this chapter.

33 (2) A person does not qualify under this chapter solely because  
34 of age or disability.

35 **Sec. 5.** RCW 70.245.030 and 2009 c 1 s 3 are each amended to read  
36 as follows:

1 (1) A valid request for medication under this chapter shall be in  
2 substantially the form described in RCW 70.245.220, signed and dated  
3 by the patient and witnessed by at least two individuals who, in the  
4 presence of the patient, attest that to the best of their knowledge  
5 and belief the patient is competent, acting voluntarily, and is not  
6 being coerced to sign the request.

7 (2) One of the witnesses shall be a person who is not:

8 (a) A relative of the patient by blood, marriage, or adoption;

9 (b) A person who at the time the request is signed would be  
10 entitled to any portion of the estate of the qualified patient upon  
11 death under any will or by operation of law; or

12 (c) An owner, operator, or employee of a health care facility  
13 where the qualified patient is receiving medical treatment or is a  
14 resident.

15 (3) The patient's attending (~~(physician)~~) qualified medical  
16 provider at the time the request is signed shall not be a witness.

17 (4) If the patient is a patient in a long-term care facility at  
18 the time the written request is made, one of the witnesses shall be  
19 an individual designated by the facility and having the  
20 qualifications specified by the department of health by rule.

21 **Sec. 6.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read  
22 as follows:

23 (1) The attending (~~(physician)~~) qualified medical provider shall:

24 (a) Make the initial determination of whether a patient has a  
25 terminal disease, is competent, and has made the request voluntarily;

26 (b) Request that the patient demonstrate Washington state  
27 residency under RCW 70.245.130;

28 (c) To ensure that the patient is making an informed decision,  
29 inform the patient of:

30 (i) His or her medical diagnosis;

31 (ii) His or her prognosis;

32 (iii) The potential risks associated with taking the medication  
33 to be prescribed;

34 (iv) The probable result of taking the medication to be  
35 prescribed; and

36 (v) The feasible alternatives including, but not limited to,  
37 comfort care, hospice care, and pain control;

1 (d) Refer the patient to a consulting (~~physician~~) qualified  
2 medical provider for medical confirmation of the diagnosis, and for a  
3 determination that the patient is competent and acting voluntarily;

4 (e) Refer the patient for counseling if appropriate under RCW  
5 70.245.060;

6 (f) Recommend that the patient notify next of kin;

7 (g) Counsel the patient about the importance of having another  
8 person present when the patient takes the medication prescribed under  
9 this chapter and of not taking the medication in a public place;

10 (h) Inform the patient that he or she has an opportunity to  
11 rescind the request at any time and in any manner, and offer the  
12 patient an opportunity to rescind at the end of the (~~fifteen-day~~)  
13 relevant waiting period under RCW 70.245.090;

14 (i) Verify, immediately before writing the prescription for  
15 medication under this chapter, that the patient is making an informed  
16 decision;

17 (j) Fulfill the medical record documentation requirements of RCW  
18 70.245.120;

19 (k) Ensure that all appropriate steps are carried out in  
20 accordance with this chapter before writing a prescription for  
21 medication to enable a qualified patient to end his or her life in a  
22 humane and dignified manner; and

23 (l)(i) Dispense medications directly, including ancillary  
24 medications intended to facilitate the desired effect to minimize the  
25 patient's discomfort, if the attending (~~physician~~) qualified  
26 medical provider is authorized under statute and rule to dispense and  
27 has a current drug enforcement administration certificate; or

28 (ii) (~~With the patient's written consent:~~) (A) Contact a  
29 pharmacist and inform the pharmacist of the prescription; and

30 (B) Deliver the written prescription personally, by mail (~~or~~),  
31 facsimile, or electronically to the pharmacist, who will dispense the  
32 medications directly to either the patient, the attending  
33 (~~physician~~) qualified medical provider, or (~~an expressly~~  
34 ~~identified agent of the patient. Medications dispensed pursuant to~~  
35 ~~this subsection shall not be dispensed by mail or other form of~~  
36 ~~courier~~) another person as requested by the qualified patient.

37 (2) The attending (~~physician~~) qualified medical provider may  
38 sign the patient's death certificate which shall list the underlying  
39 terminal disease as the cause of death.

1       (3) Delivery of the dispensed drug to the qualified patient, the  
2 attending qualified medical provider, or another person as requested  
3 by the qualified patient may only be made:

4       (a) By personal delivery, messenger service, or the United States  
5 postal service or a similar private parcel delivery entity; and

6       (b) Upon the receipt of the signature of the addressee or an  
7 authorized person at the time of delivery by an entity listed in  
8 subsection (3) (a) of this section.

9       **Sec. 7.** RCW 70.245.050 and 2009 c 1 s 5 are each amended to read  
10 as follows:

11       Before a patient is qualified under this chapter, a consulting  
12 (~~(physician))~~ qualified medical provider shall examine the patient  
13 and his or her relevant medical records and confirm, in writing, the  
14 attending (~~(physician's))~~ qualified medical provider's diagnosis that  
15 the patient is suffering from a terminal disease, and verify that the  
16 patient is competent, is acting voluntarily, and has made an informed  
17 decision.

18       **Sec. 8.** RCW 70.245.060 and 2009 c 1 s 6 are each amended to read  
19 as follows:

20       If, in the opinion of the attending (~~(physician))~~ qualified  
21 medical provider or the consulting (~~(physician))~~ qualified medical  
22 provider, a patient may be suffering from a psychiatric or  
23 psychological disorder or depression causing impaired judgment,  
24 either (~~(physician))~~ qualified medical provider shall refer the  
25 patient for counseling. Medication to end a patient's life in a  
26 humane and dignified manner shall not be prescribed until the person  
27 performing the counseling determines that the patient is not  
28 suffering from a psychiatric or psychological disorder or depression  
29 causing impaired judgment.

30       **Sec. 9.** RCW 70.245.070 and 2009 c 1 s 7 are each amended to read  
31 as follows:

32       A person shall not receive a prescription for medication to end  
33 his or her life in a humane and dignified manner unless he or she has  
34 made an informed decision. Immediately before writing a prescription  
35 for medication under this chapter, the attending (~~(physician))~~  
36 qualified medical provider shall verify that the qualified patient is  
37 making an informed decision.



1       **Sec. 10.** RCW 70.245.080 and 2009 c 1 s 8 are each amended to  
2 read as follows:

3       The attending (~~(physician)~~) qualified medical provider shall  
4 recommend that the patient notify the next of kin of his or her  
5 request for medication under this chapter. A patient who declines or  
6 is unable to notify next of kin shall not have his or her request  
7 denied for that reason.

8       **Sec. 11.** RCW 70.245.090 and 2009 c 1 s 9 are each amended to  
9 read as follows:

10       (1) To receive a prescription for medication that the qualified  
11 patient may self-administer to end his or her life in a humane and  
12 dignified manner, a qualified patient shall have made an oral request  
13 and a written request, and reiterate the oral request to his or her  
14 attending (~~(physician)~~) qualified medical provider at least (~~(fifteen~~  
15 days)) 72 hours after making the initial oral request.

16       (2) Notwithstanding subsection (1) of this section, if, at the  
17 time of the qualified patient's initial oral request in subsection  
18 (1) of this section, the attending qualified medical provider  
19 determines that the qualified patient is not expected to survive for  
20 72 hours, the qualified patient may receive the prescription upon  
21 making the second oral request sooner than 72 hours. At the time the  
22 qualified patient makes his or her second oral request, the attending  
23 (~~(physician)~~) qualified medical provider shall offer the qualified  
24 patient an opportunity to rescind the request.

25       **Sec. 12.** RCW 70.245.100 and 2009 c 1 s 10 are each amended to  
26 read as follows:

27       A patient may rescind his or her request at any time and in any  
28 manner without regard to his or her mental state. No prescription for  
29 medication under this chapter may be written without the attending  
30 (~~(physician)~~) qualified medical provider offering the qualified  
31 patient an opportunity to rescind the request.

32       **Sec. 13.** RCW 70.245.110 and 2009 c 1 s 11 are each amended to  
33 read as follows:

34       (~~(1)~~) At least (~~(fifteen days)~~) 72 hours shall elapse between  
35 the patient's initial oral request and the writing of a prescription  
36 under this chapter(~~(-~~

1 ~~(2) At least forty-eight hours shall elapse between the date the~~  
2 ~~patient signs the written request and the writing of a prescription~~  
3 ~~under this chapter)), unless the conditions in RCW 70.245.090(2)~~  
4 allow for a period of less than 72 hours.

5 **Sec. 14.** RCW 70.245.120 and 2009 c 1 s 12 are each amended to  
6 read as follows:

7 The following shall be documented or filed in the patient's  
8 medical record:

9 (1) All oral requests by a patient for medication to end his or  
10 her life in a humane and dignified manner;

11 (2) All written requests by a patient for medication to end his  
12 or her life in a humane and dignified manner;

13 (3) The attending (~~(physician's)~~) qualified medical provider's  
14 diagnosis and prognosis, and determination that the patient is  
15 competent, is acting voluntarily, and has made an informed decision;

16 (4) The consulting (~~(physician's)~~) qualified medical provider's  
17 diagnosis and prognosis, and verification that the patient is  
18 competent, is acting voluntarily, and has made an informed decision;

19 (5) A report of the outcome and determinations made during  
20 counseling, if performed;

21 (6) The attending (~~(physician's)~~) qualified medical provider's  
22 offer to the patient to rescind his or her request at the time of the  
23 patient's second oral request under RCW 70.245.090; and

24 (7) A note by the attending (~~(physician)~~) qualified medical  
25 provider indicating that all requirements under this chapter have  
26 been met and indicating the steps taken to carry out the request,  
27 including a notation of the medication prescribed.

28 **Sec. 15.** RCW 70.245.150 and 2009 c 1 s 15 are each amended to  
29 read as follows:

30 (1)(a) The department of health shall annually review all records  
31 maintained under this chapter.

32 (b) The department of health shall require any health care  
33 provider upon writing a prescription or dispensing medication under  
34 this chapter to file a copy of the dispensing record and such other  
35 administratively required documentation with the department. All  
36 administratively required documentation shall be mailed or otherwise  
37 transmitted as allowed by department of health rule to the department  
38 no later than thirty calendar days after the writing of a

1 prescription and dispensing of medication under this chapter, except  
2 that all documents required to be filed with the department by the  
3 prescribing (~~(physician)~~) qualified medical provider after the death  
4 of the patient shall be mailed, faxed, or emailed no later than  
5 thirty calendar days after the date of death of the patient. In the  
6 event that anyone required under this chapter to report information  
7 to the department of health provides an inadequate or incomplete  
8 report, the department shall contact the person to request a complete  
9 report.

10 (2) The department of health shall adopt rules to facilitate the  
11 collection of information regarding compliance with this chapter.  
12 Except as otherwise required by law, the information collected is not  
13 a public record and may not be made available for inspection by the  
14 public.

15 (3) The department of health shall generate and make available to  
16 the public an annual statistical report of information collected  
17 under subsection (2) of this section.

18 **Sec. 16.** RCW 70.245.180 and 2009 c 1 s 18 are each amended to  
19 read as follows:

20 (1) Nothing in this chapter authorizes (~~(a physician)~~) an  
21 attending qualified medical provider, consulting qualified medical  
22 provider, or any other person to end a patient's life by lethal  
23 injection, mercy killing, or active euthanasia. Actions taken in  
24 accordance with this chapter do not, for any purpose, constitute  
25 suicide, assisted suicide, mercy killing, or homicide, under the law.  
26 State reports shall not refer to practice under this chapter as  
27 "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7),  
28 (11), and (12), 70.245.020(1), 70.245.040(1)(k), 70.245.060,  
29 70.245.070, 70.245.090, 70.245.120 (1) and (2), 70.245.160 (1) and  
30 (2), 70.245.170, 70.245.190(1) (a) and (d), and 70.245.200(2), state  
31 reports shall refer to practice under this chapter as obtaining and  
32 self-administering life-ending medication.

33 (2) Nothing contained in this chapter shall be interpreted to  
34 lower the applicable standard of care for the attending (~~(physician)~~)  
35 qualified medical provider, consulting (~~(physician)~~) qualified  
36 medical provider, psychiatrist or psychologist, or other health care  
37 provider participating under this chapter.

1       **Sec. 17.** RCW 70.245.190 and 2009 c 1 s 19 are each amended to  
2 read as follows:

3       (1) Except as provided in RCW 70.245.200 and subsection (2) of  
4 this section:

5       (a) A person shall not be subject to civil or criminal liability  
6 or professional disciplinary action for participating in good faith  
7 compliance with this chapter. This includes being present when a  
8 qualified patient takes the prescribed medication to end his or her  
9 life in a humane and dignified manner;

10       (b) A professional organization or association, or health care  
11 provider, may not subject a person to censure, discipline,  
12 suspension, loss of license, loss of privileges, loss of membership,  
13 or other penalty for participating or refusing to participate in good  
14 faith compliance with this chapter;

15       (c) A patient's request for or provision by an attending  
16 (~~(physician)~~) qualified medical provider of medication in good faith  
17 compliance with this chapter does not constitute neglect for any  
18 purpose of law or provide the sole basis for the appointment of a  
19 guardian or conservator; and

20       (d) Only willing health care providers shall participate in the  
21 provision to a qualified patient of medication to end his or her life  
22 in a humane and dignified manner. If a health care provider is unable  
23 or unwilling to carry out a patient's request under this chapter, and  
24 the patient transfers his or her care to a new health care provider,  
25 the prior health care provider shall transfer, upon request, a copy  
26 of the patient's relevant medical records to the new health care  
27 provider.

28       (2)(a) A health care provider may prohibit another health care  
29 provider from participating under chapter 1, Laws of 2009 on the  
30 premises of the prohibiting provider if the prohibiting provider has  
31 given notice to all health care providers with privileges to practice  
32 on the premises and to the general public of the prohibiting  
33 provider's policy regarding participating under chapter 1, Laws of  
34 2009. A health care provider may not, by contract or other form of  
35 agreement, prohibit another health care provider from participating  
36 under chapter 1, Laws of 2009 while acting outside the course and  
37 scope of the provider's capacity as an employee or independent  
38 contractor of the prohibiting health care provider and while at a  
39 location that is not on the prohibiting health care provider's  
40 premises and not on property that is owned by, leased by, or under

1 the direct control of the prohibiting health care provider. This  
2 subsection does not prevent a health care provider from providing  
3 health care services to a patient that do not constitute  
4 participation under chapter 1, Laws of 2009.

5 (b) (i) A health care provider may subject another health care  
6 provider to the sanctions stated in this subsection if the  
7 sanctioning health care provider has notified the sanctioned provider  
8 before participation in chapter 1, Laws of 2009 that it prohibits  
9 participation in chapter 1, Laws of 2009:

10 ~~((i))~~ (A) Loss of privileges, loss of membership, or other  
11 sanctions provided under the medical staff bylaws, policies, and  
12 procedures of the sanctioning health care provider if the sanctioned  
13 provider is a member of the sanctioning provider's medical staff and  
14 participates in chapter 1, Laws of 2009 while on the health care  
15 facility premises of the sanctioning health care provider, but not  
16 including the private medical office of a physician or other  
17 provider;

18 ~~((ii))~~ (B) Termination of a lease or other property contract or  
19 other nonmonetary remedies provided by a lease contract, not  
20 including loss or restriction of medical staff privileges or  
21 exclusion from a provider panel, if the sanctioned provider  
22 participates in chapter 1, Laws of 2009 while on the premises of the  
23 sanctioning health care provider or on property that is owned by or  
24 under the direct control of the sanctioning health care provider; or

25 ~~((iii))~~ (C) Termination of a contract or other nonmonetary  
26 remedies provided by contract if the sanctioned provider participates  
27 in chapter 1, Laws of 2009 while acting in the course and scope of  
28 the sanctioned provider's capacity as an employee or independent  
29 contractor of the sanctioning health care provider.

30 (ii) Nothing in this subsection (2) (b) ~~((iii))~~ prevents:

31 (A) A health care provider from participating in chapter 1, Laws  
32 of 2009 while acting outside the course and scope of the provider's  
33 capacity as an employee or independent contractor and while at a  
34 location that is not on the sanctioning health care provider's  
35 facility premises and is not on property that is owned by, leased by,  
36 or under the direct control of the sanctioning health care provider;  
37 or

38 (B) A patient from contracting with his or her attending  
39 ~~((physician))~~ qualified medical provider and consulting ~~((physician))~~  
40 qualified medical provider to act outside the course and scope of the

1 provider's capacity as an employee or independent contractor of the  
2 sanctioning health care provider and while at a location that is not  
3 on the sanctioning health care provider's facility premises and is  
4 not on property that is owned by, leased by, or under the direct  
5 control of the sanctioning health care provider.

6 (c) A health care provider that imposes sanctions under (b) of  
7 this subsection shall follow all due process and other procedures the  
8 sanctioning health care provider may have that are related to the  
9 imposition of sanctions on another health care provider.

10 (d) For the purposes of this subsection:

11 (i) "Notify" means a separate statement in writing to the health  
12 care provider specifically informing the health care provider before  
13 the provider's participation in chapter 1, Laws of 2009 of the  
14 sanctioning health care provider's policy about participation in  
15 activities covered by this chapter.

16 (ii) "Participate in chapter 1, Laws of 2009" means to perform  
17 the duties of an attending (~~(physician)~~) qualified medical provider  
18 under RCW 70.245.040, the consulting (~~(physician)~~) qualified medical  
19 provider function under RCW 70.245.050, or the counseling function  
20 under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does  
21 not include:

22 (A) Making an initial determination that a patient has a terminal  
23 disease and informing the patient of the medical prognosis;

24 (B) Providing information about the Washington death with dignity  
25 act to a patient upon the request of the patient;

26 (C) Providing a patient, upon the request of the patient, with a  
27 referral to another (~~(physician)~~) attending or consulting qualified  
28 medical provider; or

29 (D) A patient contracting with his or her attending (~~(physician)~~)  
30 qualified medical provider and consulting (~~(physician)~~) qualified  
31 medical provider to act outside of the course and scope of the  
32 provider's capacity as an employee or independent contractor of the  
33 sanctioning health care provider.

34 (3) Suspension or termination of staff membership or privileges  
35 under subsection (2) of this section is not reportable under RCW  
36 18.130.070. Action taken under RCW 70.245.030, 70.245.040,  
37 70.245.050, or 70.245.060 may not be the sole basis for a report of  
38 unprofessional conduct under RCW 18.130.180.

1 (4) References to "good faith" in subsection (1)(a), (b), and (c)  
2 of this section do not allow a lower standard of care for health care  
3 providers in the state of Washington.

4 **Sec. 18.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to  
5 read as follows:

6 A request for a medication as authorized by this chapter shall be  
7 in substantially the following form:

8 REQUEST FOR MEDICATION TO END MY LIFE IN A ((HUMAN-[HUMANE])) HUMANE  
9 AND DIGNIFIED MANNER

10 I, . . . . ., am an adult of sound mind.

11 I am suffering from . . . . ., which my  
12 attending ((physician)) qualified medical provider has determined is  
13 a terminal disease and which has been medically confirmed by a  
14 consulting ((physician)) qualified medical provider.

15 I have been fully informed of my diagnosis, prognosis, the nature  
16 of medication to be prescribed and potential associated risks, the  
17 expected result, and the feasible alternatives, including comfort  
18 care, hospice care, and pain control.

19 I request that my attending ((physician)) qualified medical  
20 provider prescribe medication that I may self-administer to end my  
21 life in a humane and dignified manner and to contact any pharmacist  
22 to fill the prescription.

23 INITIAL ONE:

24 . . . . . I have informed my family of my decision and taken  
25 their opinions into consideration.

26 . . . . . I have decided not to inform my family of my decision.

27 . . . . . I have no family to inform of my decision.

28 I understand that I have the right to rescind this request at any  
29 time.

30 I understand the full import of this request and I expect to die  
31 when I take the medication to be prescribed. I further understand  
32 that although most deaths occur within three hours, my death may take  
33 longer and my ((physician)) qualified medical provider has counseled  
34 me about this possibility.

35 I make this request voluntarily and without reservation, and I  
36 accept full moral responsibility for my actions.

37 Signed: . . . . .

1 Dated: . . . . .

2 DECLARATION OF WITNESSES

3 By initialing and signing below on or after the date the person  
4 named above signs, we declare that the person making and signing the  
5 above request:

6	Witness 1	Witness 2	
7	Initials	Initials	
8	.....	.....	1. Is personally known to
9			us or has provided proof of
10			identity;
11	.....	.....	2. Signed this request in
12			our presence on the date of
13			the person's signature;
14	.....	.....	3. Appears to be of sound
15			mind and not under duress,
16			fraud, or undue influence;
17	.....	.....	4. Is not a patient for whom
18			either of us is the attending
19			((physician)) <u>qualified</u>
20			<u>medical provider</u> .

21 Printed Name of Witness 1:.....

22 Signature of Witness 1/Date:.....

23 Printed Name of Witness 2:.....

24 Signature of Witness 2/Date:.....

25 NOTE: One witness shall not be a relative by blood, marriage, or  
26 adoption of the person signing this request, shall not be entitled to  
27 any portion of the person's estate upon death, and shall not own,  
28 operate, or be employed at a health care facility where the person is  
29 a patient or resident. If the patient is an inpatient at a health  
30 care facility, one of the witnesses shall be an individual designated  
31 by the facility.

32 **Sec. 19.** RCW 70.41.520 and 2019 c 399 s 4 are each amended to  
33 read as follows:



1 (1) (~~By September 1, 2019, every~~) Every hospital must submit to  
2 the department its policies related to access to care regarding:

3 (a) Admission;

4 (b) End-of-life care and the death with dignity act, chapter  
5 70.245 RCW;

6 (c) Nondiscrimination; and

7 (~~(e)~~) (d) Reproductive health care.

8 (2) The department shall post a copy of the policies received  
9 under subsection (1) of this section on its website.

10 (3) If a hospital makes changes to any of the policies listed  
11 under subsection (1) of this section, it must submit a copy of the  
12 changed policy to the department within thirty days after the  
13 hospital approves the changes.

14 (4) A hospital must post a copy of the policies provided to the  
15 department under subsection (1) of this section and the forms  
16 required under subsection (5) of this section to the hospital's own  
17 website in a location where the policies are readily accessible to  
18 the public without a required login or other restriction.

19 (5) (~~By September 1, 2019, the~~) The department shall, in  
20 consultation with stakeholders including a hospital association and  
21 patient advocacy groups, develop (~~(a)~~) two simple and clear forms  
22 to be submitted by hospitals along with the policies required in  
23 subsection (1) of this section. (~~The~~) One form must provide the  
24 public with specific information about which reproductive health care  
25 services are and are not generally available at each hospital. The  
26 other form must provide the public with specific information about  
27 which end of life-services are and are not generally available at  
28 each hospital. Each form must include contact information for the  
29 hospital in case patients have specific questions about services  
30 available at the hospital.

31 NEW SECTION. Sec. 20. A new section is added to chapter 70.41  
32 RCW to read as follows:

33 By November 1, 2021, the department of health shall develop the  
34 form required in RCW 70.41.520(5) related to end-of-life care and the  
35 death with dignity act, chapter 70.245 RCW.

36 NEW SECTION. Sec. 21. Section 1 of this act expires July 1,  
37 2022.

1        NEW SECTION.    **Sec. 22.**    Section 2 of this act takes effect July  
2    1, 2022.

3        NEW SECTION.    **Sec. 23.**    Section 19 of this act takes effect  
4    January 31, 2022.

--- **END** ---