

FINAL BILL REPORT

SHB 1281

C 440 L 05

Synopsis as Enacted

Brief Description: Adding to the list of persons who may give informed consent to medical care for minors and providing immunity to health care providers and facilities when they rely upon the representation of a person claiming to be responsible for the care of the minor.

Sponsors: By House Committee on Children & Family Services (originally sponsored by Representatives Pettigrew, Hinkle, Kagi, Walsh, Schual-Berke, McDonald, Clibborn, Dickerson, Dunn, P. Sullivan, Orcutt, Darneille, Morrell, Campbell, Wallace and Chase).

House Committee on Children & Family Services
Senate Committee on Human Services & Corrections

Background:

In 2001, the Legislature directed the Washington State Institute for Public Policy (WSIPP) to study the prevalence and needs of families who are raising related children. In June 2002, the WSIPP issued a report describing the prevalence and characteristics of kinship care, needs of kinship care providers in the state, policies and services available in Washington and other states, and policy options that may increase appropriate kinship care placements.

Among the findings of the WSIPP study was the recognition that because kinship caregivers lack legal standing, they can face barriers in raising the children in their care. The kinship caregiver workgroup convened by the Department of Social and Health Services (DSHS) in response to the study recommended that Washington adopt a law that would authorize relative caregivers to obtain medical care for the child.

In Washington, a person has the right to make his or her own health care decisions. Under the principle of "informed consent," medical care must be explained to the patient so that he or she understands it and can make informed decisions. Treatment without consent, however, is allowed and will generally be provided in an emergency unless the patient indicates otherwise.

If the patient is incapacitated or incompetent to make health care decisions, a surrogate decision-maker must act for the patient. If a person is under the age of 18, he or she is considered to lack capacity to make most health care decisions. State law defines a specific hierarchy of appropriate decision-makers which may act on behalf of an incapacitated or incompetent person. The following is the list of persons, in order of priority, who may consent to medical treatment on behalf of another person:

- a guardian who has been appointed by a court;
- the person named in the durable power of attorney with health care decision-making authority;

- a spouse;
- adult children;
- parents; and
- adult brothers and sisters.

If a child's caregiver is not a person who is on the above list, the caregiver lacks authority to consent to medical treatment for the child in his or her care.

Summary:

The list of persons who may provide informed consent for medical care is revised to include persons whom the parent has authorized to consent to medical care and relatives who represent themselves to be, or have a signed declaration stating they are, responsible for the medical care of the child.

The following is the list of persons, in order of priority, who are authorized to consent to medical care on behalf of a child under the age of 18:

- a guardian or legal custodian appointed by the court;
- a person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes;
- parents of the minor patient;
- a person to whom the minor's parent have given a signed authorization to make health care decisions for the minor patient; and
- a competent adult representing himself or herself to be a relative responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that the adult person is a relative who is responsible for the health care of the minor patient. The declaration is valid for six months from the date of the declaration.

The health care provider may, but is not required to, rely upon the representations or declaration of a person claiming to be responsible for the care of the minor child, so long as the provider does not have actual knowledge of the falsity of the person's representations.

The provider may request documentation to verify the person's claimed status as being responsible for the care of the child.

An immunity clause is added to state that a health care provider who relies upon the declaration of a person claiming to be responsible for the child is immune from liability in any suit based upon the reliance.

Votes on Final Passage:

House	93	0	
Senate	46	0	(Senate amended)
House	95	0	(House concurred)

Effective: July 24, 2005