

INITIATIVE 1000

To the People

Chapter 1, Laws of 2009

DEATH WITH DIGNITY ACT

EFFECTIVE DATE: 03/05/09

Approved by the  
People of the State of Washington  
in the General Election on  
November 4, 2008

ORIGINALLY FILED

January 24, 2008

**Secretary of State**

1 AN ACT Relating to death with dignity; amending RCW 70.122.100;  
2 reenacting and amending RCW 42.56.360 and 42.56.360; adding a new  
3 chapter to Title 70 RCW; prescribing penalties; providing an effective  
4 date; and providing an expiration date.

5 BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

6 **THE WASHINGTON DEATH WITH DIGNITY ACT**

7 **General Provisions**

8 NEW SECTION. **Sec. 1.** DEFINITIONS. The definitions in this  
9 section apply throughout this chapter unless the context clearly  
10 requires otherwise.

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

13 (2) "Attending physician" means the physician who has primary  
14 responsibility for the care of the patient and treatment of the  
15 patient's terminal disease.

16 (3) "Competent" means that, in the opinion of a court or in the  
17 opinion of the patient's attending physician or consulting physician,

1 psychiatrist, or psychologist, a patient has the ability to make and  
2 communicate an informed decision to health care providers, including  
3 communication through persons familiar with the patient's manner of  
4 communicating if those persons are available.

5 (4) "Consulting physician" means a physician who is qualified by  
6 specialty or experience to make a professional diagnosis and prognosis  
7 regarding the patient's disease.

8 (5) "Counseling" means one or more consultations as necessary  
9 between a state licensed psychiatrist or psychologist and a patient for  
10 the purpose of determining that the patient is competent and not  
11 suffering from a psychiatric or psychological disorder or depression  
12 causing impaired judgment.

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

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

22 (a) His or her medical diagnosis;

23 (b) His or her prognosis;

24 (c) The potential risks associated with taking the medication to be  
25 prescribed;

26 (d) The probable result of taking the medication to be prescribed;  
27 and

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

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

33 (9) "Patient" means a person who is under the care of a physician.

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

36 (11) "Qualified patient" means a competent adult who is a resident  
37 of Washington state and has satisfied the requirements of this chapter

1 in order to obtain a prescription for medication that the qualified  
2 patient may self-administer to end his or her life in a humane and  
3 dignified manner.

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

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

9 **Written Request for Medication to End Life**  
10 **in a Humane and Dignified Manner**

11 NEW SECTION. **Sec. 2.** WHO MAY INITIATE A WRITTEN REQUEST FOR  
12 MEDICATION. (1) An adult who is competent, is a resident of Washington  
13 state, and has been determined by the attending physician and  
14 consulting physician to be suffering from a terminal disease, and who  
15 has voluntarily expressed his or her wish to die, may make a written  
16 request for medication that the patient may self-administer to end his  
17 or her life in a humane and dignified manner in accordance with this  
18 chapter.

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

21 NEW SECTION. **Sec. 3.** FORM OF THE WRITTEN REQUEST. (1) A valid  
22 request for medication under this chapter shall be in substantially the  
23 form described in section 22 of this act, signed and dated by the  
24 patient and witnessed by at least two individuals who, in the presence  
25 of the patient, attest that to the best of their knowledge and belief  
26 the patient is competent, acting voluntarily, and is not being coerced  
27 to sign the request.

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

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

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

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

1 (3) The patient's attending physician at the time the request is  
2 signed shall not be a witness.

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

### 7 **Safeguards**

8 NEW SECTION. **Sec. 4.** ATTENDING PHYSICIAN RESPONSIBILITIES. (1)  
9 The attending physician shall:

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

12 (b) Request that the patient demonstrate Washington state residency  
13 under section 13 of this act;

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

16 (i) His or her medical diagnosis;

17 (ii) His or her prognosis;

18 (iii) The potential risks associated with taking the medication to  
19 be prescribed;

20 (iv) The probable result of taking the medication to be prescribed;  
21 and

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

24 (d) Refer the patient to a consulting physician for medical  
25 confirmation of the diagnosis, and for a determination that the patient  
26 is competent and acting voluntarily;

27 (e) Refer the patient for counseling if appropriate under section  
28 6 of this act;

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

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

33 (h) Inform the patient that he or she has an opportunity to rescind  
34 the request at any time and in any manner, and offer the patient an  
35 opportunity to rescind at the end of the fifteen-day waiting period  
36 under section 9 of this act;

1 (i) Verify, immediately before writing the prescription for  
2 medication under this chapter, that the patient is making an informed  
3 decision;

4 (j) Fulfill the medical record documentation requirements of  
5 section 12 of this act;

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

10 (l)(i) Dispense medications directly, including ancillary  
11 medications intended to facilitate the desired effect to minimize the  
12 patient's discomfort, if the attending physician is authorized under  
13 statute and rule to dispense and has a current drug enforcement  
14 administration certificate; or

15 (ii) With the patient's written consent:

16 (A) Contact a pharmacist and inform the pharmacist of the  
17 prescription; and

18 (B) Deliver the written prescription personally, by mail or  
19 facsimile to the pharmacist, who will dispense the medications directly  
20 to either the patient, the attending physician, or an expressly  
21 identified agent of the patient. Medications dispensed pursuant to  
22 this subsection shall not be dispensed by mail or other form of  
23 courier.

24 (2) The attending physician may sign the patient's death  
25 certificate which shall list the underlying terminal disease as the  
26 cause of death.

27 NEW SECTION. **Sec. 5.** CONSULTING PHYSICIAN CONFIRMATION. Before  
28 a patient is qualified under this chapter, a consulting physician shall  
29 examine the patient and his or her relevant medical records and  
30 confirm, in writing, the attending physician's diagnosis that the  
31 patient is suffering from a terminal disease, and verify that the  
32 patient is competent, is acting voluntarily, and has made an informed  
33 decision.

34 NEW SECTION. **Sec. 6.** COUNSELING REFERRAL. If, in the opinion of  
35 the attending physician or the consulting physician, a patient may be  
36 suffering from a psychiatric or psychological disorder or depression

1 causing impaired judgment, either physician shall refer the patient for  
2 counseling. Medication to end a patient's life in a humane and  
3 dignified manner shall not be prescribed until the person performing  
4 the counseling determines that the patient is not suffering from a  
5 psychiatric or psychological disorder or depression causing impaired  
6 judgment.

7 NEW SECTION. **Sec. 7.** INFORMED DECISION. A person shall not  
8 receive a prescription for medication to end his or her life in a  
9 humane and dignified manner unless he or she has made an informed  
10 decision. Immediately before writing a prescription for medication  
11 under this chapter, the attending physician shall verify that the  
12 qualified patient is making an informed decision.

13 NEW SECTION. **Sec. 8.** FAMILY NOTIFICATION. The attending  
14 physician shall recommend that the patient notify the next of kin of  
15 his or her request for medication under this chapter. A patient who  
16 declines or is unable to notify next of kin shall not have his or her  
17 request denied for that reason.

18 NEW SECTION. **Sec. 9.** WRITTEN AND ORAL REQUESTS. To receive a  
19 prescription for medication that the qualified patient may self-  
20 administer to end his or her life in a humane and dignified manner, a  
21 qualified patient shall have made an oral request and a written  
22 request, and reiterate the oral request to his or her attending  
23 physician at least fifteen days after making the initial oral request.  
24 At the time the qualified patient makes his or her second oral request,  
25 the attending physician shall offer the qualified patient an  
26 opportunity to rescind the request.

27 NEW SECTION. **Sec. 10.** RIGHT TO RESCIND REQUEST. A patient may  
28 rescind his or her request at any time and in any manner without regard  
29 to his or her mental state. No prescription for medication under this  
30 chapter may be written without the attending physician offering the  
31 qualified patient an opportunity to rescind the request.

32 NEW SECTION. **Sec. 11.** WAITING PERIODS. (1) At least fifteen days

1 shall elapse between the patient's initial oral request and the writing  
2 of a prescription under this chapter.

3 (2) At least forty-eight hours shall elapse between the date the  
4 patient signs the written request and the writing of a prescription  
5 under this chapter.

6 NEW SECTION. **Sec. 12.** MEDICAL RECORD DOCUMENTATION REQUIREMENTS.  
7 The following shall be documented or filed in the patient's medical  
8 record:

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

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

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

16 (4) The consulting physician's diagnosis and prognosis, and  
17 verification that the patient is competent, is acting voluntarily, and  
18 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 offer to the patient to rescind his  
22 or her request at the time of the patient's second oral request under  
23 section 9 of this act; and

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

28 NEW SECTION. **Sec. 13.** RESIDENCY REQUIREMENT. Only requests made  
29 by Washington state residents under this chapter may be granted.  
30 Factors demonstrating Washington state residency include but are not  
31 limited to:

32 (1) Possession of a Washington state driver's license;

33 (2) Registration to vote in Washington state; or

34 (3) Evidence that the person owns or leases property in Washington  
35 state.



1           NEW SECTION.   **Sec. 14.**   DISPOSAL OF UNUSED MEDICATIONS.   Any  
2 medication dispensed under this chapter that was not self-administered  
3 shall be disposed of by lawful means.

4           NEW SECTION.   **Sec. 15.**   REPORTING REQUIREMENTS.   (1)(a) The  
5 department of health shall annually review all records maintained under  
6 this chapter.

7           (b) The department of health shall require any health care provider  
8 upon writing a prescription or dispensing medication under this chapter  
9 to file a copy of the dispensing record and such other administratively  
10 required documentation with the department. All administratively  
11 required documentation shall be mailed or otherwise transmitted as  
12 allowed by department of health rule to the department no later than  
13 thirty calendar days after the writing of a prescription and dispensing  
14 of medication under this chapter, except that all documents required to  
15 be filed with the department by the prescribing physician after the  
16 death of the patient shall be mailed no later than thirty calendar days  
17 after the date of death of the patient. In the event that anyone  
18 required under this chapter to report information to the department of  
19 health provides an inadequate or incomplete report, the department  
20 shall contact the person to request a complete report.

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

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

29           NEW SECTION.   **Sec. 16.**   EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS,  
30 AND STATUTES.   (1) Any provision in a contract, will, or other  
31 agreement, whether written or oral, to the extent the provision would  
32 affect whether a person may make or rescind a request for medication to  
33 end his or her life in a humane and dignified manner, is not valid.

34           (2) Any obligation owing under any currently existing contract  
35 shall not be conditioned or affected by the making or rescinding of a

1 request, by a person, for medication to end his or her life in a humane  
2 and dignified manner.

3 NEW SECTION. **Sec. 17.** INSURANCE OR ANNUITY POLICIES. The sale,  
4 procurement, or issuance of any life, health, or accident insurance or  
5 annuity policy or the rate charged for any policy shall not be  
6 conditioned upon or affected by the making or rescinding of a request,  
7 by a person, for medication that the patient may self-administer to end  
8 his or her life in a humane and dignified manner. A qualified  
9 patient's act of ingesting medication to end his or her life in a  
10 humane and dignified manner shall not have an effect upon a life,  
11 health, or accident insurance or annuity policy.

12 NEW SECTION. **Sec. 18.** CONSTRUCTION OF ACT. (1) Nothing in this  
13 chapter authorizes a physician or any other person to end a patient's  
14 life by lethal injection, mercy killing, or active euthanasia. Actions  
15 taken in accordance with this chapter do not, for any purpose,  
16 constitute suicide, assisted suicide, mercy killing, or homicide, under  
17 the law. State reports shall not refer to practice under this chapter  
18 as "suicide" or "assisted suicide." Consistent with sections 1 (7),  
19 (11), and (12), 2(1), 4(1)(k), 6, 7, 9, 12 (1) and (2), 16 (1) and (2),  
20 17, 19(1) (a) and (d), and 20(2) of this act, state reports shall refer  
21 to practice under this chapter as obtaining and self-administering  
22 life-ending medication.

23 (2) Nothing contained in this chapter shall be interpreted to lower  
24 the applicable standard of care for the attending physician, consulting  
25 physician, psychiatrist or psychologist, or other health care provider  
26 participating under this chapter.

## 27 **Immunities and Liabilities**

28 NEW SECTION. **Sec. 19.** IMMUNITIES--BASIS FOR PROHIBITING HEALTH  
29 CARE PROVIDER FROM PARTICIPATION--NOTIFICATION--PERMISSIBLE SANCTIONS.

30 (1) Except as provided in section 20 of this act and subsection (2) of  
31 this section:

32 (a) A person shall not be subject to civil or criminal liability or  
33 professional disciplinary action for participating in good faith

1 compliance with this chapter. This includes being present when a  
2 qualified patient takes the prescribed medication to end his or her  
3 life in a humane and dignified manner;

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

9 (c) A patient's request for or provision by an attending physician  
10 of medication in good faith compliance with this chapter does not  
11 constitute neglect for any purpose of law or provide the sole basis for  
12 the appointment of a guardian or conservator; and

13 (d) Only willing health care providers shall participate in the  
14 provision to a qualified patient of medication to end his or her life  
15 in a humane and dignified manner. If a health care provider is unable  
16 or unwilling to carry out a patient's request under this chapter, and  
17 the patient transfers his or her care to a new health care provider,  
18 the prior health care provider shall transfer, upon request, a copy of  
19 the patient's relevant medical records to the new health care provider.

20 (2) (a) A health care provider may prohibit another health care  
21 provider from participating under this act on the premises of the  
22 prohibiting provider if the prohibiting provider has given notice to  
23 all health care providers with privileges to practice on the premises  
24 and to the general public of the prohibiting provider's policy  
25 regarding participating under this act. This subsection does not  
26 prevent a health care provider from providing health care services to  
27 a patient that do not constitute participation under this act.

28 (b) A health care provider may subject another health care provider  
29 to the sanctions stated in this subsection if the sanctioning health  
30 care provider has notified the sanctioned provider before participation  
31 in this act that it prohibits participation in this act:

32 (i) Loss of privileges, loss of membership, or other sanctions  
33 provided under the medical staff bylaws, policies, and procedures of  
34 the sanctioning health care provider if the sanctioned provider is a  
35 member of the sanctioning provider's medical staff and participates in  
36 this act while on the health care facility premises of the sanctioning  
37 health care provider, but not including the private medical office of  
38 a physician or other provider;

1 (ii) Termination of a lease or other property contract or other  
2 nonmonetary remedies provided by a lease contract, not including loss  
3 or restriction of medical staff privileges or exclusion from a provider  
4 panel, if the sanctioned provider participates in this act while on the  
5 premises of the sanctioning health care provider or on property that is  
6 owned by or under the direct control of the sanctioning health care  
7 provider; or

8 (iii) Termination of a contract or other nonmonetary remedies  
9 provided by contract if the sanctioned provider participates in this  
10 act while acting in the course and scope of the sanctioned provider's  
11 capacity as an employee or independent contractor of the sanctioning  
12 health care provider. Nothing in this subsection (2) (b) (iii) prevents:

13 (A) A health care provider from participating in this act while  
14 acting outside the course and scope of the provider's capacity as an  
15 employee or independent contractor; or

16 (B) A patient from contracting with his or her attending physician  
17 and consulting physician to act outside the course and scope of the  
18 provider's capacity as an employee or independent contractor of the  
19 sanctioning health care provider.

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

24 (d) For the purposes of this subsection:

25 (i) "Notify" means a separate statement in writing to the health  
26 care provider specifically informing the health care provider before  
27 the provider's participation in this act of the sanctioning health care  
28 provider's policy about participation in activities covered by this  
29 chapter.

30 (ii) "Participate in this act" means to perform the duties of an  
31 attending physician under section 4 of this act, the consulting  
32 physician function under section 5 of this act, or the counseling  
33 function under section 6 of this act. "Participate in this act" does  
34 not include:

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

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

1 (C) Providing a patient, upon the request of the patient, with a  
2 referral to another physician; or

3 (D) A patient contracting with his or her attending physician and  
4 consulting physician to act outside of the course and scope of the  
5 provider's capacity as an employee or independent contractor of the  
6 sanctioning health care provider.

7 (3) Suspension or termination of staff membership or privileges  
8 under subsection (2) of this section is not reportable under RCW  
9 18.130.070. Action taken under section 3, 4, 5, or 6 of this act may  
10 not be the sole basis for a report of unprofessional conduct under RCW  
11 18.130.180.

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

15 NEW SECTION. **Sec. 20.** LIABILITIES. (1) A person who without  
16 authorization of the patient willfully alters or forges a request for  
17 medication or conceals or destroys a rescission of that request with  
18 the intent or effect of causing the patient's death is guilty of a  
19 class A felony.

20 (2) A person who coerces or exerts undue influence on a patient to  
21 request medication to end the patient's life, or to destroy a  
22 rescission of a request, is guilty of a class A felony.

23 (3) This chapter does not limit further liability for civil damages  
24 resulting from other negligent conduct or intentional misconduct by any  
25 person.

26 (4) The penalties in this chapter do not preclude criminal  
27 penalties applicable under other law for conduct that is inconsistent  
28 with this chapter.

29 NEW SECTION. **Sec. 21.** CLAIMS BY GOVERNMENTAL ENTITY FOR COSTS  
30 INCURRED. Any governmental entity that incurs costs resulting from a  
31 person terminating his or her life under this chapter in a public place  
32 has a claim against the estate of the person to recover such costs and  
33 reasonable attorneys' fees related to enforcing the claim.

34 **Additional Provisions**



1	Witness 1	Witness 2	
2	Initials	Initials	
3	.....	.....	1. Is personally known to us or has provided proof of identity;
4	.....	.....	2. Signed this request in our presence on the date of the person's signature;
5	.....	.....	3. Appears to be of sound mind and not under duress, fraud, or undue influence;
6	.....	.....	4. Is not a patient for whom either of us is the attending physician.

7 Printed Name of Witness 1: .....

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

9 Printed Name of Witness 2: .....

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

11 NOTE: One witness shall not be a relative by blood, marriage, or  
 12 adoption of the person signing this request, shall not be entitled to  
 13 any portion of the person's estate upon death, and shall not own,  
 14 operate, or be employed at a health care facility where the person is  
 15 a patient or resident. If the patient is an inpatient at a health care  
 16 facility, one of the witnesses shall be an individual designated by the  
 17 facility.

18 **Sec. 23.** RCW 42.56.360 and 2007 c 261 s 4 and 2007 c 259 s 49 are  
 19 each reenacted and amended to read as follows:

20 (1) The following health care information is exempt from disclosure  
 21 under this chapter:

22 (a) Information obtained by the board of pharmacy as provided in  
 23 RCW 69.45.090;

24 (b) Information obtained by the board of pharmacy or the department  
 25 of health and its representatives as provided in RCW 69.41.044,  
 26 69.41.280, and 18.64.420;

27 (c) Information and documents created specifically for, and  
 28 collected and maintained by a quality improvement committee under RCW  
 29 43.70.510 or 70.41.200, or by a peer review committee under RCW  
 30 4.24.250, or by a quality assurance committee pursuant to RCW 74.42.640  
 31 or 18.20.390, or by a hospital, as defined in RCW 43.70.056, for  
 32 reporting of health care-associated infections under RCW 43.70.056, and

1 notifications or reports of adverse events or incidents made under RCW  
2 70.56.020 or 70.56.040, regardless of which agency is in possession of  
3 the information and documents;

4 (d) (i) Proprietary financial and commercial information that the  
5 submitting entity, with review by the department of health,  
6 specifically identifies at the time it is submitted and that is  
7 provided to or obtained by the department of health in connection with  
8 an application for, or the supervision of, an antitrust exemption  
9 sought by the submitting entity under RCW 43.72.310;

10 (ii) If a request for such information is received, the submitting  
11 entity must be notified of the request. Within ten business days of  
12 receipt of the notice, the submitting entity shall provide a written  
13 statement of the continuing need for confidentiality, which shall be  
14 provided to the requester. Upon receipt of such notice, the department  
15 of health shall continue to treat information designated under this  
16 subsection (1) (d) as exempt from disclosure;

17 (iii) If the requester initiates an action to compel disclosure  
18 under this chapter, the submitting entity must be joined as a party to  
19 demonstrate the continuing need for confidentiality;

20 (e) Records of the entity obtained in an action under RCW 18.71.300  
21 through 18.71.340;

22 (f) Except for published statistical compilations and reports  
23 relating to the infant mortality review studies that do not identify  
24 individual cases and sources of information, any records or documents  
25 obtained, prepared, or maintained by the local health department for  
26 the purposes of an infant mortality review conducted by the department  
27 of health under RCW 70.05.170;

28 (g) Complaints filed under chapter 18.130 RCW after July 27, 1997,  
29 to the extent provided in RCW 18.130.095(1); (~~and~~)

30 (h) Information obtained by the department of health under chapter  
31 70.225 RCW; and

32 (i) Information collected by the department of health under chapter  
33 70.-- RCW (sections 1 through 22, 26 through 28, and 30 of this act)  
34 except as provided in section 15 of this act.

35 (2) Chapter 70.02 RCW applies to public inspection and copying of  
36 health care information of patients.



1           **Sec. 24.** RCW 42.56.360 and 2007 c 273 s 25, 2007 c 261 s 4, and  
2 2007 c 259 s 49 are each reenacted and amended to read as follows:

3           (1) The following health care information is exempt from disclosure  
4 under this chapter:

5           (a) Information obtained by the board of pharmacy as provided in  
6 RCW 69.45.090;

7           (b) Information obtained by the board of pharmacy or the department  
8 of health and its representatives as provided in RCW 69.41.044,  
9 69.41.280, and 18.64.420;

10           (c) Information and documents created specifically for, and  
11 collected and maintained by a quality improvement committee under RCW  
12 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee  
13 under RCW 4.24.250, or by a quality assurance committee pursuant to RCW  
14 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056,  
15 for reporting of health care-associated infections under RCW 43.70.056,  
16 and notifications or reports of adverse events or incidents made under  
17 RCW 70.56.020 or 70.56.040, regardless of which agency is in possession  
18 of the information and documents;

19           (d) (i) Proprietary financial and commercial information that the  
20 submitting entity, with review by the department of health,  
21 specifically identifies at the time it is submitted and that is  
22 provided to or obtained by the department of health in connection with  
23 an application for, or the supervision of, an antitrust exemption  
24 sought by the submitting entity under RCW 43.72.310;

25           (ii) If a request for such information is received, the submitting  
26 entity must be notified of the request. Within ten business days of  
27 receipt of the notice, the submitting entity shall provide a written  
28 statement of the continuing need for confidentiality, which shall be  
29 provided to the requester. Upon receipt of such notice, the department  
30 of health shall continue to treat information designated under this  
31 subsection (1) (d) as exempt from disclosure;

32           (iii) If the requester initiates an action to compel disclosure  
33 under this chapter, the submitting entity must be joined as a party to  
34 demonstrate the continuing need for confidentiality;

35           (e) Records of the entity obtained in an action under RCW 18.71.300  
36 through 18.71.340;

37           (f) Except for published statistical compilations and reports  
38 relating to the infant mortality review studies that do not identify

1 individual cases and sources of information, any records or documents  
2 obtained, prepared, or maintained by the local health department for  
3 the purposes of an infant mortality review conducted by the department  
4 of health under RCW 70.05.170;

5 (g) Complaints filed under chapter 18.130 RCW after July 27, 1997,  
6 to the extent provided in RCW 18.130.095(1); (~~and~~)

7 (h) Information obtained by the department of health under chapter  
8 70.225 RCW; and

9 (i) Information collected by the department of health under chapter  
10 70.-- RCW (sections 1 through 22, 26 through 28, and 30 of this act)  
11 except as provided in section 15 of this act.

12 (2) Chapter 70.02 RCW applies to public inspection and copying of  
13 health care information of patients.

14 **Sec. 25.** RCW 70.122.100 and 1992 c 98 s 10 are each amended to  
15 read as follows:

16 Nothing in this chapter shall be construed to condone, authorize,  
17 or approve mercy killing (~~(or physician-assisted suicide, or to permit~~  
18 ~~any affirmative or deliberate act or omission to end life other than to~~  
19 ~~permit the natural process of dying)~~), lethal injection, or active  
20 euthanasia.

21 NEW SECTION. **Sec. 26.** SHORT TITLE. This act may be known and  
22 cited as the Washington death with dignity act.

23 NEW SECTION. **Sec. 27.** SEVERABILITY. If any provision of this act  
24 or its application to any person or circumstance is held invalid, the  
25 remainder of the act or the application of the provision to other  
26 persons or circumstances is not affected.

27 NEW SECTION. **Sec. 28.** EFFECTIVE DATE. This act takes effect one  
28 hundred twenty days after the election at which it is approved, except  
29 for section 24 of this act which takes effect July 1, 2009.

30 NEW SECTION. **Sec. 29.** Sections 1 through 22, 26 through 28, and  
31 30 of this act constitute a new chapter in Title 70 RCW.

1        NEW SECTION.    **Sec. 30.**    CAPTIONS, PART HEADINGS, AND SUBPART  
2 HEADINGS NOT LAW.    Captions, part headings, and subpart headings used  
3 in this act are not any part of the law.

4        NEW SECTION.    **Sec. 31.**    Section 23 of this act expires July 1,  
5 2009.

Originally filed in Office of Secretary of State January 24, 2008.  
Approved by the People of the State of Washington in the General  
Election on November 4, 2008.