## SUBSTITUTE HOUSE BILL 1281

State of Washington 68th Legislature 2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Rude, Peterson, Harris, Macri, Riccelli, Stonier, Fitzgibbon, Senn, Simmons, Tharinger, Kloba, Reeves, Reed, Walen, Gregerson, Ormsby, Bateman, Doglio, Alvarado, Ramel, Santos, and Pollet)

READ FIRST TIME 02/07/23.

- AN ACT Relating to increasing access to the provisions of the 1 2 Washington death with dignity act; amending RCW 70.245.010, 3 70.245.020, 70.245.030, 70.245.040, 70.245.050, 70.245.060, 70.245.080, 70.245.090, 70.245.100, 4 70.245.070, 70.245.110, 70.245.120, 70.245.150, 70.245.180, 70.245.190, 70.245.220, and 5 70.41.520; adding new section to chapter 70.245 RCW; and adding a new 6 section to chapter 70.127 RCW.
- 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 9 **Sec. 1.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read 10 as follows:
- 11 The definitions in this section apply throughout this chapter 12 unless the context clearly requires otherwise.
- 13 (1) "Adult" means an individual who is ((eighteen)) 18 years of 14 age or older.
- 15 (2) "Attending ((physician)) qualified medical provider" means 16 the ((physician)) qualified medical provider who has primary 17 responsibility for the care of the patient and treatment of the 18 patient's terminal disease.
- 19 (3) "Competent" means that, in the opinion of a court or in the opinion of the patient's attending ((physician or)) qualified medical provider, consulting ((physician)) qualified medical provider,

p. 1 SHB 1281

- psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.
- (4) "Consulting ((physician)) qualified medical provider" means a ((physician)) qualified medical provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.
  - (5) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist ((er)), psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
  - (6) "Health care provider" means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.
  - (7) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending ((physician)) qualified medical provider of:
    - (a) His or her medical diagnosis;
    - (b) His or her prognosis;

- (c) The potential risks associated with taking the medication to be prescribed;
- 30 (d) The probable result of taking the medication to be 31 prescribed; and
  - (e) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
  - (8) "Intractable suffering" means pain or other physical symptoms related to a patient's terminal disease that cannot be reasonably managed by palliative care.
  - (9) "Medically confirmed" means the medical opinion of the attending ((physician)) qualified medical provider has been confirmed by a consulting ((physician)) qualified medical provider who has examined the patient and the patient's relevant medical records.

p. 2 SHB 1281

- 1  $((\frac{9}{}))$  <u>(10)</u> "Patient" means a person who is under the care of ((a physician.
- 3 (10) "Physician" means a doctor of medicine or osteopathy
  4 licensed to practice medicine in the state of Washington.
  - (11)) an attending qualified medical provider.

2324

25

2627

28

29

- 6 (11) "Qualified medical provider" means a physician licensed
  7 under chapter 18.57 or 18.71 RCW, a physician assistant licensed
  8 under chapter 18.71A RCW, or an advanced registered nurse
  9 practitioner licensed under chapter 18.79 RCW.
- 10 <u>(12)</u> "Qualified patient" means a competent adult who is a 11 resident of Washington state and has satisfied the requirements of 12 this chapter in order to obtain a prescription for medication that 13 the qualified patient may self-administer to end his or her life in a 14 humane and dignified manner.
- 15  $((\frac{(12)}{(12)}))$  <u>(13)</u> "Self-administer" means a qualified patient's act 16 of ingesting medication to end his or her life in a humane and 17 dignified manner.
- 18  $((\frac{(13)}{(13)}))$  <u>(14)</u> "Terminal disease" means an incurable and 19 irreversible disease that has been medically confirmed and will, 20 within reasonable medical judgment, produce death within six months.
- NEW SECTION. Sec. 2. A new section is added to chapter 70.245 22 RCW to read as follows:
  - (1) Subject to the provisions in subsection (2) of this section, a qualified patient may select the attending or consulting qualified medical provider of the qualified patient's choosing.
  - (2) (a) If a qualified patient selects an attending qualified medical provider who is a licensed professional other than a physician, the qualified patient must select a physician to serve as the qualified patient's consulting qualified medical provider.
- 30 (b) A qualified patient may select a consulting qualified medical 31 provider who is a licensed professional other than a physician, only 32 if the qualified patient's attending qualified medical provider is a 33 physician.
- 34 (c) The attending qualified medical provider and the consulting 35 qualified medical provider selected by the qualified patient may not 36 have a supervisory relationship with each other.
- 37 **Sec. 3.** RCW 70.245.020 and 2009 c 1 s 2 are each amended to read 38 as follows:

p. 3 SHB 1281

- 1 (1) An adult <u>patient</u> who is competent, is a resident of Washington state, and has been determined by the attending 2 ((physician and consulting physician)) qualified medical provider to 3 be suffering from a terminal disease, and who has voluntarily 4 expressed his or her wish to die, may make a written request for 5 6 medication that the patient may self-administer to end ((his or her)) 7 the patient's life in a humane and dignified manner in accordance with this chapter. 8
- 9 (2) A person does not qualify under this chapter solely because 10 of age or disability.
- 11 **Sec. 4.** RCW 70.245.030 and 2009 c 1 s 3 are each amended to read 12 as follows:

1415

16

17

18

19

22

2324

25

2627

36

- (1) A valid request for medication under this chapter shall be in substantially the form described in RCW 70.245.220, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is competent, acting voluntarily, and is not being coerced to sign the request.
  - (2) One of the witnesses shall be a person who is not:
- 20 (a) A relative of the patient by blood((, marriage, or adoption))
  21 or by law;
  - (b) A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or
  - (c) An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.
- 28 (3) The patient's attending ((physician)) qualified medical 29 provider at the time the request is signed shall not be a witness.
- ((<del>(4)</del> If the patient is a patient in a long-term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having the qualifications specified by the department of health by rule.))
- 34 **Sec. 5.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read 35 as follows:
  - (1) The attending ((physician)) gualified medical provider shall:
- 37 (a) Make the ((initial)) determination of whether a patient has a 38 terminal disease, is competent, and has made the request voluntarily;

p. 4 SHB 1281

- 1 (b) Request that the patient demonstrate Washington state 2 residency under RCW 70.245.130;
- 3 (c) To ensure that the patient is making an informed decision, 4 inform the patient of:
  - (i) ((His or her)) The patient's medical diagnosis;
  - (ii) ((<del>His or her</del>)) <u>The patient's</u> prognosis;

1314

15

18

19

2021

22

23

2425

26

2728

35

36

37

3839

- 7 (iii) The potential risks associated with taking the medication 8 to be prescribed;
- 9 (iv) The probable result of taking the medication to be 10 prescribed; and
- 11 (v) The feasible alternatives including, but not limited to, 12 comfort care, hospice care, and pain control;
  - (d) Refer the patient to a consulting ((physician)) qualified medical provider for medical confirmation of the diagnosis, and for a determination that the patient is competent and acting voluntarily;
- 16 (e) Refer the patient for counseling if appropriate under RCW 70.245.060;
  - (f) Recommend that the patient notify next of kin;
  - (g) Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under this chapter and of not taking the medication in a public place;
  - (h) Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the ((fifteen-day)) relevant waiting period under RCW 70.245.090;
  - (i) Verify, immediately before writing the prescription for medication under this chapter, that the patient is making an informed decision;
- 29 (j) Fulfill the medical record documentation requirements of RCW 30 70.245.120;
- 31 (k) Ensure that all appropriate steps are carried out in 32 accordance with this chapter before writing a prescription for 33 medication to enable a qualified patient to end his or her life in a 34 humane and dignified manner; and
  - (1)(i) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, if the attending ((physician)) qualified medical provider is authorized under statute and rule to dispense and has a current drug enforcement administration certificate; or

p. 5 SHB 1281

1 (ii) ((With the patient's written consent:)) (A) Contact a 2 pharmacist and inform the pharmacist of the prescription; and

3

4

5

7

8

9

2324

25

2627

28

29

- (B) Deliver the written prescription personally, by mail ((er)), facsimile, or electronically to the pharmacist, who will dispense the medications directly to either the patient, the attending ((physician)) qualified medical provider, or ((an expressly identified agent of the patient. Medications dispensed pursuant to this subsection shall not be dispensed by mail or other form of courier)) another person as requested by the qualified patient.
- 10 (2) The attending ((physician)) qualified medical provider may 11 sign the patient's death certificate which shall list the underlying 12 terminal disease as the cause of death.
- (3) Delivery of the dispensed drug to the qualified patient, the attending qualified medical provider, or another person as requested by the qualified patient may be made only:
- 16 <u>(a) By personal delivery, messenger service, or the United States</u>
  17 <u>postal service or a similar private parcel delivery entity; and</u>
- 18 <u>(b) Upon the receipt of the signature of the addressee or an</u>
  19 <u>authorized person at the time of delivery by an entity listed in (a)</u>
  20 <u>of this subsection.</u>
- 21 **Sec. 6.** RCW 70.245.050 and 2009 c 1 s 5 are each amended to read 22 as follows:
  - Before a patient is qualified under this chapter, a consulting ((physician)) qualified medical provider shall examine the patient and his or her relevant medical records and confirm, in writing, the attending ((physician's)) qualified medical provider's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is competent, is acting voluntarily, and has made an informed decision.
- 30 **Sec. 7.** RCW 70.245.060 and 2009 c 1 s 6 are each amended to read 31 as follows:
- If, in the opinion of <u>either</u> the attending ((<del>physician</del>))
  qualified medical provider or the consulting ((<del>physician</del>)) qualified
  medical provider, a patient may be suffering from a psychiatric or
  psychological disorder or depression causing impaired judgment,
  ((either physician)) the qualified medical provider shall refer the
  patient for counseling. Medication to end a patient's life in a
  humane and dignified manner shall not be prescribed until the person

p. 6 SHB 1281

- performing the counseling determines that the patient is not 1
- suffering from a psychiatric or psychological disorder or depression 2
- causing impaired judgment. 3
- Sec. 8. RCW 70.245.070 and 2009 c 1 s 7 are each amended to read 4 5 as follows:
- A person shall not receive a prescription for medication to end 6 his or her life in a humane and dignified manner unless he or she has 7 made an informed decision. Immediately before writing a prescription 8
- 9 for medication under this chapter, the attending ((physician))
- qualified medical provider shall verify that the qualified patient is 10
- 11 making an informed decision.
- 12 **Sec. 9.** RCW 70.245.080 and 2009 c 1 s 8 are each amended to read 13 as follows:
- The attending ((physician)) qualified medical provider shall 14
- 15 recommend that the patient notify the next of kin of his or her
- 16 request for medication under this chapter. A patient who declines or
- 17 is unable to notify next of kin shall not have his or her request
- denied for that reason. 18

- 19 Sec. 10. RCW 70.245.090 and 2009 c 1 s 9 are each amended to 20 read as follows:
- (1) To receive a prescription for medication that the qualified 21 22 patient may self-administer to end his or her life in a humane and 23 dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her 24
- 25 attending ((physician)) qualified medical provider
- 26 ((fifteen)) seven days after making the initial oral request.
- (2) Notwithstanding subsection (1) of this section, if, at the 27 time of the qualified patient's initial oral request in subsection
- (1) of this section, the attending qualified medical provider 29
- determines that the qualified patient (a) is not expected to survive 30
- for seven days, or (b) is experiencing intractable suffering, then 31
- the qualified patient may receive the prescription upon making the 32
- second oral request sooner than seven days. At the time the qualified 33
- patient makes his or her second oral request, the attending 34
- ((physician)) qualified medical provider shall offer the qualified 35
- 36 patient an opportunity to rescind the request.

p. 7 SHB 1281

- 1 (3) A transfer of care or medical records does not restart any waiting period under this section.
- 3 **Sec. 11.** RCW 70.245.100 and 2009 c 1 s 10 are each amended to 4 read as follows:

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

- 10 **Sec. 12.** RCW 70.245.110 and 2009 c 1 s 11 are each amended to 11 read as follows:
- 12  $((\frac{1}{1}))$  At least  $(\frac{1}{1})$  seven days shall elapse between the 13 patient's initial oral request and the writing of a prescription 14 under this chapter ( $\frac{1}{1}$
- 15 (2) At least forty-eight hours shall elapse between the date the 16 patient signs the written request and the writing of a prescription 17 under this chapter)), unless the conditions in RCW 70.245.090(2) 18 allow for a period of less than seven days.
- 19 **Sec. 13.** RCW 70.245.120 and 2009 c 1 s 12 are each amended to 20 read as follows:
- 21 The following shall be documented or filed in the patient's 22 medical record:
- 23 (1) All oral requests by a patient for medication to end his or 24 her life in a humane and dignified manner;
- 25 (2) All written requests by a patient for medication to end his 26 or her life in a humane and dignified manner;

2728

29

30

31

32

- (3) The attending ((physician's)) qualified medical provider's diagnosis and prognosis, and determination that the patient is competent, is acting voluntarily, and has made an informed decision;
- (4) The consulting ((physician's)) qualified medical provider's diagnosis and prognosis, and verification that the patient is competent, is acting voluntarily, and has made an informed decision;
- 33 (5) A report of the outcome and determinations made during 34 counseling, if performed;
- 35 (6) The attending ((physician's)) qualified medical provider's 36 offer to the patient to rescind his or her request at the time of the 37 patient's second oral request under RCW 70.245.090; and

p. 8 SHB 1281

- 1 (7) A note by the attending ((physician)) qualified medical 2 provider indicating that all requirements under this chapter have 3 been met and indicating the steps taken to carry out the request, 4 including a notation of the medication prescribed.
- 5 **Sec. 14.** RCW 70.245.150 and 2009 c 1 s 15 are each amended to 6 read as follows:

8

10

11

12

13

14

1516

1718

1920

2122

2324

25

2627

28

29

- (1) (a) The department of health shall annually review all records maintained under this chapter.
- (b) The department of health shall require any health care provider upon writing a prescription or dispensing medication under this chapter to file a copy of the dispensing record and such other administratively required documentation with the department. All administratively required documentation shall be transmitted electronically, mailed, or otherwise transmitted as allowed by department of health rule to the department no later than ((thirty)) 30 calendar days after the writing of a prescription and dispensing of medication under this chapter, except that all documents required to be filed with the department by the prescribing ((physician)) qualified medical provider after the death of the patient shall be transmitted electronically, mailed, or faxed no later than ((thirty)) 30 calendar days after the date of death of the patient. In the event that anyone required under this chapter to report information to the department of health provides an inadequate or incomplete report, the department shall contact the person to request a complete report.
- (2) The department of health shall adopt rules to facilitate the collection of information regarding compliance with this chapter. Except as otherwise required by law, the information collected is not a public record and may not be made available for inspection by the public.
- 30 (3) The department of health shall generate and make available to 31 the public an annual statistical report of information collected 32 under subsection (2) of this section.
- 33 **Sec. 15.** RCW 70.245.180 and 2009 c 1 s 18 are each amended to 34 read as follows:
- 35 (1) Nothing in this chapter authorizes ((a physician)) an 36 attending qualified medical provider, consulting qualified medical 37 provider, or any other person to end a patient's life by lethal 38 injection, mercy killing, or active euthanasia. Actions taken in

p. 9 SHB 1281

- 1 accordance with this chapter do not, for any purpose, constitute
- 2 suicide, assisted suicide, mercy killing, or homicide, under the law.
- 3 State reports shall not refer to practice under this chapter as
- 4 "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7),
- 5  $((\frac{(11)}{(11)}))$   $\underline{(12)}$ , and  $((\frac{(12)}{(12)}))$   $\underline{(13)}$ , 70.245.020(1), 70.245.040(1)(k),
- 6 70.245.060, 70.245.070, 70.245.090, 70.245.120 (1) and (2),
- 7 70.245.160 (1) and (2), 70.245.170, 70.245.190(1) (a) and (d), and
- 8 70.245.200(2), state reports shall refer to practice under this
- 9 chapter as obtaining and self-administering life-ending medication.
- 10 (2) Nothing contained in this chapter shall be interpreted to
- 11 lower the applicable standard of care for the attending ((physician))
- 12 <u>qualified medical provider</u>, consulting ((<del>physician</del>)) <u>qualified</u>
- 13 <u>medical provider</u>, psychiatrist or psychologist, or other health care
- 14 provider participating under this chapter.

2122

2324

25

2627

28

2930

31

32

33

34

35

36

3738

39

- 15 **Sec. 16.** RCW 70.245.190 and 2009 c 1 s 19 are each amended to 16 read as follows:
- 17 (1) Except as provided in RCW 70.245.200 and subsection (2) of this section:
  - (a) A person shall not be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this chapter. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner;
  - (b) A professional organization or association, or health care provider, may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this chapter;
  - (c) A patient's request for or provision by an attending ((physician)) qualified medical provider of medication in good faith compliance with this chapter does not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator; and
  - (d) Only willing health care providers shall participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy

p. 10 SHB 1281

of the patient's relevant medical records to the new health care provider.

1

2

3

4

5

7

8

9

10

1112

13

14

15

1617

18

19

20

2122

23

2425

26

27

2829

3031

32

33

34

3536

37

38

39

- (2)(a) A health care provider may prohibit another health care provider from participating under chapter 1, Laws of 2009 on the premises of the prohibiting provider if the prohibiting provider has given notice to all health care providers with privileges to practice on the premises and to the general public of the prohibiting provider's policy regarding participating under chapter 1, Laws of 2009. A health care provider may not, by contract or other form of agreement, prohibit another health care provider from participating under chapter 1, Laws of 2009 while acting outside the course and scope of the provider's capacity as an employee or independent contractor of the prohibiting health care provider and while at a location that is not on the prohibiting health care provider's premises and not on property that is owned by, leased by, or under the direct control of the prohibiting health care provider. This subsection does not prevent a health care provider from providing health care services to a patient that do not constitute participation under chapter 1, Laws of 2009.
- (b) A health care provider may subject another health care provider to the sanctions stated in this subsection if the sanctioning health care provider has notified the sanctioned provider before participation in chapter 1, Laws of 2009 that it prohibits participation in chapter 1, Laws of 2009:
- (i) Loss of privileges, loss of membership, or other sanctions provided under the medical staff bylaws, policies, and procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and participates in chapter 1, Laws of 2009 while on the health care facility premises of the sanctioning health care provider, but not including the private medical office of a ((physician)) qualified medical provider or other provider;
- (ii) Termination of a lease or other property contract or other nonmonetary remedies provided by a lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates in chapter 1, Laws of 2009 while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

p. 11 SHB 1281

(iii) Termination of a contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in chapter 1, Laws of 2009 while acting in the course and scope of the sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this subsection (2) (b) (iii) prevents:

- (A) A health care provider from participating in chapter 1, Laws of 2009 while acting outside the course and scope of the provider's capacity as an employee or independent contractor and while at a location that is not on the sanctioning health care provider's facility premises and is not on property that is owned by, leased by, or under the direct control of the sanctioning health care provider; or
- (B) A patient from contracting with his or her attending ((physician)) qualified medical provider and consulting ((physician)) qualified medical provider to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider and while at a location that is not on the sanctioning health care provider's facility premises and is not on property that is owned by, leased by, or under the direct control of the sanctioning health care provider.
- (c) A health care provider that imposes sanctions under (b) of this subsection shall follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.
  - (d) For the purposes of this subsection:
- (i) "Notify" means a separate statement in writing to the health care provider specifically informing the health care provider before the provider's participation in chapter 1, Laws of 2009 of the sanctioning health care provider's policy about participation in activities covered by this chapter.
- (ii) "Participate in chapter 1, Laws of 2009" means to perform the duties of an attending ((physician)) qualified medical provider under RCW 70.245.040, the consulting ((physician)) qualified medical provider function under RCW 70.245.050, or the counseling function under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does not include:
- 38 (A) Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

p. 12 SHB 1281

1 (B) Providing information about the Washington death with dignity 2 act to a patient upon the request of the patient;

3

4

5

7

8

9

10 11

12

32

33

34

35

- (C) Charting a patient's first request, as referenced in RCW 70.245.020, to services as provided in chapter 1, Laws of 2009;
- (D) Providing a patient, upon the request of the patient, with a referral to another ((physician)) attending or consulting qualified medical provider; or
- ((<del>(D)</del>)) <u>(E)</u> A patient contracting with his or her attending ((<del>physician</del>)) <u>qualified medical provider</u> and consulting ((<del>physician</del>)) <u>qualified medical provider</u> to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.
- 13 (3) Suspension or termination of staff membership or privileges 14 under subsection (2) of this section is not reportable under RCW 15 18.130.070. Action taken under RCW 70.245.030, 70.245.040, 16 70.245.050, or 70.245.060 may not be the sole basis for a report of 17 unprofessional conduct under RCW 18.130.180.
- 18 (4) References to "good faith" in subsection (1)(a), (b), and (c)
  19 of this section do not allow a lower standard of care for health care
  20 providers in the state of Washington.
- 21 **Sec. 17.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to 22 read as follows:
- A request for a medication as authorized by this chapter shall be in substantially the following form:
- 25 REQUEST FOR MEDICATION TO END MY LIFE IN A ((HUMAN [HUMANE])) HUMANE 26 AND DIGNIFIED MANNER
- I, . . . . . . . . . . . . . . am an adult of sound mind.
- - I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care, and pain control.
- I request that my attending ((physician)) qualified medical provider prescribe medication that I may self-administer to end my

p. 13 SHB 1281

life in a humane and dignified manner and to contact any pharmacist 1 2 to fill the prescription. 3 INITIAL ONE: 4 . . . . I have informed my family of my decision and taken 5 their opinions into consideration. . . . . I have decided not to inform my family of my decision. 6 . . . . I have no family to inform of my decision. 7 I understand that I have the right to rescind this request at any 8 9 time. 10 I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand 11 12 that although most deaths occur within three hours, my death may take 13 longer and my ((physician)) qualified medical provider has counseled 14 me about this possibility. I make this request voluntarily and without reservation, and I 15 16 accept full moral responsibility for my actions. 17 18 19 DECLARATION OF WITNESSES 20 By initialing and signing below on or after the date the person 21 named above signs, we declare that the person making and signing the 22 above request: 23 Witness 1 Witness 2 24 Initials Initials 25 . . . . . . . . . 1. Is personally known to 26 us or has provided proof of 27 identity; 28 2. Signed this request in 29 our presence on the date of 30 the person's signature; 31 3. Appears to be of sound . . . . . . . . . 32 mind and not under duress, 33 fraud, or undue influence;

p. 14 SHB 1281

1	
2	either of us is the attending
3	(( <del>physician</del> )) <u>qualified</u>
4	medical provider.
5	Printed Name of Witness 1:
6	Signature of Witness 1/Date:
7	Printed Name of Witness 2:
8	Signature of Witness 2/Date:

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

- 16 **Sec. 18.** RCW 70.41.520 and 2019 c 399 s 4 are each amended to read as follows:
- 18 (1) ((By September 1, 2019, every)) Every hospital must submit to 19 the department its policies related to access to care regarding:
  - (a) Admission;

9

10

1112

13

14

15

20

23

27

28

2930

31

32

3334

35

- 21 (b) End-of-life care and the death with dignity act, chapter 22 70.245 RCW;
  - (c) Nondiscrimination; and
- (((c))) (d) Reproductive health care.
- 25 (2) The department shall post a copy of the policies received 26 under subsection (1) of this section on its website.
  - (3) If a hospital makes changes to any of the policies listed under subsection (1) of this section, it must submit a copy of the changed policy to the department within thirty days after the hospital approves the changes.
  - (4) A hospital must post a copy of the policies provided to the department under subsection (1) of this section and the forms required under subsection (5) of this section to the hospital's own website in a location where the policies are readily accessible to the public without a required login or other restriction.

p. 15 SHB 1281

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

- (b) The department shall provide the form required in this subsection related to end-of-life care and the death with dignity act, chapter 70.245 RCW, by November 1, 2023. Hospitals shall submit the completed form to the department within 60 days of the form being provided.
- NEW SECTION. Sec. 19. A new section is added to chapter 70.127 RCW to read as follows:
  - (1) Every agency or facility providing hospice services as defined in RCW 70.127.010 shall submit its policies related to access to care regarding end-of-life care and this chapter to the department. The information shall include: (a) A section for the public with specific information about which end-of-life services are and are not generally available at each agency or facility; and (b) the contact information for the agency or facility in case patients have specific questions about services available.
  - (2) If an agency or facility providing hospice services makes changes to any of the policies listed under subsection (1) of this section, it shall submit a copy of the changed policy to the department of social and health services and the department within 30 days after the agency or facility approves the changes.
  - (3) A copy of the policies provided to the department under subsection (1) of this section must be posted to: (a) The agency's or facility's website in a location where the policies are readily accessible to the public without a required login or other restriction; and (b) the department website.

--- END ---

p. 16 SHB 1281