## SENATE BILL REPORT SB 5574

As Reported by Senate Committee On: Health Care, February 16, 2017

**Title**: An act relating to improving access to health care declarations.

**Brief Description**: Concerning the maintenance and disclosure of health care declarations.

Sponsors: Senators Keiser and Bailey.

**Brief History:** 

Committee Activity: Health Care: 2/14/17, 2/16/17 [DP-WM, w/oRec].

## **Brief Summary of Bill**

• Requires the Department of Health to contract with a third party for the coordination and management of the statewide health care declarations registry.

## SENATE COMMITTEE ON HEALTH CARE

**Majority Report**: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer,
Assistant Ranking Minority Member; Fain, Keiser, Miloscia, Mullet and Walsh.

**Minority Report**: That it be referred without recommendation. Signed by Senators Becker, Vice Chair; Bailey, Conway and O'Ban.

**Staff**: Kathleen Buchli (786-7488)

**Background**: The Department of Health (DOH) established a statewide health care declarations registry in 2006 pursuant to Legislative direction. Until June 30, 2011, the DOH accepted new declarations from individuals who wanted their declarations to be stored in the registry. Eligible declarations included an advance health care directive, a durable power of attorney for health care, a mental health advance directive, and a Physician Orders for Life-Sustaining Treatment (POLST) form. In general, an advance directive relating to health or mental health is a document in which a person makes a declaration of instructions, or appoints another to make decisions on behalf of the person, regarding the person's health or

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mental health treatment and is often pertinent to end-of-life treatment situations. A completed POLST form is similar to many advance directives, allowing individuals to summarize preferences regarding end-of-life treatment and to communicate those preferences to emergency medical personnel and staff in hospitals or residential care settings. The registry is to be available to health care providers at all times.

While the DOH is still statutorily required to maintain the health care declarations registry, most of the maintenance funding was eliminated in the 2011-13 biennial budget. Since July 1, 2011, the DOH has not accepted new declarations. The registry is only maintained for those individuals who made declarations before July 1, 2011.

The Robert Bree Collaborative (Collaborative) was established in 2011 to provide a forum to allow stakeholders to work together to improve the quality, cost-effectiveness, and outcomes of health care in Washington. In 2014, the Collaborative formed an end-of-life care workgroup to address end-of-life issues. Among other things, the workgroup acknowledged that the DOH health care declarations registry was underutilized. The workgroup recommended that Washington contract to join an existing registry in use by another state and promote the registry to health systems, providers, and Washington residents to facilitate use.

**Summary of Bill**: The DOH is required to contract with a private organization or another state to coordinate and manage the Washington health care declarations registry. By December 1, 2019, the DOH must report to the House and Senate committees on Health Care. The report must include the identity and qualifications of the entity selected to manage the registry; the number of registry participants; the number of health care declarations submitted, by type; the number of health care declarations revoked from the registry; the number of health care providers and facilities, by type, that have been provided access to the registry; and the actual costs of operating the registry.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

**Effective Date**: Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony**: PRO: The Honoring Choices program has recommended the registry in order to ensure people's choices are honored at the end of life. People need to know their rights and that their medical decisions will be honored. Advanced directives are not effective if they are put away in a file cabinet or put on a refrigerator door; families need to know what the individual's decisions are. This empowers people to make decisions regarding their care. We need to ensure behavioral health agencies have access to the registry.

OTHER: The registry was not funded in the Governor's budget.

**Persons Testifying**: PRO: Senator Karen Keiser, Prime Sponsor; Joan Miller, Washington Council for Behavioral Health.

OTHER: Drew Bouton, DOH.

Persons Signed In To Testify But Not Testifying: No one.

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