

HOUSE BILL REPORT

HB 2326

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to hospital end-of-life care policies.

Brief Description: Reporting end-of-life care policies.

Sponsors: Representatives Macri, Robinson, Rude, Cody, Leavitt, Thai, Ormsby, Wylie, Doglio, Kloba, Riccelli, Tharinger and Appleton.

Brief History:

Committee Activity:

Health Care & Wellness: 1/15/20, 1/24/20 [DPS].

Brief Summary of Substitute Bill

- Requires hospitals to submit policies related to end-of-life care to the Department of Health (DOH).
- Requires the DOH to create a form to be used to submit policies that provides consumers with information about what end-of-life care services are and are not provided at each hospital.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Macri, Vice Chair; Caldier, Assistant Ranking Minority Member; Chambers, Chopp, Davis, Harris, Riccelli, Robinson, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 3 members: Representatives Schmick, Ranking Minority Member; DeBolt and Maycumber.

Staff: Kim Weidenaar (786-7120).

Background:

[Access to Care Policies.](#)

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Governor Inslee's Directive 13-12 directed the Department of Health (DOH) to adopt rules improving transparency for consumer information, by requiring hospitals supply nondiscrimination, end-of-life care, and reproductive health care policies, which consumers must have access to on the DOH's webpage. The DOH rules require every hospital to submit these policies, which must be posted on the hospitals' and the DOH's websites.

Legislation enacted in 2019 requires every hospital to submit to the DOH its policies related to access to care regarding admission, nondiscrimination, and reproductive health care along with a form created by the DOH in consultation with the Washington State Hospital Association and patient advocacy groups. The form must provide the public with specific information about what reproductive health care services are and are not performed at each hospital. Submitted policies and the form must be posted on the hospital's website.

Death with Dignity.

The Washington Death with Dignity Act was enacted by initiative in 2009 and permits a patient to request medication that he or she may self-administer to end his or her life if:

- the patient is a competent adult and a resident of Washington;
- the attending physician and a consulting physician have determined that the patient suffers from a terminal disease and the patient has voluntarily expressed the wish to die;
- the patient has made a request for medication on a form provided in statute; and
- the form is signed and dated by the patient and at least two witnesses who attest to their belief that the patient is competent, acting voluntarily, and not being coerced to sign the request.

Summary of Substitute Bill:

Every hospital must submit its access to care policies regarding end-of-life care and the Death with Dignity Act (Act) to the Department of Health (DOH), in addition to policies related to admission, nondiscrimination, and reproductive health care. By August 1, 2020, the DOH must create an additional form related to end-of life care and the Act that hospitals must submit along with their other access to care policies. The form must provide the public with specific information about which end-of-life services are and are not generally available at each hospital.

Substitute Bill Compared to Original Bill:

The substitute bill requires the Department of Health (DOH) to create a new separate form indicating what end-of-life care services a hospital generally does or does not provide rather than requiring the DOH to update the existing form to include end-of-life care services.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Substitute Bill: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 1, relating to hospital submission of end-of-life care policies, which takes effect September 1, 2020.

Staff Summary of Public Testimony:

(In support) The hospital policy disclosure requirement passed the committee unanimously last year, but through the legislative process only the reproductive services piece was added to another bill and passed, so this bill just adds the end-of-life care piece. There should be consistency in how access to care information is framed and reported.

Advocacy groups have received calls and have heard many stories from patients who have been denied timely information on their legally protected right of death with dignity. Many hospitals prohibit providers from having these discussions in the facility or from participating at all. Patients need to be able to make informed choices about where they receive care because once they are admitted to a hospital they may be unable to switch facilities due to their condition. Therefore, knowing in advance which hospitals provide these services and which do not is critical.

The common form created by the Department of Health (DOH) that lists which services are or are not provided helps ensure that the information is comprehensive and easily understandable. Many people do not know where they can get this end-of-life care. While hospitals must post access to care policies, they are often incomplete, vague, or use legalese that is unhelpful to the average consumer. The form makes it so this information is helpful to consumers.

The DOH was very collaborative during the process last year to create the access to care form. Hospitals are generally supportive of these bills, but request that instead of updating the existing form that a new form be created specifically for end-of-life care services. The delay in requiring hospitals to submit the completed form and policies from when the form would be complete is also appreciated.

(Opposed) None.

Persons Testifying: Representative Macri, prime sponsor; Nancy Sapiro, End of Life Washington; Leah Rutman, American Civil Liberties Union Washington; and Zosia Stanley, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.