

HOUSE BILL REPORT

SHB 2419

As Passed Legislature

Title: An act relating to studying barriers to the use of the Washington death with dignity act.

Brief Description: Studying barriers to the use of the Washington death with dignity act.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Rude, Macri, Kloba, Peterson, Springer, Cody, Ormsby, Riccelli and Doglio).

Brief History:

Committee Activity:

Health Care & Wellness: 1/22/20, 1/31/20 [DPS];

Appropriations: 2/8/20 [DPS(HCW)].

Floor Activity:

Passed House: 2/14/20, 67-31.

Passed Senate: 3/5/20, 36-13.

Passed Legislature.

Brief Summary of Substitute Bill

- Requires the University of Washington to conduct a study on the barriers related to accessing Washington's Death with Dignity Act.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Macri, Vice Chair; Chopp, Davis, Harris, Riccelli, Robinson, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Chambers, DeBolt and Maycumber.

Staff: Riley O'Leary (786-7296) and Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

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.

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 26 members: Representatives Ormsby, Chair; Robinson, 1st Vice Chair; Bergquist, 2nd Vice Chair; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Chopp, Cody, Dolan, Fitzgibbon, Hansen, Hoff, Hudgins, Kilduff, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Senn, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Minority Report: Do not pass. Signed by 5 members: Representatives Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Dye, Kraft and Schmick.

Staff: Kate Henry (786-7349).

Background:

Washington's Death with Dignity Act.

The Death with Dignity Act (Act) allows Washington adult residents that have a terminal illness with six months or less to live to request medication that the patient may self-administer to end the patient's life.

The patient must first make an oral request to a physician for medication, followed by a written request, followed by a second oral request. A waiting period of 15 days is required between the time of the first oral request and the writing of the prescription. The patient has the option to rescind the request at any time. Once the request has been processed and fulfilled, the medication may be self-administered.

Physicians, pharmacists, and health care providers are not required to participate, and health care providers may prohibit participation on their premises. Facilities that prohibit participation may not sanction physicians or pharmacists for participating under certain circumstances. No person participating in good faith compliance with the Act shall be subject to civil or criminal liability, or professional disciplinary action.

The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy must not be conditioned upon or affected by the participation in the Act.

Department of Health Annual Report.

The Department of Health (DOH) is required to collect and report on information from health care providers regarding participation in the Act. The DOH is also required to review the information for compliance and produce an annual statistical report. The data collection requirements are set by the DOH and include demographic characteristics, aggregate data on the number of participants, information from death certificates and after-death reports, medical history, and a summary of the timing, complications, and involvement from emergency medical services after self-administration.

Summary of Substitute Bill:

The University of Washington (UW) is required to consult with the Department of Health (DOH) and, with approval from the Washington State Institutional Review Board, conduct a study and report on the barriers facing Washington residents who wish to access the Death with Dignity Act (Act), including:

- a lack of awareness of the Act;
- the 15-day waiting period;
- the effectiveness of pain control medication during the 15-day waiting period;
- concerns that inhibit participation of health care providers;
- hospital, medical, hospice, and long-term care providers' policies that restrict the participation and distribution of information about the Act;
- geographic access to pharmacies that dispense medications related to the Act;
- restrictions based on the self-administration requirement;
- lack of insurance coverage for the services and medications necessary to participate in the Act;
- the need for improvements to the data collection system; and
- any other barriers identified in the course of performing the study.

The report is due by June 30, 2021, and must include its findings and any legislative or administrative policy recommendations to the Governor and the committees of the Legislature related to health policy. The UW must enter into a data sharing agreement with the DOH for the purposes of this study and the report must protect patient and health care provider confidentiality.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) Washington voters approved the Death with Dignity Act (Act) in 2009, which brings great comfort to many people who are suffering from terminal illness. Many rural counties in eastern Washington supported the Act, and it has not been modified since.

Debilitating diseases are becoming more common. This bill would study the barriers to accessing the Act, consider how to improve the Act in future legislation, and allow more people to access it. There are other states and cities that have similar laws and the study should include a summary of those laws.

Death is a personal event and people should have the right to control the end of their lives, but there are barriers with accessing the Act. Medications must be self-administered by swallowing, which is not possible for some people; the only alternative option is voluntarily stopping eating and drinking. Some people lose the ability to access the Act during the 15-day waiting period, which is too long to wait while suffering. Even if the person has the capacity to access the Act, it can be hard to find a participating physician. Personal beliefs or health care provider contracts may restrict some physicians from participating in the Act.

Some people are not aware of the Act because there is a lack of good and readily available information. It is impossible to make an informed decision without complete information. These people may believe they have to go to other states to end their own life with dignity. These barriers cause irreparable harm because alternative options for care, including hospice and pain relief, are not effective and some people resort to ending their own life in more painful ways.

There is a difficulty with the timeline that may restrict the accuracy and completeness of the study, and two years would be more appropriate.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) The Death with Dignity Act (Act) was approved overwhelmingly by voters in 2008 and has not been changed since. This study can identify barriers to access with the current program. Constituent stories have relayed that the Act has not been readily available to all. Barriers currently identified are significant waiting periods, lack of providers in rural areas, and the cost of medication. No in-depth analysis has occurred since the Act passed. The study can be used to see if any changes should be made to the Act.

(Opposed) None.

Persons Testifying (Health Care & Wellness): Representative Rude, prime sponsor; Arline Hinckley, End of Life Washington; Donna Coffeen; Chris Fruitrich; Morgan Hickel, University of Washington; and Zosia Stanley, Washington State Hospital Association.

Persons Testifying (Appropriations): Nancy Sapiro.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.