HOUSE BILL REPORT
SB 6025

As Passed House:
March 3, 2026

Title: An act relating to updating the definition of fetal death to ensure the calculation of gestational age is based on objective and clinically accurate criteria.

Brief Description: Updating the definition of fetal death.

Sponsors: Senators Cleveland, Robinson, Nobles and Wilson, C..

Brief History:
Committee Activity:
Health Care & Wellness: 2/18/26, 2/24/26 [DP].
Floor Activity:
Passed House: 3/3/26, 91-2.

Brief Summary of Bill

- Modifies the vital statistics definition of fetal death by changing how gestational age is calculated.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 18 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Valdez, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe and Thai.

Staff: Alison Ryan (786-7296).

Background:

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

The Department of Health collects and stores reports of specific vital life events in the state. These vital life events include births, deaths, fetal deaths, marriages, marriage and domestic partnership dissolutions, marriage and domestic partnership annulments, and legal separations. The Secretary of Health is in charge of the state vital records system and must appoint a state registrar of vital statistics that is responsible for the system's operation. Under the direction and control of the state registrar, the local health officer of each health jurisdiction is a local registrar.

For each report of death or fetal death in the state, a report must be filed with the local registrar in the local health jurisdiction where the death occurred. The report must be filed within five calendar days after the death, fetal death, or finding of remains and before final disposition of the remains. A local registrar must review filed reports of deaths and fetal deaths to ensure the records are complete, request missing information or corrections, and ensure issuance of a burial-transit permit. If a report of death or fetal death is completed and filed in accordance with the requirements, the local registrar must register the death or fetal death with the Department of Health. A person may not provide for final disposition of human remains until the report of death or fetal death has been registered and a burial-transmit permit has been obtained.

The state or local registrar may issue reports of a fetal death as a certification of fetal death upon application by: (1) a parent, a parent's legal representative, an authorized representative, a sibling, or a grandparent; (2) the funeral director or funeral establishment named on the fetal death record, within 12 months of the date of fetal death; or (3) a government agency or court, if the certification will be used in the conduct of the agency's or court's official duties. The state or local registrar may also issue reports of a fetal death as a certification of birth resulting in stillbirth. Only the person who gave birth resulting in a stillbirth, as listed on the fetal death record, may apply for and receive a certification of birth resulting in stillbirth. Stillbirth has the same meaning as fetal death.

For purposes of vital records, fetal death means any product of conception that shows no evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles after complete expulsion or extraction from the individual who gave birth that is not an induced termination of pregnancy and:

- has completed 20 or more weeks of gestation as calculated from the date the last menstrual period of the individual who gave birth began, to the date of expulsion or extraction; or
- weighs 350 grams or more, if weeks of gestation are not known.

Summary of Bill:

For purposes of vital records, fetal death means any product of conception that shows no evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles after complete expulsion or extraction from the individual who gave birth that is not an induced termination of pregnancy and:

- has completed 20 or more weeks of gestation at the date of death based on the best clinically accurate gestational age; or
- weighs 350 grams or more, if weeks of gestation are not known.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill contains multiple effective dates. Please see the bill.

Staff Summary of Public Testimony:

(In support) This bill updates the law to reflect improvements in health care technology. Current law requires gestational age to be calculated using the date of the last menstrual period, rather than using modern technology such as ultrasounds. This forces providers to choose between following the law and using more precise ultrasound information to provide accurate information for fetal death certificates.

Supporting families through a second trimester pregnancy loss is challenging. Not all families desire funeral services or the complexities that accompany burial or cremation. In some situations, the last menstrual period indicates a different gestational age than an ultrasound, which is the more accurate method. Additionally, after a fetal demise, the procedure to end a pregnancy might be delayed for emotional or logistical reasons. These situations can result in a clinically inaccurate gestational age. Families might be required to pay for the services of a funeral home and navigate the death certificate process, and it puts medical staff in a position that requires them to fill out state-required paperwork with inaccurate information. Providers need the best tools to determine the clinically accurate gestational age so that patients do not face burdens due to inaccurate dating. Amending the definition has nothing to do with an elective abortion, and this is clear in the law.

(Opposed) The vital statistics definition of live birth is dehumanizing, and the definition of induced termination of pregnancy relates to the most important issue of human life but is vague. These definitions should be changed to include honest language about babies, pregnancy, and birth.

Persons Testifying: (In support) Senator Annette Cleveland, prime sponsor; Rachel Johnson CNM, ARNP; Dr. Alson Burke, ACOG—WA Section; and Alex Wehinger, WA State Medical Association (WSMA).

(Opposed) Eric Lundberg.

Persons Signed In To Testify But Not Testifying: None.