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**HOUSE BILL 1215**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Representatives Taylor, Stonier, and Ryu

Prefiled 01/09/25.

1       AN ACT Relating to removing references to pregnancy from the  
2 model directive form under the natural death act; and amending RCW  
3 70.122.030.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5       **Sec. 1.** RCW 70.122.030 and 2019 c 209 s 2 are each amended to  
6 read as follows:

7       (1) Any adult person may execute a directive directing the  
8 withholding or withdrawal of life-sustaining treatment in a terminal  
9 condition or permanent unconscious condition. The directive shall be  
10 signed by the declarer and acknowledged before a notary public or  
11 other individual authorized by law to take acknowledgments or signed  
12 by the declarer in the presence of two witnesses not related to the  
13 declarer by blood or marriage and who would not be entitled to any  
14 portion of the estate of the declarer upon declarer's decease under  
15 any will of the declarer or codicil thereto then existing or, at the  
16 time of the directive, by operation of law then existing. In  
17 addition, a witness to a directive shall not be the attending  
18 physician, an employee of the attending physician or a health  
19 facility in which the declarer is a patient, or any person who has a  
20 claim against any portion of the estate of the declarer upon  
21 declarer's decease at the time of the execution of the directive. The

1 directive, or a copy thereof, shall be made part of the patient's  
2 medical records retained by the attending physician, a copy of which  
3 shall be forwarded by the custodian of the records to the health  
4 facility when the withholding or withdrawal of life-support treatment  
5 is contemplated. The directive may be in the following form and may  
6 include a notarial certificate for an acknowledgment in an individual  
7 capacity in short form as permitted by state law, but in addition may  
8 include other specific directions:

9 Health Care Directive

10 Directive made this . . . . day of . . . . . (month, year).

11 I . . . . ., having the capacity to make health care decisions,  
12 willfully, and voluntarily make known my desire that my dying shall  
13 not be artificially prolonged under the circumstances set forth  
14 below, and do hereby declare that:

15 (a) If at any time I should be diagnosed in writing to be in a  
16 terminal condition by the attending physician, or in a permanent  
17 unconscious condition by two physicians, and where the application of  
18 life-sustaining treatment would serve only to artificially prolong  
19 the process of my dying, I direct that such treatment be withheld or  
20 withdrawn, and that I be permitted to die naturally. I understand by  
21 using this form that a terminal condition means an incurable and  
22 irreversible condition caused by injury, disease, or illness, that  
23 would within reasonable medical judgment cause death within a  
24 reasonable period of time in accordance with accepted medical  
25 standards, and where the application of life-sustaining treatment  
26 would serve only to prolong the process of dying. I further  
27 understand in using this form that a permanent unconscious condition  
28 means an incurable and irreversible condition in which I am medically  
29 assessed within reasonable medical judgment as having no reasonable  
30 probability of recovery from an irreversible coma or a persistent  
31 vegetative state.

32 (b) In the absence of my ability to give directions regarding the  
33 use of such life-sustaining treatment, it is my intention that this  
34 directive shall be honored by my family and physician(s) as the final  
35 expression of my legal right to refuse medical or surgical treatment  
36 and I accept the consequences of such refusal. If another person is  
37 appointed to make these decisions for me, whether through a durable  
38 power of attorney or otherwise, I request that the person be guided  
39 by this directive and any other clear expressions of my desires.

1 (c) If I am diagnosed to be in a terminal condition or in a  
2 permanent unconscious condition (check one):

3 I DO want to have artificially provided nutrition and hydration.

4 I DO NOT want to have artificially provided nutrition and  
5 hydration.

6 ~~(d) ((If I have been diagnosed as pregnant and that diagnosis is  
7 known to my physician, this directive shall have no force or effect  
8 during the course of my pregnancy.~~

9 ~~(e))~~ I understand the full import of this directive and I am  
10 emotionally and mentally capable to make the health care decisions  
11 contained in this directive.

12 ~~((f))~~ (e) I understand that before I sign this directive, I can  
13 add to or delete from or otherwise change the wording of this  
14 directive and that I may add to or delete from this directive at any  
15 time and that any changes shall be consistent with Washington state  
16 law or federal constitutional law to be legally valid.

17 ~~((g))~~ (f) It is my wish that every part of this directive be  
18 fully implemented. If for any reason any part is held invalid it is  
19 my wish that the remainder of my directive be implemented.

20 Signed.....

21 City, County, and State of Residence

22 The declarer has been personally known to me or has provided proof of  
23 identity and I believe him or her to be capable of making health care  
24 decisions.

25 Witness.....

26 Witness.....

27 (2) Prior to withholding or withdrawing life-sustaining  
28 treatment, the diagnosis of a terminal condition by the attending  
29 physician or the diagnosis of a permanent unconscious state by two  
30 physicians shall be entered in writing and made a permanent part of  
31 the patient's medical records.

32 (3) A directive executed in another political jurisdiction is  
33 valid to the extent permitted by Washington state law and federal  
34 constitutional law.

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