SUBSTITUTE HOUSE BILL 1724

State of Washington 69th Legislature 2025 Regular Session

By House Early Learning & Human Services (originally sponsored by Representatives Paul, Griffey, Bronoske, Shavers, Schmidt, Reed, Pollet, Nance, and Ormsby)

READ FIRST TIME 02/17/25.

- AN ACT Relating to improving access and practices relating to portable orders for life-sustaining treatment; amending RCW 43.70.480 and 70.122.130; adding a new section to chapter 43.70 RCW; adding a new section to chapter 42.56 RCW; creating a new section; and providing an expiration date.
- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 7 **Sec. 1.** RCW 43.70.480 and 2000 c 70 s 1 are each amended to read 8 as follows:
 - (1) (a) The department of health shall adopt guidelines and protocols for how emergency medical personnel shall respond when summoned to the site of an injury or illness for the treatment of a person who has signed a written directive or durable power of attorney requesting that he or she not receive futile emergency medical treatment.
 - (b) The guidelines shall include the development of a simple form to record an individual's preferences, known as "portable orders for life-sustaining treatment" that shall be used statewide. The form must include an option for the individual to opt out of their provider submitting their form to the registry created by this

20 <u>section.</u>

9

1011

12

13

14

15

1617

18

19

p. 1 SHB 1724

1 (c) (i) The provisions of chapter 1.80 RCW apply to any signature 2 required on the portable orders for life-sustaining treatment form.

- (ii) An individual's verbal confirmation of the portable orders for life-sustaining treatment form satisfies any requirement for their signature if:
- (A) Requiring the individual to sign the form in person or electronically would require significant difficulty or expense; and
- (B) A licensed health care provider witnesses the verbal confirmation and signs the form attesting that the provider witnessed the confirmation. The witnessing health care provider may not be the same provider who signs the order, and must verify the identity of the individual who is providing the verbal confirmation.
- (d) Physicians, physician assistants, and advanced registered nurse practitioners who are treating an individual who has completed a portable orders for life-sustaining treatment form may review the individual's form with them on an annual or more frequent basis to ensure it reflects the patient's current health status and treatment preferences.
- (2) (a) Except where greater liability protection is provided in law, any provider who participates in good faith in the provision of medical care or the withholding or withdrawal of treatment from a person in accordance with the person's portable orders for lifesustaining treatment form shall be immune from legal liability, including civil, criminal, or professional conduct sanctions, unless otherwise negligent.
- (b) The establishment of a statewide registry as described in section 2 of this act does not create any new or distinct obligation for a provider to determine whether a person has completed a portable orders for life-sustaining treatment form.
- (c) Except where greater liability protection is provided in law, a provider is not subject to civil or criminal liability or sanctions for unprofessional conduct under the uniform disciplinary act, chapter 18.130 RCW, when in good faith and without negligence:
- (i) The provider provides, does not provide, withdraws, or withholds treatment in the absence of actual knowledge of the existence of a portable orders for life-sustaining treatment form stored in the registry established in section 2 of this act;
- (ii) The provider provides, does not provide, withdraws, or withholds treatment pursuant to a portable orders for life-sustaining treatment form stored in the registry established in section 2 of

p. 2 SHB 1724

1 this act in the absence of actual knowledge of the revocation of the
2 form;

- (iii) The provider provides, does not provide, withdraws, or withholds treatment according to a portable orders for life-sustaining treatment form stored in the registry established in section 2 of this act in good faith reliance upon the validity of the form and the form is subsequently found to be invalid; or
- 8 <u>(iv) The provider provides, does not provide, withdraws, or</u>
 9 <u>withholds treatment according to a portable orders for life-</u>
 10 <u>sustaining treatment form stored in the registry established in</u>
 11 section 2 of this act.
 - (d) Except for acts of gross negligence, willful misconduct, or intentional wrongdoing, the department of health is not subject to civil liability for any claims or demands arising out of the administration or operation of the registry established in section 2 of this act.
- (e) For the purposes of this subsection, "provider" means: A physician; an advanced registered nurse practitioner; a physician assistant; a licensed health care provider acting under the direction of a physician, advanced registered nurse practitioner, or physician assistant; a physician's trained advanced emergency medical technician and paramedic; an emergency medical technician; a health facility as defined in chapter 70.122 RCW, and its personnel; or a health care facility as defined in chapter 71.32 RCW, and its personnel.
- NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW to read as follows:
 - (1) The department shall establish and maintain a statewide registry containing the portable orders for life-sustaining treatment forms received pursuant to subsection (2)(b) of this section as submitted by health care providers and residents of Washington. The registry must be designed to allow for future expansion to support the addition of other health care declarations such as advance directives, durable powers of attorney for health care, and mental health advance directives.
 - (2) (a) The department shall digitally reproduce and store portable orders for life-sustaining treatment forms in the registry. The department shall establish standards for physicians, physician assistants, advanced registered nurse practitioners, their agents and

p. 3 SHB 1724

employees, individuals, and personal representatives to submit portable orders for life-sustaining treatment forms directly to the registry. The department shall collaborate with health care providers and individuals to establish best practices for health care providers that sign portable orders for life-sustaining treatment forms to discuss with individuals if the form should be submitted to the registry and how the form will be submitted. The department shall review the portable orders for life-sustaining treatment forms that it receives to ensure they comply with the applicable statutory and regulatory requirements. The department may contract with an organization that meets the standards identified in this section.

1

2

3

4

5

7

8

9

10 11

12

13

14

1516

17

18

25

26

27

28

29

30

40

- (b)(i) A physician, physician assistant, or advanced registered nurse practitioner that signs a completed portable orders for life-sustaining treatment form, or their agent or employee, shall submit the form to the department or registry consistent with the standards adopted by the department under this section on the individual's behalf, unless the individual has opted out of submitting the form to the registry.
- (ii) An individual or an individual's personal representative may submit a portable orders for life-sustaining treatment form that meets the standards established under this section to the department to be stored in the registry. Forms submitted directly to the department by an individual or the individual's personal representative must be submitted in a digital format.
 - (iii) Failure to submit a portable orders for life-sustaining treatment form to the department does not affect the validity of the form.
 - (iv) Failure to notify the department of a valid revocation of a portable orders for life-sustaining treatment form does not affect the validity of the revocation.
- 31 (v) The entry of a portable orders for life-sustaining treatment 32 form in the registry under this section does not:
- 33 (A) Affect the validity of the portable orders for life-34 sustaining treatment form;
- 35 (B) Take the place of any requirements in law necessary to make 36 the submitted portable orders for life-sustaining treatment form 37 legal; or
- 38 (C) Create a presumption regarding the validity of the portable 39 orders for life-sustaining treatment form.
 - (c) The department shall prescribe procedures for:

p. 4 SHB 1724

- (i) An individual to revoke a portable orders for life-sustaining treatment form contained in the registry; and
 - (ii) Removal or archival of a portable orders for life-sustaining treatment form on request of the individual who completed the form or their legal surrogate or upon confirmation that the individual who completed the form has died.
 - (d) The registry must:

- (i) Be maintained in a secure database that is accessible through a website maintained by the department or its contractor;
- (ii) Provide each individual that has a portable orders for life-sustaining treatment form submitted to the registry with a registration number;
- (iii) To the extent such information is available, store contact information for individuals who have a portable orders for life-sustaining treatment form in the registry, their health care agents, and other authorized individuals;
- (iv) Send annual notices to individuals that have a portable orders for life-sustaining treatment form in the registry to request that they review the registry materials to ensure that they are current. To the extent possible, notices should be provided electronically through email, text message, or push notification;
- (v) Provide individuals that have a portable orders for life-sustaining treatment form in the registry with access to their forms and the ability to revoke their forms at all times; and
- (vi) Provide the personal representatives of individuals that have a portable orders for life-sustaining treatment form in the registry, providers as defined in RCW 43.70.480, health facilities as defined in chapter 70.122 RCW, and health care facilities, as defined in chapter 71.32 RCW, access to the registry at all times.
- (e) In designing the registry and website, the department shall ensure compliance with state and federal requirements related to patient confidentiality. The department shall store and protect the data in the registry in accordance with the state requirements to protect health care information. The registry is exempt from public copying and inspection for purposes of the public records act as indicated in section 5 of this act.
- (f) The department may accept donations, grants, gifts, or other forms of voluntary contributions to support activities related to the creation and maintenance of the registry and statewide public education campaigns related to the existence of the registry. All

p. 5 SHB 1724

- receipts from donations made under this section, and other contributions and appropriations specifically made for the purposes of creating and maintaining the registry established under this section and statewide public education campaigns related to the existence of the registry, shall be deposited into the general fund.
- 6 These moneys in the general fund may be spent only after 7 appropriation.
- 8 (g) The department may adopt rules as necessary to implement this 9 section.
- NEW SECTION. Sec. 3. (1) The department of health shall research options for types of alternative evidence that may be utilized to indicate that a person has completed the portable orders for life-sustaining treatment form and does not wish to have resuscitative efforts, for example, medical jewelry, a physical card, or an electronic application-based form.
- 16 (2) The department of health shall submit a report to the 17 legislature by June 30, 2026, in compliance with RCW 43.01.036, that 18 details its recommendations regarding:
- 19 (a) Whether or not alternative evidence should be implemented and 20 in what form;
- 21 (b) Guidelines and protocols for emergency medical personnel to 22 recognize types of alternative evidence; and
- 23 (c) Standards for production and endorsement of alternative 24 evidence.
- 25 (3) This section expires January 1, 2027.

30

31

32

3334

35

3637

- 26 **Sec. 4.** RCW 70.122.130 and 2016 c 209 s 406 are each amended to 27 read as follows:
 - (1) The department of health shall establish and maintain a statewide health care declarations registry containing the health care declarations identified in subsection (2) of this section as submitted by residents of Washington. The department shall digitally reproduce and store health care declarations in the registry. The department may establish standards for individuals to submit digitally reproduced health care declarations directly to the registry, but is not required to review the health care declarations that it receives to ensure they comply with the particular statutory requirements applicable to the document. The department may contract

p. 6 SHB 1724

- 1 with an organization that meets the standards identified in this 2 section.
 - (2) (a) An individual may submit any of the following health care declarations to the department of health to be digitally reproduced and stored in the registry:
 - (i) A directive, as defined by this chapter;

4

5

28

34

35

36

37

3839

40

- 7 (ii) A durable power of attorney for health care, as authorized 8 in chapter 11.125 RCW; or
- 9 (iii) A mental health advance directive, as defined by chapter 10 $71.32 \text{ RCW}((\frac{\cdot}{\cdot}) \text{ or})$
- 11 (iv) A form adopted pursuant to the department of health's authority in RCW 43.70.480)).
- 13 (b) Failure to submit a health care declaration to the department 14 of health does not affect the validity of the declaration.
- 15 (c) Failure to notify the department of health of a valid 16 revocation of a health care declaration does not affect the validity 17 of the revocation.
- 18 (d) The entry of a health care directive in the registry under 19 this section does not:
- 20 (i) Affect the validity of the document;
- 21 (ii) Take the place of any requirements in law necessary to make 22 the submitted document legal; or
- 23 (iii) Create a presumption regarding the validity of the 24 document.
- 25 (3) The department of health shall prescribe a procedure for an 26 individual to revoke a health care declaration contained in the 27 registry.
 - (4) The registry must:
- 29 (a) Be maintained in a secure database that is accessible through 30 a website maintained by the department of health;
- 31 (b) Send annual electronic messages to individuals that have 32 submitted health care declarations to request that they review the 33 registry materials to ensure that it is current;
 - (c) Provide individuals who have submitted one or more health care declarations with access to their documents and the ability to revoke their documents at all times; and
 - (d) Provide the personal representatives of individuals who have submitted one or more health care declarations to the registry, attending physicians, advanced registered nurse practitioners, health care providers licensed by a disciplining authority identified in RCW

p. 7 SHB 1724

- 1 18.130.040 who is acting under the direction of a physician or an 2 advanced registered nurse practitioner, and health care facilities, 3 as defined in this chapter or in chapter 71.32 RCW, access to the 4 registry at all times.
- 5 (5) In designing the registry and website, the department of 6 health shall ensure compliance with state and federal requirements 7 related to patient confidentiality.

9

10

1112

13

14

1516

17

1819

2021

22

25

26

27

- (6) The department shall provide information to health care providers and health care facilities on the registry website regarding the different federal and Washington state requirements to ascertain and document whether a patient has an advance directive.
- (7) The department of health may accept donations, grants, gifts, or other forms of voluntary contributions to support activities related to the creation and maintenance of the health care declarations registry and statewide public education campaigns related to the existence of the registry. All receipts from donations made under this section, and other contributions and appropriations specifically made for the purposes of creating and maintaining the registry established under this section and statewide public education campaigns related to the existence of the registry, shall be deposited into the general fund. These moneys in the general fund may be spent only after appropriation.
- 23 (8) The department of health may adopt rules as necessary to 24 implement chapter 108, Laws of 2006.
 - (9) By December 1, 2008, the department shall report to the house and senate committees on health care the following information:
 - (a) Number of participants in the registry;
- 28 (b) Number of health care declarations submitted by type of declaration as defined in this section;
- 30 (c) Number of health care declarations revoked and the method of 31 revocation;
- 32 (d) Number of providers and facilities, by type, that have been 33 provided access to the registry;
- 34 (e) Actual costs of operation of the registry.
- NEW SECTION. Sec. 5. A new section is added to chapter 42.56 RCW to read as follows:

p. 8 SHB 1724

- 1 The registry established in section 2 of this act and its 2 contents are exempt from inspection and copying under this chapter.
 - --- END ---

p. 9 SHB 1724