HOUSE BILL 1724

State of Washington 69th Legislature 2025 Regular Session

By Representatives Paul, Griffey, Bronoske, Shavers, Schmidt, Reed, Pollet, Nance, and Ormsby

Read first time 01/29/25. Referred to Committee on Early Learning & Human Services.

- 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.
- 15 <u>(b)</u> The guidelines shall include <u>the</u> development of a simple form 16 <u>to record an individual's preferences, known as "portable orders for 17 <u>life-sustaining treatment"</u> that shall be used statewide. <u>The form</u> 18 <u>must include an option for the individual to opt out of their</u> 19 <u>provider submitting their form to the registry created by this</u></u>

20 <u>section.</u>

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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 practice registered nurses who are treating an individual who has executed 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) 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 life-sustaining 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) 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 this act in the absence of actual knowledge of the revocation of the form;

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(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

- (iv) 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.
- (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 practice registered nurse; a physician assistant; a licensed health care provider acting under the direction of a physician, advanced practice registered nurse, 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 employees, individuals, and personal representatives to submit portable orders for life-sustaining treatment forms directly to the

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1 registry. The department shall collaborate with health care providers and individuals to establish best practices for health care providers 2 3 that sign portable orders for life-sustaining treatment forms to discuss with individuals if the form should be submitted to the 4 registry and how the form will be submitted. The department shall 5 6 review the portable orders for life-sustaining treatment forms that 7 it receives to ensure they comply with the applicable statutory and regulatory requirements. The department may contract with 8 organization that meets the standards identified in this section. 9

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- (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, may 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.
- 29 (v) The entry of a portable orders for life-sustaining treatment 30 form in the registry under this section does not:
- 31 (A) Affect the validity of the portable orders for life-32 sustaining treatment form;
- 33 (B) Take the place of any requirements in law necessary to make 34 the submitted portable orders for life-sustaining treatment form 35 legal; or
- 36 (C) Create a presumption regarding the validity of the portable 37 orders for life-sustaining treatment form.
 - (c) The department shall prescribe procedures for:
- 39 (i) An individual to revoke a portable orders for life-sustaining 40 treatment form contained in the registry; and

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- (ii) Removal or archival of a portable orders for life-sustaining treatment form on request of the individual who executed the form or their legal surrogate or upon confirmation that the individual who executed 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, physicians, physician assistants, advanced registered nurse practitioners, health care providers licensed by a disciplining authority identified in RCW 18.130.040 who is acting under the direction of a physician, physician assistant, or an advanced registered nurse practitioner, including a physician's trained advanced emergency medical technician and paramedic certified under chapter 18.71 RCW and emergency medical technician certified under chapter 18.73 RCW, 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 manage personal health information contained in the registry as if the department was a covered entity for purposes of the federal health insurance portability and accountability act of 1996, 42 U.S.C. Sec.

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- 1 1320d et seq., and a health care provider for purposes of chapter 70.02 RCW. The department may allow qualified researchers access to 3 deidentified registry data under the requirements established in RCW 70.02.210(1). The registry is exempt from public copying and 5 inspection for purposes of the public records act as indicated in 6 section 5 of this act.
- 7 (f) The department may accept donations, grants, gifts, or other forms of voluntary contributions to support activities related to the 8 creation and maintenance of the registry and statewide public 9 education campaigns related to the existence of the registry. All 10 11 receipts from donations made under this section, 12 contributions and appropriations specifically made for the purposes of creating and maintaining the registry established under this 13 14 section and statewide public education campaigns related to the existence of the registry, shall be deposited into the general fund. 15 16 These moneys in the general fund may be spent only after 17 appropriation.
- 18 (g) The department may adopt rules as necessary to implement this 19 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 executed 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.
 - (2) The department of health shall submit a report to the legislature by June 30, 2026, in compliance with RCW 43.01.036, that details its recommendations regarding:
- 29 (a) Whether or not alternative evidence should be implemented and 30 in what form;
- 31 (b) Guidelines and protocols for emergency medical personnel to 32 recognize types of alternative evidence; and
- 33 (c) Standards for production and endorsement of alternative 34 evidence.
- 35 (3) This section expires January 1, 2027.

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36 **Sec. 4.** RCW 70.122.130 and 2016 c 209 s 406 are each amended to read as follows:

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- (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 with an organization that meets the standards identified in this section.
- 13 (2)(a) An individual may submit any of the following health care 14 declarations to the department of health to be digitally reproduced 15 and stored in the registry:
 - (i) A directive, as defined by this chapter;
- 17 (ii) A durable power of attorney for health care, as authorized 18 in chapter 11.125 RCW; $\underline{\text{or}}$
- 19 (iii) A mental health advance directive, as defined by chapter 20 71.32 RCW(($\frac{\cdot}{\cdot}$ or
- 21 (iv) A form adopted pursuant to the department of health's authority in RCW 43.70.480)).
- 23 (b) Failure to submit a health care declaration to the department 24 of health does not affect the validity of the declaration.
 - (c) Failure to notify the department of health of a valid revocation of a health care declaration does not affect the validity of the revocation.
- 28 (d) The entry of a health care directive in the registry under 29 this section does not:
 - (i) Affect the validity of the document;
- 31 (ii) Take the place of any requirements in law necessary to make 32 the submitted document legal; or
- 33 (iii) Create a presumption regarding the validity of the 34 document.
- 35 (3) The department of health shall prescribe a procedure for an 36 individual to revoke a health care declaration contained in the 37 registry.
 - (4) The registry must:

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39 (a) Be maintained in a secure database that is accessible through 40 a website maintained by the department of health;

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(b) Send annual electronic messages to individuals that have submitted health care declarations to request that they review the 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 18.130.040 who is acting under the direction of a physician or an advanced registered nurse practitioner, and health care facilities, as defined in this chapter or in chapter 71.32 RCW, access to the registry at all times.
- (5) In designing the registry and website, the department of health shall ensure compliance with state and federal requirements related to patient confidentiality.
- (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.
- (8) The department of health may adopt rules as necessary to 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;
- 38 (b) Number of health care declarations submitted by type of declaration as defined in this section;

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- 1 (c) Number of health care declarations revoked and the method of revocation;
- 3 (d) Number of providers and facilities, by type, that have been 4 provided access to the registry;
 - (e) Actual costs of operation of the registry.

- 6 <u>NEW SECTION.</u> **Sec. 5.** A new section is added to chapter 42.56 7 RCW to read as follows:
- 8 The registry established in section 2 of this act and its 9 contents are exempt from inspection and copying under this chapter.

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