

SUBSTITUTE HOUSE BILL 1281

State of Washington

68th Legislature

2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Rude, Peterson, Harris, Macri, Riccelli, Stonier, Fitzgibbon, Senn, Simmons, Tharinger, Kloba, Reeves, Reed, Walen, Gregerson, Ormsby, Bateman, Doglio, Alvarado, Ramel, Santos, and Pollet)

1 AN ACT Relating to increasing access to the provisions of the
2 Washington death with dignity act; amending RCW 70.245.010,
3 70.245.020, 70.245.030, 70.245.040, 70.245.050, 70.245.060,
4 70.245.070, 70.245.080, 70.245.090, 70.245.100, 70.245.110,
5 70.245.120, 70.245.150, 70.245.180, 70.245.190, 70.245.220, and
6 70.41.520; adding new section to chapter 70.245 RCW; and adding a new
7 section to chapter 70.127 RCW.

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

9 **Sec. 1.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read
10 as follows:

11 The definitions in this section apply throughout this chapter
12 unless the context clearly requires otherwise.

13 (1) "Adult" means an individual who is (~~eighteen~~) 18 years of
14 age or older.

15 (2) "Attending (~~physician~~) qualified medical provider" means
16 the (~~physician~~) qualified medical provider who has primary
17 responsibility for the care of the patient and treatment of the
18 patient's terminal disease.

19 (3) "Competent" means that, in the opinion of a court or in the
20 opinion of the patient's attending (~~physician or~~) qualified medical
21 provider, consulting (~~physician~~) qualified medical provider,

1 psychiatrist, or psychologist, a patient has the ability to make and
2 communicate an informed decision to health care providers, including
3 communication through persons familiar with the patient's manner of
4 communicating if those persons are available.

5 (4) "Consulting (~~(physician)~~) qualified medical provider" means a
6 (~~(physician)~~) qualified medical provider who is qualified by
7 specialty or experience to make a professional diagnosis and
8 prognosis regarding the patient's disease.

9 (5) "Counseling" means one or more consultations as necessary
10 between a state licensed psychiatrist (~~(or)~~) psychologist,
11 independent clinical social worker, advanced social worker, mental
12 health counselor, or psychiatric advanced registered nurse
13 practitioner and a patient for the purpose of determining that the
14 patient is competent and not suffering from a psychiatric or
15 psychological disorder or depression causing impaired judgment.

16 (6) "Health care provider" means a person licensed, certified, or
17 otherwise authorized or permitted by law to administer health care or
18 dispense medication in the ordinary course of business or practice of
19 a profession, and includes a health care facility.

20 (7) "Informed decision" means a decision by a qualified patient,
21 to request and obtain a prescription for medication that the
22 qualified patient may self-administer to end his or her life in a
23 humane and dignified manner, that is based on an appreciation of the
24 relevant facts and after being fully informed by the attending
25 (~~(physician)~~) qualified medical provider of:

26 (a) His or her medical diagnosis;

27 (b) His or her prognosis;

28 (c) The potential risks associated with taking the medication to
29 be prescribed;

30 (d) The probable result of taking the medication to be
31 prescribed; and

32 (e) The feasible alternatives including, but not limited to,
33 comfort care, hospice care, and pain control.

34 (8) "Intractable suffering" means pain or other physical symptoms
35 related to a patient's terminal disease that cannot be reasonably
36 managed by palliative care.

37 (9) "Medically confirmed" means the medical opinion of the
38 attending (~~(physician)~~) qualified medical provider has been confirmed
39 by a consulting (~~(physician)~~) qualified medical provider who has
40 examined the patient and the patient's relevant medical records.

1 ~~((9))~~ (10) "Patient" means a person who is under the care of
2 ~~((a physician.~~

3 ~~(10) "Physician" means a doctor of medicine or osteopathy~~
4 ~~licensed to practice medicine in the state of Washington.~~

5 ~~((11))~~ an attending qualified medical provider.

6 (11) "Qualified medical provider" means a physician licensed
7 under chapter 18.57 or 18.71 RCW, a physician assistant licensed
8 under chapter 18.71A RCW, or an advanced registered nurse
9 practitioner licensed under chapter 18.79 RCW.

10 (12) "Qualified patient" means a competent adult who is a
11 resident of Washington state and has satisfied the requirements of
12 this chapter in order to obtain a prescription for medication that
13 the qualified patient may self-administer to end his or her life in a
14 humane and dignified manner.

15 ~~((12))~~ (13) "Self-administer" means a qualified patient's act
16 of ingesting medication to end his or her life in a humane and
17 dignified manner.

18 ~~((13))~~ (14) "Terminal disease" means an incurable and
19 irreversible disease that has been medically confirmed and will,
20 within reasonable medical judgment, produce death within six months.

21 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.245
22 RCW to read as follows:

23 (1) Subject to the provisions in subsection (2) of this section,
24 a qualified patient may select the attending or consulting qualified
25 medical provider of the qualified patient's choosing.

26 (2)(a) If a qualified patient selects an attending qualified
27 medical provider who is a licensed professional other than a
28 physician, the qualified patient must select a physician to serve as
29 the qualified patient's consulting qualified medical provider.

30 (b) A qualified patient may select a consulting qualified medical
31 provider who is a licensed professional other than a physician, only
32 if the qualified patient's attending qualified medical provider is a
33 physician.

34 (c) The attending qualified medical provider and the consulting
35 qualified medical provider selected by the qualified patient may not
36 have a supervisory relationship with each other.

37 **Sec. 3.** RCW 70.245.020 and 2009 c 1 s 2 are each amended to read
38 as follows:

1 (1) An adult patient who is competent, is a resident of
2 Washington state, and has been determined by the attending
3 (~~physician and consulting physician~~) qualified medical provider to
4 be suffering from a terminal disease, and who has voluntarily
5 expressed his or her wish to die, may make a written request for
6 medication that the patient may self-administer to end (~~his or her~~)
7 the patient's life in a humane and dignified manner in accordance
8 with this chapter.

9 (2) A person does not qualify under this chapter solely because
10 of age or disability.

11 **Sec. 4.** RCW 70.245.030 and 2009 c 1 s 3 are each amended to read
12 as follows:

13 (1) A valid request for medication under this chapter shall be in
14 substantially the form described in RCW 70.245.220, signed and dated
15 by the patient and witnessed by at least two individuals who, in the
16 presence of the patient, attest that to the best of their knowledge
17 and belief the patient is competent, acting voluntarily, and is not
18 being coerced to sign the request.

19 (2) One of the witnesses shall be a person who is not:

20 (a) A relative of the patient by blood(~~, marriage, or adoption~~)
21 or by law;

22 (b) A person who at the time the request is signed would be
23 entitled to any portion of the estate of the qualified patient upon
24 death under any will or by operation of law; or

25 (c) An owner, operator, or employee of a health care facility
26 where the qualified patient is receiving medical treatment or is a
27 resident.

28 (3) The patient's attending (~~physician~~) qualified medical
29 provider at the time the request is signed shall not be a witness.

30 (~~(4) If the patient is a patient in a long-term care facility at~~
31 ~~the time the written request is made, one of the witnesses shall be~~
32 ~~an individual designated by the facility and having the~~
33 ~~qualifications specified by the department of health by rule.))~~

34 **Sec. 5.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read
35 as follows:

36 (1) The attending (~~physician~~) qualified medical provider shall:

37 (a) Make the (~~initial~~) determination of whether a patient has a
38 terminal disease, is competent, and has made the request voluntarily;

1 (b) Request that the patient demonstrate Washington state
2 residency under RCW 70.245.130;

3 (c) To ensure that the patient is making an informed decision,
4 inform the patient of:

5 (i) (~~His or her~~) The patient's medical diagnosis;

6 (ii) (~~His or her~~) The patient's prognosis;

7 (iii) The potential risks associated with taking the medication
8 to be prescribed;

9 (iv) The probable result of taking the medication to be
10 prescribed; and

11 (v) The feasible alternatives including, but not limited to,
12 comfort care, hospice care, and pain control;

13 (d) Refer the patient to a consulting (~~physician~~) qualified
14 medical provider for medical confirmation of the diagnosis, and for a
15 determination that the patient is competent and acting voluntarily;

16 (e) Refer the patient for counseling if appropriate under RCW
17 70.245.060;

18 (f) Recommend that the patient notify next of kin;

19 (g) Counsel the patient about the importance of having another
20 person present when the patient takes the medication prescribed under
21 this chapter and of not taking the medication in a public place;

22 (h) Inform the patient that he or she has an opportunity to
23 rescind the request at any time and in any manner, and offer the
24 patient an opportunity to rescind at the end of the (~~fifteen-day~~)
25 relevant waiting period under RCW 70.245.090;

26 (i) Verify, immediately before writing the prescription for
27 medication under this chapter, that the patient is making an informed
28 decision;

29 (j) Fulfill the medical record documentation requirements of RCW
30 70.245.120;

31 (k) Ensure that all appropriate steps are carried out in
32 accordance with this chapter before writing a prescription for
33 medication to enable a qualified patient to end his or her life in a
34 humane and dignified manner; and

35 (l) (i) Dispense medications directly, including ancillary
36 medications intended to facilitate the desired effect to minimize the
37 patient's discomfort, if the attending (~~physician~~) qualified
38 medical provider is authorized under statute and rule to dispense and
39 has a current drug enforcement administration certificate; or

1 (ii) (~~With the patient's written consent:~~) (A) Contact a
2 pharmacist and inform the pharmacist of the prescription; and

3 (B) Deliver the written prescription personally, by mail (~~(or)~~),
4 facsimile, or electronically to the pharmacist, who will dispense the
5 medications directly to either the patient, the attending
6 (~~physician~~) qualified medical provider, or (~~an expressly~~
7 ~~identified agent of the patient. Medications dispensed pursuant to~~
8 ~~this subsection shall not be dispensed by mail or other form of~~
9 ~~courier~~) another person as requested by the qualified patient.

10 (2) The attending (~~physician~~) qualified medical provider may
11 sign the patient's death certificate which shall list the underlying
12 terminal disease as the cause of death.

13 (3) Delivery of the dispensed drug to the qualified patient, the
14 attending qualified medical provider, or another person as requested
15 by the qualified patient may be made only:

16 (a) By personal delivery, messenger service, or the United States
17 postal service or a similar private parcel delivery entity; and

18 (b) Upon the receipt of the signature of the addressee or an
19 authorized person at the time of delivery by an entity listed in (a)
20 of this subsection.

21 **Sec. 6.** RCW 70.245.050 and 2009 c 1 s 5 are each amended to read
22 as follows:

23 Before a patient is qualified under this chapter, a consulting
24 (~~physician~~) qualified medical provider shall examine the patient
25 and his or her relevant medical records and confirm, in writing, the
26 attending (~~physician's~~) qualified medical provider's diagnosis that
27 the patient is suffering from a terminal disease, and verify that the
28 patient is competent, is acting voluntarily, and has made an informed
29 decision.

30 **Sec. 7.** RCW 70.245.060 and 2009 c 1 s 6 are each amended to read
31 as follows:

32 If, in the opinion of either the attending (~~physician~~)
33 qualified medical provider or the consulting (~~physician~~) qualified
34 medical provider, a patient may be suffering from a psychiatric or
35 psychological disorder or depression causing impaired judgment,
36 (~~either physician~~) the qualified medical provider shall refer the
37 patient for counseling. Medication to end a patient's life in a
38 humane and dignified manner shall not be prescribed until the person

1 performing the counseling determines that the patient is not
2 suffering from a psychiatric or psychological disorder or depression
3 causing impaired judgment.

4 **Sec. 8.** RCW 70.245.070 and 2009 c 1 s 7 are each amended to read
5 as follows:

6 A person shall not receive a prescription for medication to end
7 his or her life in a humane and dignified manner unless he or she has
8 made an informed decision. Immediately before writing a prescription
9 for medication under this chapter, the attending (~~physician~~)
10 qualified medical provider shall verify that the qualified patient is
11 making an informed decision.

12 **Sec. 9.** RCW 70.245.080 and 2009 c 1 s 8 are each amended to read
13 as follows:

14 The attending (~~physician~~) qualified medical provider shall
15 recommend that the patient notify the next of kin of his or her
16 request for medication under this chapter. A patient who declines or
17 is unable to notify next of kin shall not have his or her request
18 denied for that reason.

19 **Sec. 10.** RCW 70.245.090 and 2009 c 1 s 9 are each amended to
20 read as follows:

21 (1) To receive a prescription for medication that the qualified
22 patient may self-administer to end his or her life in a humane and
23 dignified manner, a qualified patient shall have made an oral request
24 and a written request, and reiterate the oral request to his or her
25 attending (~~physician~~) qualified medical provider at least
26 (~~fifteen~~) seven days after making the initial oral request.

27 (2) Notwithstanding subsection (1) of this section, if, at the
28 time of the qualified patient's initial oral request in subsection
29 (1) of this section, the attending qualified medical provider
30 determines that the qualified patient (a) is not expected to survive
31 for seven days, or (b) is experiencing intractable suffering, then
32 the qualified patient may receive the prescription upon making the
33 second oral request sooner than seven days. At the time the qualified
34 patient makes his or her second oral request, the attending
35 (~~physician~~) qualified medical provider shall offer the qualified
36 patient an opportunity to rescind the request.

1 (3) A transfer of care or medical records does not restart any
2 waiting period under this section.

3 **Sec. 11.** RCW 70.245.100 and 2009 c 1 s 10 are each amended to
4 read as follows:

5 A patient may rescind his or her request at any time and in any
6 manner without regard to his or her mental state. No prescription for
7 medication under this chapter may be written without the attending
8 ~~((physician))~~ qualified medical provider offering the qualified
9 patient an opportunity to rescind the request.

10 **Sec. 12.** RCW 70.245.110 and 2009 c 1 s 11 are each amended to
11 read as follows:

12 ~~((1))~~ At least ~~((fifteen))~~ seven days shall elapse between the
13 patient's initial oral request and the writing of a prescription
14 under this chapter~~((-~~

15 ~~(2) At least forty-eight hours shall elapse between the date the~~
16 ~~patient signs the written request and the writing of a prescription~~
17 ~~under this chapter)), unless the conditions in RCW 70.245.090(2)
18 allow for a period of less than seven days.~~

19 **Sec. 13.** RCW 70.245.120 and 2009 c 1 s 12 are each amended to
20 read as follows:

21 The following shall be documented or filed in the patient's
22 medical record:

23 (1) All oral requests by a patient for medication to end his or
24 her life in a humane and dignified manner;

25 (2) All written requests by a patient for medication to end his
26 or her life in a humane and dignified manner;

27 (3) The attending ~~((physician's))~~ qualified medical provider's
28 diagnosis and prognosis, and determination that the patient is
29 competent, is acting voluntarily, and has made an informed decision;

30 (4) The consulting ~~((physician's))~~ qualified medical provider's
31 diagnosis and prognosis, and verification that the patient is
32 competent, is acting voluntarily, and has made an informed decision;

33 (5) A report of the outcome and determinations made during
34 counseling, if performed;

35 (6) The attending ~~((physician's))~~ qualified medical provider's
36 offer to the patient to rescind his or her request at the time of the
37 patient's second oral request under RCW 70.245.090; and

1 (7) A note by the attending (~~physician~~) qualified medical
2 provider indicating that all requirements under this chapter have
3 been met and indicating the steps taken to carry out the request,
4 including a notation of the medication prescribed.

5 **Sec. 14.** RCW 70.245.150 and 2009 c 1 s 15 are each amended to
6 read as follows:

7 (1)(a) The department of health shall annually review all records
8 maintained under this chapter.

9 (b) The department of health shall require any health care
10 provider upon writing a prescription or dispensing medication under
11 this chapter to file a copy of the dispensing record and such other
12 administratively required documentation with the department. All
13 administratively required documentation shall be transmitted
14 electronically, mailed, or otherwise transmitted as allowed by
15 department of health rule to the department no later than (~~thirty~~)
16 30 calendar days after the writing of a prescription and dispensing
17 of medication under this chapter, except that all documents required
18 to be filed with the department by the prescribing (~~physician~~)
19 qualified medical provider after the death of the patient shall be
20 transmitted electronically, mailed, or faxed no later than (~~thirty~~)
21 30 calendar days after the date of death of the patient. In the event
22 that anyone required under this chapter to report information to the
23 department of health provides an inadequate or incomplete report, the
24 department shall contact the person to request a complete report.

25 (2) The department of health shall adopt rules to facilitate the
26 collection of information regarding compliance with this chapter.
27 Except as otherwise required by law, the information collected is not
28 a public record and may not be made available for inspection by the
29 public.

30 (3) The department of health shall generate and make available to
31 the public an annual statistical report of information collected
32 under subsection (2) of this section.

33 **Sec. 15.** RCW 70.245.180 and 2009 c 1 s 18 are each amended to
34 read as follows:

35 (1) Nothing in this chapter authorizes (~~a physician~~) an
36 attending qualified medical provider, consulting qualified medical
37 provider, or any other person to end a patient's life by lethal
38 injection, mercy killing, or active euthanasia. Actions taken in

1 accordance with this chapter do not, for any purpose, constitute
2 suicide, assisted suicide, mercy killing, or homicide, under the law.
3 State reports shall not refer to practice under this chapter as
4 "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7),
5 (~~((11))~~) (12), and (~~((12))~~) (13), 70.245.020(1), 70.245.040(1)(k),
6 70.245.060, 70.245.070, 70.245.090, 70.245.120 (1) and (2),
7 70.245.160 (1) and (2), 70.245.170, 70.245.190(1) (a) and (d), and
8 70.245.200(2), state reports shall refer to practice under this
9 chapter as obtaining and self-administering life-ending medication.

10 (2) Nothing contained in this chapter shall be interpreted to
11 lower the applicable standard of care for the attending (~~(physician))~~
12 qualified medical provider, consulting (~~(physician))~~ qualified
13 medical provider, psychiatrist or psychologist, or other health care
14 provider participating under this chapter.

15 **Sec. 16.** RCW 70.245.190 and 2009 c 1 s 19 are each amended to
16 read as follows:

17 (1) Except as provided in RCW 70.245.200 and subsection (2) of
18 this section:

19 (a) A person shall not be subject to civil or criminal liability
20 or professional disciplinary action for participating in good faith
21 compliance with this chapter. This includes being present when a
22 qualified patient takes the prescribed medication to end his or her
23 life in a humane and dignified manner;

24 (b) A professional organization or association, or health care
25 provider, may not subject a person to censure, discipline,
26 suspension, loss of license, loss of privileges, loss of membership,
27 or other penalty for participating or refusing to participate in good
28 faith compliance with this chapter;

29 (c) A patient's request for or provision by an attending
30 (~~(physician))~~ qualified medical provider of medication in good faith
31 compliance with this chapter does not constitute neglect for any
32 purpose of law or provide the sole basis for the appointment of a
33 guardian or conservator; and

34 (d) Only willing health care providers shall participate in the
35 provision to a qualified patient of medication to end his or her life
36 in a humane and dignified manner. If a health care provider is unable
37 or unwilling to carry out a patient's request under this chapter, and
38 the patient transfers his or her care to a new health care provider,
39 the prior health care provider shall transfer, upon request, a copy

1 of the patient's relevant medical records to the new health care
2 provider.

3 (2) (a) A health care provider may prohibit another health care
4 provider from participating under chapter 1, Laws of 2009 on the
5 premises of the prohibiting provider if the prohibiting provider has
6 given notice to all health care providers with privileges to practice
7 on the premises and to the general public of the prohibiting
8 provider's policy regarding participating under chapter 1, Laws of
9 2009. A health care provider may not, by contract or other form of
10 agreement, prohibit another health care provider from participating
11 under chapter 1, Laws of 2009 while acting outside the course and
12 scope of the provider's capacity as an employee or independent
13 contractor of the prohibiting health care provider and while at a
14 location that is not on the prohibiting health care provider's
15 premises and not on property that is owned by, leased by, or under
16 the direct control of the prohibiting health care provider. This
17 subsection does not prevent a health care provider from providing
18 health care services to a patient that do not constitute
19 participation under chapter 1, Laws of 2009.

20 (b) A health care provider may subject another health care
21 provider to the sanctions stated in this subsection if the
22 sanctioning health care provider has notified the sanctioned provider
23 before participation in chapter 1, Laws of 2009 that it prohibits
24 participation in chapter 1, Laws of 2009:

25 (i) Loss of privileges, loss of membership, or other sanctions
26 provided under the medical staff bylaws, policies, and procedures of
27 the sanctioning health care provider if the sanctioned provider is a
28 member of the sanctioning provider's medical staff and participates
29 in chapter 1, Laws of 2009 while on the health care facility premises
30 of the sanctioning health care provider, but not including the
31 private medical office of a ((physician)) qualified medical provider
32 or other provider;

33 (ii) Termination of a lease or other property contract or other
34 nonmonetary remedies provided by a lease contract, not including loss
35 or restriction of medical staff privileges or exclusion from a
36 provider panel, if the sanctioned provider participates in chapter 1,
37 Laws of 2009 while on the premises of the sanctioning health care
38 provider or on property that is owned by or under the direct control
39 of the sanctioning health care provider; or

1 (iii) Termination of a contract or other nonmonetary remedies
2 provided by contract if the sanctioned provider participates in
3 chapter 1, Laws of 2009 while acting in the course and scope of the
4 sanctioned provider's capacity as an employee or independent
5 contractor of the sanctioning health care provider. Nothing in this
6 subsection (2)(b)(iii) prevents:

7 (A) A health care provider from participating in chapter 1, Laws
8 of 2009 while acting outside the course and scope of the provider's
9 capacity as an employee or independent contractor and while at a
10 location that is not on the sanctioning health care provider's
11 facility premises and is not on property that is owned by, leased by,
12 or under the direct control of the sanctioning health care provider;
13 or

14 (B) A patient from contracting with his or her attending
15 (~~physician~~) qualified medical provider and consulting (~~physician~~)
16 qualified medical provider to act outside the course and scope of the
17 provider's capacity as an employee or independent contractor of the
18 sanctioning health care provider and while at a location that is not
19 on the sanctioning health care provider's facility premises and is
20 not on property that is owned by, leased by, or under the direct
21 control of the sanctioning health care provider.

22 (c) A health care provider that imposes sanctions under (b) of
23 this subsection shall follow all due process and other procedures the
24 sanctioning health care provider may have that are related to the
25 imposition of sanctions on another health care provider.

26 (d) For the purposes of this subsection:

27 (i) "Notify" means a separate statement in writing to the health
28 care provider specifically informing the health care provider before
29 the provider's participation in chapter 1, Laws of 2009 of the
30 sanctioning health care provider's policy about participation in
31 activities covered by this chapter.

32 (ii) "Participate in chapter 1, Laws of 2009" means to perform
33 the duties of an attending (~~physician~~) qualified medical provider
34 under RCW 70.245.040, the consulting (~~physician~~) qualified medical
35 provider function under RCW 70.245.050, or the counseling function
36 under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does
37 not include:

38 (A) Making an initial determination that a patient has a terminal
39 disease and informing the patient of the medical prognosis;

1 (B) Providing information about the Washington death with dignity
2 act to a patient upon the request of the patient;

3 (C) Charting a patient's first request, as referenced in RCW
4 70.245.020, to services as provided in chapter 1, Laws of 2009;

5 (D) Providing a patient, upon the request of the patient, with a
6 referral to another ~~((physician))~~ attending or consulting qualified
7 medical provider; or

8 ~~((D))~~ (E) A patient contracting with his or her attending
9 ~~((physician))~~ qualified medical provider and consulting ~~((physician))~~
10 qualified medical provider to act outside of the course and scope of
11 the provider's capacity as an employee or independent contractor of
12 the sanctioning health care provider.

13 (3) Suspension or termination of staff membership or privileges
14 under subsection (2) of this section is not reportable under RCW
15 18.130.070. Action taken under RCW 70.245.030, 70.245.040,
16 70.245.050, or 70.245.060 may not be the sole basis for a report of
17 unprofessional conduct under RCW 18.130.180.

18 (4) References to "good faith" in subsection (1)(a), (b), and (c)
19 of this section do not allow a lower standard of care for health care
20 providers in the state of Washington.

21 **Sec. 17.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to
22 read as follows:

23 A request for a medication as authorized by this chapter shall be
24 in substantially the following form:

25 REQUEST FOR MEDICATION TO END MY LIFE IN A ~~((HUMAN-[HUMANE]))~~ HUMANE
26 AND DIGNIFIED MANNER

27 I,, am an adult of sound mind.

28 I am suffering from, which my
29 attending ~~((physician))~~ qualified medical provider has determined is
30 a terminal disease ~~((and which has been medically confirmed by a~~
31 ~~consulting physician))~~ that will result in death within six months.

32 I have been fully informed of my diagnosis, prognosis, the nature
33 of medication to be prescribed and potential associated risks, the
34 expected result, and the feasible alternatives, including comfort
35 care, hospice care, and pain control.

36 I request that my attending ~~((physician))~~ qualified medical
37 provider prescribe medication that I may self-administer to end my

1 life in a humane and dignified manner and to contact any pharmacist
2 to fill the prescription.

3 INITIAL ONE:

4 I have informed my family of my decision and taken
5 their opinions into consideration.

6 I have decided not to inform my family of my decision.

7 I have no family to inform of my decision.

8 I understand that I have the right to rescind this request at any
9 time.

10 I understand the full import of this request and I expect to die
11 when I take the medication to be prescribed. I further understand
12 that although most deaths occur within three hours, my death may take
13 longer and my ((~~physician~~)) qualified medical provider has counseled
14 me about this possibility.

15 I make this request voluntarily and without reservation, and I
16 accept full moral responsibility for my actions.

17 Signed:

18 Dated:

19 DECLARATION OF WITNESSES

20 By initialing and signing below on or after the date the person
21 named above signs, we declare that the person making and signing the
22 above request:

23	Witness 1	Witness 2	
24	Initials	Initials	
25	1. Is personally known to us or has provided proof of identity;
26			
27			
28	2. Signed this request in our presence on the date of the person's signature;
29			
30			
31	3. Appears to be of sound mind and not under duress, fraud, or undue influence;
32			
33			

1 4. Is not a patient for whom
2 either of us is the attending
3 ~~((physician))~~ qualified
4 medical provider.

5 Printed Name of Witness 1:.....

6 Signature of Witness 1/Date:.....

7 Printed Name of Witness 2:.....

8 Signature of Witness 2/Date:.....

9 NOTE: One witness shall not be a relative by blood, marriage, or
10 adoption of the person signing this request, shall not be entitled to
11 any portion of the person's estate upon death, and shall not own,
12 operate, or be employed at a health care facility where the person is
13 a patient or resident. (~~If the patient is an inpatient at a health~~
14 ~~care facility, one of the witnesses shall be an individual designated~~
15 ~~by the facility.))~~

16 **Sec. 18.** RCW 70.41.520 and 2019 c 399 s 4 are each amended to
17 read as follows:

18 (1) (~~By September 1, 2019, every~~) Every hospital must submit to
19 the department its policies related to access to care regarding:

20 (a) Admission;

21 (b) End-of-life care and the death with dignity act, chapter
22 70.245 RCW;

23 (c) Nondiscrimination; and

24 ~~((e))~~ (d) Reproductive health care.

25 (2) The department shall post a copy of the policies received
26 under subsection (1) of this section on its website.

27 (3) If a hospital makes changes to any of the policies listed
28 under subsection (1) of this section, it must submit a copy of the
29 changed policy to the department within thirty days after the
30 hospital approves the changes.

31 (4) A hospital must post a copy of the policies provided to the
32 department under subsection (1) of this section and the forms
33 required under subsection (5) of this section to the hospital's own
34 website in a location where the policies are readily accessible to
35 the public without a required login or other restriction.

1 (5) (~~By September 1, 2019, the~~) (a) The department shall, in
2 consultation with stakeholders including a hospital association and
3 patient advocacy groups, develop ((a)) two simple and clear forms to
4 be submitted by hospitals along with the policies required in
5 subsection (1) of this section. ((The)) One form must provide the
6 public with specific information about which reproductive health care
7 services are and are not generally available at each hospital. The
8 other form must provide the public with specific information about
9 which end-of-life services are and are not generally available at
10 each hospital. Each form must include contact information for the
11 hospital in case patients have specific questions about services
12 available at the hospital.

13 (b) The department shall provide the form required in this
14 subsection related to end-of-life care and the death with dignity
15 act, chapter 70.245 RCW, by November 1, 2023. Hospitals shall submit
16 the completed form to the department within 60 days of the form being
17 provided.

18 NEW SECTION. Sec. 19. A new section is added to chapter 70.127
19 RCW to read as follows:

20 (1) Every agency or facility providing hospice services as
21 defined in RCW 70.127.010 shall submit its policies related to access
22 to care regarding end-of-life care and this chapter to the
23 department. The information shall include: (a) A section for the
24 public with specific information about which end-of-life services are
25 and are not generally available at each agency or facility; and (b)
26 the contact information for the agency or facility in case patients
27 have specific questions about services available.

28 (2) If an agency or facility providing hospice services makes
29 changes to any of the policies listed under subsection (1) of this
30 section, it shall submit a copy of the changed policy to the
31 department of social and health services and the department within 30
32 days after the agency or facility approves the changes.

33 (3) A copy of the policies provided to the department under
34 subsection (1) of this section must be posted to: (a) The agency's or
35 facility's website in a location where the policies are readily
36 accessible to the public without a required login or other
37 restriction; and (b) the department website.

--- END ---