
HOUSE BILL 1141

State of Washington

67th Legislature

2021 Regular Session

By Representatives Rude, Macri, Stonier, Tharinger, Ormsby, Frame, Pollet, Goodman, Peterson, Thai, Ramel, J. Johnson, Bateman, Simmons, Fitzgibbon, and Valdez

Read first time 01/12/21. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to increasing access to the provisions of the
2 Washington death with dignity act; amending RCW 70.245.010,
3 70.245.010, 70.245.020, 70.245.030, 70.245.040, 70.245.050,
4 70.245.060, 70.245.070, 70.245.080, 70.245.090, 70.245.100,
5 70.245.110, 70.245.120, 70.245.150, 70.245.180, 70.245.190,
6 70.245.220, and 70.41.520; adding a new section to chapter 70.245
7 RCW; adding a new section to chapter 70.41 RCW; providing effective
8 dates; and providing an expiration date.

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

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

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

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

16 (2) "Attending (~~physician~~) qualified medical provider" means
17 the physician, physician assistant licensed under chapter 18.71A RCW,
18 osteopathic physician assistant licensed under chapter 18.57A RCW, or
19 advanced registered nurse practitioner licensed under chapter 18.79
20 RCW who has primary responsibility for the care of the patient and
21 treatment of the patient's terminal disease.

1 (3) "Competent" means that, in the opinion of a court or in the
2 opinion of the patient's attending (~~(physician)~~) qualified medical
3 provider or consulting (~~(physician)~~) qualified medical provider,
4 psychiatrist, or psychologist, a patient has the ability to make and
5 communicate an informed decision to health care providers, including
6 communication through persons familiar with the patient's manner of
7 communicating if those persons are available.

8 (4) "Consulting (~~(physician)~~) qualified medical provider" means a
9 physician, physician assistant licensed under chapter 18.71A RCW,
10 osteopathic physician assistant licensed under chapter 18.57A RCW, or
11 advanced registered nurse practitioner licensed under chapter 18.79
12 RCW who is qualified by specialty or experience to make a
13 professional diagnosis and prognosis regarding the patient's disease.

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

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

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

31 (a) His or her medical diagnosis;

32 (b) His or her prognosis;

33 (c) The potential risks associated with taking the medication to
34 be prescribed;

35 (d) The probable result of taking the medication to be
36 prescribed; and

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

39 (8) "Medically confirmed" means the medical opinion of the
40 attending (~~(physician)~~) qualified medical provider has been confirmed

1 by a consulting (~~(physician)~~) qualified medical provider who has
2 examined the patient and the patient's relevant medical records.

3 (9) "Patient" means a person who is under the care of (~~(a~~
4 ~~physician)~~) an attending qualified medical provider.

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

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

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

15 (13) "Terminal disease" means an incurable and irreversible
16 disease that has been medically confirmed and will, within reasonable
17 medical judgment, produce death within six months.

18 **Sec. 2.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read
19 as follows:

20 The definitions in this section apply throughout this chapter
21 unless the context clearly requires otherwise.

22 (1) "Adult" means an individual who is eighteen years of age or
23 older.

24 (2) "Attending (~~(physician)~~) qualified medical provider" means
25 the physician, physician assistant licensed under chapter 18.71A RCW,
26 or advanced registered nurse practitioner licensed under chapter
27 18.79 RCW who has primary responsibility for the care of the patient
28 and treatment of the patient's terminal disease.

29 (3) "Competent" means that, in the opinion of a court or in the
30 opinion of the patient's attending (~~(physician)~~) qualified medical
31 provider or consulting (~~(physician)~~) qualified medical provider,
32 psychiatrist, or psychologist, a patient has the ability to make and
33 communicate an informed decision to health care providers, including
34 communication through persons familiar with the patient's manner of
35 communicating if those persons are available.

36 (4) "Consulting (~~(physician)~~) qualified medical provider" means a
37 physician, physician assistant licensed under chapter 18.71A RCW, or
38 advanced registered nurse practitioner licensed under chapter 18.79

1 RCW who is qualified by specialty or experience to make a
2 professional diagnosis and prognosis regarding the patient's disease.

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

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

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

20 (a) His or her medical diagnosis;

21 (b) His or her prognosis;

22 (c) The potential risks associated with taking the medication to
23 be prescribed;

24 (d) The probable result of taking the medication to be
25 prescribed; and

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

28 (8) "Medically confirmed" means the medical opinion of the
29 attending ~~((physician))~~ qualified medical provider has been confirmed
30 by a consulting ~~((physician))~~ qualified medical provider who has
31 examined the patient and the patient's relevant medical records.

32 (9) "Patient" means a person who is under the care of ~~((a~~
33 ~~physician))~~ an attending qualified medical provider.

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

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

1 (12) "Self-administer" means a qualified patient's act of
2 ingesting medication to end his or her life in a humane and dignified
3 manner.

4 (13) "Terminal disease" means an incurable and irreversible
5 disease that has been medically confirmed and will, within reasonable
6 medical judgment, produce death within six months.

7 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.245
8 RCW to read as follows:

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

12 (2)(a) If a qualified patient selects an attending qualified
13 medical provider who is a licensed professional other than a
14 physician, the qualified patient must select a physician to serve as
15 the qualified patient's consulting qualified medical provider.

16 (b) A qualified patient may select a consulting qualified medical
17 provider who is a licensed professional other than a physician, only
18 if the qualified patient's attending qualified medical provider is a
19 physician.

20 **Sec. 4.** RCW 70.245.020 and 2009 c 1 s 2 are each amended to read
21 as follows:

22 (1) An adult who is competent, is a resident of Washington state,
23 and has been determined by the attending (~~(physician)~~) qualified
24 medical provider and consulting (~~(physician)~~) qualified medical
25 provider to be suffering from a terminal disease, and who has
26 voluntarily expressed his or her wish to die, may make a written
27 request for medication that the patient may self-administer to end
28 his or her life in a humane and dignified manner in accordance with
29 this chapter.

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

32 **Sec. 5.** RCW 70.245.030 and 2009 c 1 s 3 are each amended to read
33 as follows:

34 (1) A valid request for medication under this chapter shall be in
35 substantially the form described in RCW 70.245.220, signed and dated
36 by the patient and witnessed by at least two individuals who, in the
37 presence of the patient, attest that to the best of their knowledge

1 and belief the patient is competent, acting voluntarily, and is not
2 being coerced to sign the request.

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

4 (a) A relative of the patient by blood, marriage, or adoption;

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

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

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

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

17 **Sec. 6.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read
18 as follows:

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

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

22 (b) Request that the patient demonstrate Washington state
23 residency under RCW 70.245.130;

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

26 (i) His or her medical diagnosis;

27 (ii) His or her prognosis;

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

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

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

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

37 (e) Refer the patient for counseling if appropriate under RCW
38 70.245.060;

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

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

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

8 (i) Verify, immediately before writing the prescription for
9 medication under this chapter, that the patient is making an informed
10 decision;

11 (j) Fulfill the medical record documentation requirements of RCW
12 70.245.120;

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

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

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

24 (B) Deliver the written prescription personally, by mail ~~((or)),~~
25 facsimile, or electronically to the pharmacist, who will dispense the
26 medications directly to either the patient, the attending
27 ~~((physician))~~ qualified medical provider, or ~~((an expressly~~
28 ~~identified agent of the patient. Medications dispensed pursuant to~~
29 ~~this subsection shall not be dispensed by mail or other form of~~
30 ~~courier))~~ another person as requested by the qualified patient.

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

34 (3) Delivery of the dispensed drug to the qualified patient, the
35 attending qualified medical provider, or another person as requested
36 by the qualified patient may be made by personal delivery, by
37 messenger service, or, with a signature required on delivery, by the
38 United States postal service or a similar private parcel delivery
39 entity.

1 **Sec. 7.** RCW 70.245.050 and 2009 c 1 s 5 are each amended to read
2 as follows:

3 Before a patient is qualified under this chapter, a consulting
4 (~~physician~~) qualified medical provider shall examine the patient
5 and his or her relevant medical records and confirm, in writing, the
6 attending (~~physician's~~) qualified medical provider's diagnosis that
7 the patient is suffering from a terminal disease, and verify that the
8 patient is competent, is acting voluntarily, and has made an informed
9 decision.

10 **Sec. 8.** RCW 70.245.060 and 2009 c 1 s 6 are each amended to read
11 as follows:

12 If, in the opinion of the attending (~~physician~~) qualified
13 medical provider or the consulting (~~physician~~) qualified medical
14 provider, a patient may be suffering from a psychiatric or
15 psychological disorder or depression causing impaired judgment,
16 either (~~physician~~) qualified medical provider shall refer the
17 patient for counseling. Medication to end a patient's life in a
18 humane and dignified manner shall not be prescribed until the person
19 performing the counseling determines that the patient is not
20 suffering from a psychiatric or psychological disorder or depression
21 causing impaired judgment.

22 **Sec. 9.** RCW 70.245.070 and 2009 c 1 s 7 are each amended to read
23 as follows:

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

30 **Sec. 10.** RCW 70.245.080 and 2009 c 1 s 8 are each amended to
31 read as follows:

32 The attending (~~physician~~) qualified medical provider shall
33 recommend that the patient notify the next of kin of his or her
34 request for medication under this chapter. A patient who declines or
35 is unable to notify next of kin shall not have his or her request
36 denied for that reason.

1 **Sec. 11.** RCW 70.245.090 and 2009 c 1 s 9 are each amended to
2 read as follows:

3 (1) To receive a prescription for medication that the qualified
4 patient may self-administer to end his or her life in a humane and
5 dignified manner, a qualified patient shall have made an oral request
6 and a written request, and reiterate the oral request to his or her
7 attending ((physician)) qualified medical provider at least ((fifteen
8 days)) 72 hours after making the initial oral request.

9 (2) Notwithstanding subsection (1) of this section, if, at the
10 time of the qualified patient's initial oral request in subsection
11 (1) of this section, the attending qualified medical provider
12 determines that the qualified patient is not expected to survive for
13 72 hours, the qualified patient may receive the prescription upon
14 making the second oral request sooner than 72 hours. At the time the
15 qualified patient makes his or her second oral request, the attending
16 ((physician)) qualified medical provider shall offer the qualified
17 patient an opportunity to rescind the request.

18 **Sec. 12.** RCW 70.245.100 and 2009 c 1 s 10 are each amended to
19 read as follows:

20 A patient may rescind his or her request at any time and in any
21 manner without regard to his or her mental state. No prescription for
22 medication under this chapter may be written without the attending
23 ((physician)) qualified medical provider offering the qualified
24 patient an opportunity to rescind the request.

25 **Sec. 13.** RCW 70.245.110 and 2009 c 1 s 11 are each amended to
26 read as follows:

27 ~~((1))~~ At least ~~((fifteen days))~~ 72 hours shall elapse between
28 the patient's initial oral request and the writing of a prescription
29 under this chapter(~~-~~

30 ~~(2) At least forty-eight hours shall elapse between the date the~~
31 ~~patient signs the written request and the writing of a prescription~~
32 ~~under this chapter)), unless the conditions in RCW 70.245.090(2)
33 allow for a period of less than 72 hours.~~

34 **Sec. 14.** RCW 70.245.120 and 2009 c 1 s 12 are each amended to
35 read as follows:

36 The following shall be documented or filed in the patient's
37 medical record:

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

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

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

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

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

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

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

20 **Sec. 15.** RCW 70.245.150 and 2009 c 1 s 15 are each amended to
21 read as follows:

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

24 (b) The department of health shall require any health care
25 provider upon writing a prescription or dispensing medication under
26 this chapter to file a copy of the dispensing record and such other
27 administratively required documentation with the department. All
28 administratively required documentation shall be mailed or otherwise
29 transmitted as allowed by department of health rule to the department
30 no later than thirty calendar days after the writing of a
31 prescription and dispensing of medication under this chapter, except
32 that all documents required to be filed with the department by the
33 prescribing (~~(physician)~~) qualified medical provider after the death
34 of the patient shall be mailed, faxed, or emailed no later than
35 thirty calendar days after the date of death of the patient. In the
36 event that anyone required under this chapter to report information
37 to the department of health provides an inadequate or incomplete
38 report, the department shall contact the person to request a complete
39 report.

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

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

9 **Sec. 16.** RCW 70.245.180 and 2009 c 1 s 18 are each amended to
10 read as follows:

11 (1) Nothing in this chapter authorizes (~~a physician~~) an
12 attending qualified medical provider, consulting qualified medical
13 provider, or any other person to end a patient's life by lethal
14 injection, mercy killing, or active euthanasia. Actions taken in
15 accordance with this chapter do not, for any purpose, constitute
16 suicide, assisted suicide, mercy killing, or homicide, under the law.
17 State reports shall not refer to practice under this chapter as
18 "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7),
19 (11), and (12), 70.245.020(1), 70.245.040(1)(k), 70.245.060,
20 70.245.070, 70.245.090, 70.245.120 (1) and (2), 70.245.160 (1) and
21 (2), 70.245.170, 70.245.190(1) (a) and (d), and 70.245.200(2), state
22 reports shall refer to practice under this chapter as obtaining and
23 self-administering life-ending medication.

24 (2) Nothing contained in this chapter shall be interpreted to
25 lower the applicable standard of care for the attending (~~physician~~)
26 qualified medical provider, consulting (~~physician~~) qualified
27 medical provider, psychiatrist or psychologist, or other health care
28 provider participating under this chapter.

29 **Sec. 17.** RCW 70.245.190 and 2009 c 1 s 19 are each amended to
30 read as follows:

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

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

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

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

11 (d) Only willing health care providers shall participate in the
12 provision to a qualified patient of medication to end his or her life
13 in a humane and dignified manner. If a health care provider is unable
14 or unwilling to carry out a patient's request under this chapter, and
15 the patient transfers his or her care to a new health care provider,
16 the prior health care provider shall transfer, upon request, a copy
17 of the patient's relevant medical records to the new health care
18 provider.

19 (2)(a) A health care provider may prohibit another health care
20 provider from participating under chapter 1, Laws of 2009 on the
21 premises of the prohibiting provider if the prohibiting provider has
22 given notice to all health care providers with privileges to practice
23 on the premises and to the general public of the prohibiting
24 provider's policy regarding participating under chapter 1, Laws of
25 2009. A health care provider may not, by contract or other form of
26 agreement, prohibit another health care provider from participating
27 under chapter 1, Laws of 2009 while acting outside the course and
28 scope of the provider's capacity as an employee or independent
29 contractor of the prohibiting health care provider and while at a
30 location that is not on the prohibiting health care provider's
31 premises. This subsection does not prevent a health care provider
32 from providing health care services to a patient that do not
33 constitute participation under chapter 1, Laws of 2009.

34 (b)(i) A health care provider may subject another health care
35 provider to the sanctions stated in this subsection if the
36 sanctioning health care provider has notified the sanctioned provider
37 before participation in chapter 1, Laws of 2009 that it prohibits
38 participation in chapter 1, Laws of 2009:

39 (~~(+i)~~) (A) Loss of privileges, loss of membership, or other
40 sanctions provided under the medical staff bylaws, policies, and

1 procedures of the sanctioning health care provider if the sanctioned
2 provider is a member of the sanctioning provider's medical staff and
3 participates in chapter 1, Laws of 2009 while on the health care
4 facility premises of the sanctioning health care provider, but not
5 including the private medical office of a physician or other
6 provider;

7 ~~((+iii))~~ (B) Termination of a lease or other property contract or
8 other nonmonetary remedies provided by a lease contract, not
9 including loss or restriction of medical staff privileges or
10 exclusion from a provider panel, if the sanctioned provider
11 participates in chapter 1, Laws of 2009 while on the premises of the
12 sanctioning health care provider or on property that is owned by or
13 under the direct control of the sanctioning health care provider; or

14 ~~((+iii))~~ (C) Termination of a contract or other nonmonetary
15 remedies provided by contract if the sanctioned provider participates
16 in chapter 1, Laws of 2009 while acting in the course and scope of
17 the sanctioned provider's capacity as an employee or independent
18 contractor of the sanctioning health care provider.

19 (ii) Nothing in this subsection (2) (b) ~~((+iii))~~ prevents:

20 (A) A health care provider from participating in chapter 1, Laws
21 of 2009 while acting outside the course and scope of the provider's
22 capacity as an employee or independent contractor and while at a
23 location that is not on the sanctioning health care provider's
24 facility premises; or

25 (B) A patient from contracting with his or her attending
26 ~~((physician))~~ qualified medical provider and consulting ~~((physician))~~
27 qualified medical provider to act outside the course and scope of the
28 provider's capacity as an employee or independent contractor of the
29 sanctioning health care provider and while at a location that is not
30 on the sanctioning health care provider's facility premises.

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

35 (d) For the purposes of this subsection:

36 (i) "Notify" means a separate statement in writing to the health
37 care provider specifically informing the health care provider before
38 the provider's participation in chapter 1, Laws of 2009 of the
39 sanctioning health care provider's policy about participation in
40 activities covered by this chapter.

1 (ii) "Participate in chapter 1, Laws of 2009" means to perform
2 the duties of an attending (~~(physician)~~) qualified medical provider
3 under RCW 70.245.040, the consulting (~~(physician)~~) qualified medical
4 provider function under RCW 70.245.050, or the counseling function
5 under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does
6 not include:

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

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

11 (C) Providing a patient, upon the request of the patient, with a
12 referral to another (~~(physician)~~) attending or consulting qualified
13 medical provider; or

14 (D) A patient contracting with his or her attending (~~(physician)~~)
15 qualified medical provider and consulting (~~(physician)~~) qualified
16 medical provider to act outside of the course and scope of the
17 provider's capacity as an employee or independent contractor of the
18 sanctioning health care provider.

19 (3) Suspension or termination of staff membership or privileges
20 under subsection (2) of this section is not reportable under RCW
21 18.130.070. Action taken under RCW 70.245.030, 70.245.040,
22 70.245.050, or 70.245.060 may not be the sole basis for a report of
23 unprofessional conduct under RCW 18.130.180.

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

27 **Sec. 18.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to
28 read as follows:

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

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

33 I,, am an adult of sound mind.

34 I am suffering from, which my
35 attending (~~(physician)~~) qualified medical provider has determined is
36 a terminal disease and which has been medically confirmed by a
37 consulting (~~(physician)~~) qualified medical provider.

1 I have been fully informed of my diagnosis, prognosis, the nature
2 of medication to be prescribed and potential associated risks, the
3 expected result, and the feasible alternatives, including comfort
4 care, hospice care, and pain control.

5 I request that my attending (~~physician~~) qualified medical
6 provider prescribe medication that I may self-administer to end my
7 life in a humane and dignified manner and to contact any pharmacist
8 to fill the prescription.

9 INITIAL ONE:

10 I have informed my family of my decision and taken
11 their opinions into consideration.

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

13 I have no family to inform of my decision.

14 I understand that I have the right to rescind this request at any
15 time.

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

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

23 Signed:

24 Dated:

25 DECLARATION OF WITNESSES

26 By initialing and signing below on or after the date the person
27 named above signs, we declare that the person making and signing the
28 above request:

| 29 | Witness 1 | Witness 2 | |
|----|-----------|-----------|-----------------------------|
| 30 | Initials | Initials | |
| 31 | | | 1. Is personally known to |
| 32 | | | us or has provided proof of |
| 33 | | | identity; |
| 34 | | | 2. Signed this request in |
| 35 | | | our presence on the date of |
| 36 | | | the person's signature; |

1 3. Appears to be of sound
2 mind and not under duress,
3 fraud, or undue influence;
4 4. Is not a patient for whom
5 either of us is the attending
6 ~~((physician))~~ qualified
7 medical provider.

8 Printed Name of Witness 1:.....
9 Signature of Witness 1/Date:.....
10 Printed Name of Witness 2:.....
11 Signature of Witness 2/Date:.....

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

19 **Sec. 19.** RCW 70.41.520 and 2019 c 399 s 4 are each amended to
20 read as follows:

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

- 23 (a) Admission;
- 24 (b) End-of-life care and the death with dignity act, chapter
25 70.245 RCW;
- 26 (c) Nondiscrimination; and
- 27 ~~((e))~~ (d) Reproductive health care.

28 (2) The department shall post a copy of the policies received
29 under subsection (1) of this section on its web site.

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

34 (4) A hospital must post a copy of the policies provided to the
35 department under subsection (1) of this section and the form required
36 under subsection (5) of this section to the hospital's own web site

1 in a location where the policies are readily accessible to the public
2 without a required login or other restriction.

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

14 NEW SECTION. Sec. 20. A new section is added to chapter 70.41
15 RCW to read as follows:

16 By November 1, 2021, the department of health shall develop the
17 form required in RCW 70.41.520(5) related to end-of-life care and the
18 death with dignity act, chapter 70.245 RCW.

19 NEW SECTION. Sec. 21. Section 1 of this act expires July 1,
20 2022.

21 NEW SECTION. Sec. 22. Section 2 of this act takes effect July
22 1, 2022.

23 NEW SECTION. Sec. 23. Section 19 of this act takes effect
24 December 1, 2020.

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