
Health Care & Wellness Committee

HB 1608

Brief Description: Protecting patient care.

Sponsors: Representatives Macri, Dolan, Slatter, Stonier, Robinson, Kilduff, Riccelli, Senn, Goodman, Tharinger, Jinkins, Davis, Cody, Appleton, Kloba, Ortiz-Self, Valdez, Frame, Pollet, Stanford, Tarleton and Leavitt.

Brief Summary of Bill

- Prohibits a health care entity from limiting a health care provider's provision of accurate and comprehensive information and resources to patients, information regarding the death with dignity act, and emergency care.
- Requires the Department of Health to create and make available online materials to inform health care providers and staff of the authority to act under these provisions as well as the federal Emergency Medical Treatment and Labor Act, which health care entities must provide to privileged or employed health care providers and staff.

Hearing Date: 2/12/19

Staff: Kim Weidenaar (786-7120).

Background:

Scope of Practice.

Scope of practice is the procedures, actions, and processes that a health care provider is permitted to undertake in keeping with the terms of the provider's professional license. These may include diagnosis, treatment, surgical procedures, and authority to prescribe drugs to treat a patient's condition. Scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Health care facilities may grant privileges to a health care provider to admit patients and to provide services to patients in that facility. In medical staff bylaws, a health care facility must state the duties and scope of privileges each category of provider may be granted. The scope may be narrower than the scope of practice for that category of provider and can be modified for a specific provider's abilities.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Death with Dignity.

The Washington Death with Dignity Act was enacted by initiative in 2009. The Act permits a patient to request medication that he or she may self-administer to end his or her life if: the patient is a competent adult and a resident of Washington; the attending physician and a consulting physician have determined that the patient suffers from a terminal disease the patient has voluntarily expressed the wish to die; the patient has made a request for medication on a form provided in statute; and the form is signed and dated by the patient and at least two witnesses who attest to their belief that the patient is competent, acting voluntarily, and not being coerced to sign the request.

Emergency Medical Treatment and Active Labor Act.

Under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), which was passed by Congress in 1986, a hospital may not turn away a patient who comes to the emergency department with an emergency medical condition. The hospital must screen and evaluate the patient and provide treatment necessary to stabilize him or her.

Summary of Bill:

If a health care provider is acting in good faith, within the provider's authorized scope of practice and the relevant standard of care, a health care entity may not:

- limit the health care provider's provision of:
 - accurate and comprehensive information and resources to a patient regarding the patient's health status, including diagnosis, prognosis, recommended treatment, treatment alternatives, information about available services and where and how to obtain them, and any potential risks to the patient's health or life; or
 - information about Washington's Death with Dignity Act; or
- prohibit the health care provider from providing health services where failure to provide the service would violate the accepted standard of care or where the patient presents with symptoms of sufficient severity so that the absence of immediate medical attention could reasonably be expected to pose an immediate or future serious risk:
 - to the patient's life; or
 - of irreversible complications or impairment to the patient's bodily functions or any bodily organ or part.

This does not prohibit a health care entity from limiting a health care provider's practice for purposes of complying with network or utilization review requirements or for quality control or patient safety.

A patient or health care provider who is aggrieved by a health care entity violating these prohibitions may bring a civil action against the health care entity to enjoin further actions, recover damages, and may recover costs and reasonable attorneys' fees.

The Department of Health (DOH) must design, prepare, and make available online materials to inform health care providers and staff of the authority to act under these provisions as well as the federal Emergency Medical Treatment and Labor Act. Health care entities must provide this information at the time of hiring, contracting with, or privileging health care providers and staff, and on a yearly basis.

"Health care" entity is defined as an entity that supervises, controls, grants privileges to, directs the practice of, or directly or indirectly restricts the practice of, a health care provider.

"Medically accurate" means information that is verified or supported by research in compliance with scientific methods, is published in peer-reviewed journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in relevant fields.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.