

FINAL BILL REPORT

ESHB 1608

C 102 L 20
Synopsis as Enacted

Brief Description: Protecting patient care.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Macri, Dolan, Slatter, Stonier, Robinson, Kilduff, Riccelli, Senn, Goodman, Tharinger, Jenkins, Davis, Cody, Appleton, Kloba, Ortiz-Self, Valdez, Frame, Pollet, Stanford, Tarleton and Leavitt).

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care

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.

Death with Dignity.

The Washington Death with Dignity Act (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 and the patient has voluntarily expressed the wish to die; the patient has made a request for medication on a specified form; 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, which was passed by Congress in 1986, a hospital may not turn away a patient who comes to the emergency

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department with an emergency medical condition. The hospital must screen and evaluate the patient and provide treatment necessary to stabilize him or her.

Summary:

If a health care provider is acting in good faith, within the provider's scope of practice, education, training, and experience, and within the accepted standard of care, a health care entity may not limit the health care provider's provision of:

- medically accurate and comprehensive information and counseling to a patient regarding the patient's health status, including diagnosis, prognosis, recommended treatment, treatment alternatives, information, and any potential risks to the patient's health or life;
- information about available services and about what relevant resources are available in the community and how to access those resources; and
- information about Washington's Death with Dignity Act, about what relevant resources are available in the community, and how to access those resources.

A health care entity may not discharge, denote, suspend, discipline, or otherwise discriminate against a health care provider for providing information in this manner.

The Department of Health (DOH) must design, prepare, and make available online materials to inform health care providers and staff of the authority to provide information under the act. Health care entities must provide this information and information about obligations under the federal Emergency Medical Treatment and Labor Act at the time of hiring, contracting with, or privileging health care providers and staff, and on a yearly basis. The DOH must also create and make available online, written materials to provide information to providers and patients about Washington's Death with Dignity Act.

"Health care" entity means 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.

Votes on Final Passage:

House	65	33
Senate	39	7

Effective: June 11, 2020