

# HOUSE BILL REPORT

## HB 1686

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to hospital access to care policies.

**Brief Description:** Concerning hospital access to care policies.

**Sponsors:** Representatives Macri, Cody, Robinson, Riccelli, Slatter, Jinkins and Pollet.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/12/19, 2/20/19 [DPS].

**Brief Summary of Substitute Bill**

- Requires hospitals to submit polices related to access to care to the Department of Health (DOH).
- Requires the DOH to create a form to be used to submit policies that provides consumers with information about what end-of-life and reproductive health care services are and are not provided at each hospital.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Chambers, Davis, Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

**Staff:** Kim Weidenaar (786-7120).

**Background:**

Governor Inslee's Directive 13-12 directed the Department of Health (DOH) to adopt rules improving transparency for consumer information, by requiring hospitals supply non-discrimination, end of life care, and reproductive health care policies, which consumers must have access to on the DOH's webpage. The DOH rules require every hospital to submit to the DOH its policies related to access to care regarding:

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- admission;
- nondiscrimination;
- end-of-life care; and
- reproductive health care.

These policies must be posted on the hospitals and the DOH's websites. If a hospital makes changes or additions to any of the policies, it must submit a copy of the new policy to the DOH within 30 days after the hospital approves the changes or additions.

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**Summary of Substitute Bill:**

By September 1, 2019, every hospital must submit to the Department of Health (DOH) its policies related to access to care regarding:

- admission;
- nondiscrimination;
- end-of-life care; and
- reproductive health care.

If a hospital makes any changes to the policies, it must submit an updated copy to the DOH within 30 days of the change.

By September 1, 2019, the DOH in consultation with a hospital association and patient advocacy groups must develop a simple and clear form to be used by hospitals to submit the access to care policies. The form must provide the public with specific information about what end-of-life care and reproductive health care services are and are not performed at each hospital. The form must include contact information for the hospital in case patients have specific questions about services available at the hospital.

Submitted policies and the form must be posted on the DOH's and the hospital's website.

**Substitute Bill Compared to Original Bill:**

The substitute bill:

- requires the form the Department of Health (DOH) must create to be created in consultation with stakeholders, including a hospital association and patient advocacy groups, and to provide the public with specific information regarding the reproductive health care and end-of-life care services the hospital provides; and
  - requires the form to include the hospital's contract information and be posted on the hospital's and the DOH's website.
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**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony:**

(In support) Many hospitals restrict providers from talking to patients about the Death with Dignity Act. In 2013 Governor Inslee issued a directive that hospitals must post policies related to access to care, which the Department of Health (DOH) required in rule in 2014. Unfortunately, these policies have created more confusion. In the rules, the DOH did not include requirements as to what needed to be included in these policies, and so many were vague or unhelpful to patients. Several patient groups have tried to create their own tools to help people find what facilities provide information about death with dignity, but the groups do not have resources to keep the lists up to date. By requiring hospitals to submit actual data about the services that are or are not provided, this would fill a much needed gap and is a much needed step for transparency.

The current requirement that hospitals post their reproductive health policies is insufficient. Consumers need to know what services are or are not available at facilities, yet most of the posted policies do not provide this information and this bill would remedy the problem. The burden should not fall on the patient, especially when facing a stressful time-sensitive medical emergency to understand what services can and cannot be provided to them at certain facilities, so this bill is essential. It will remedy a real problem in Washington.

This bill is a good step towards consistency and transparency. However, the hospitals would appreciate some clarifications and want to make sure that the process the DOH uses to develop the form is clear and includes stakeholders.

(Opposed) None.

**Persons Testifying:** Representative Macri, prime sponsor; Nancy Sapiro, End of Life Washington; Emily Murphy, NARAL Pro Choice Washington; and Chris Bandoli, Washington State Hospital Association.

**Persons Signed In To Testify But Not Testifying:** None.