
Health Care & Wellness Committee

HB 1141

Brief Description: Increasing access to the death with dignity act.

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

Brief Summary of Bill

- Allows advanced registered nurse practitioners, physician assistants, and osteopathic physician assistants to perform the duties of an attending or consulting medical provider under the Death with Dignity Act (Act).
- Reduces the 15-day waiting period between the first and second requests for medications under the Act to 72 hours.
- Prohibits employing health care providers from contractually prohibiting an employee health care provider from participating in the Act while outside of the scope of employment and not on the employing health care provider's premises.
- Requires hospitals to submit their policies regarding access to end-of-life care and the Act to the Department of Health.

Hearing Date: 1/18/21

Staff: Christopher Blake (786-7392).

Background:

Death with Dignity.

The Death with Dignity Act (Act) allows adult residents of Washington who have a terminal illness with six months or less to live to request medication that the patient may self-administer

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to end the patient's life. The patient's attending physician is responsible for determining that the patient has a terminal condition. This determination must be confirmed by a consulting physician. If either physician determines that the patient may have a psychiatric or psychological disorder or depression that impairs the patient's judgment, the patient must be referred for counseling.

Under the Act, the patient must make an oral request to an attending physician for medication to end the person's life, followed by a written request, and a subsequent second oral request. A waiting period of 15 days is required between the time of the first oral request and the second request. At least 48 hours must pass between the patient's written request and the writing of the prescription. The patient has the option to rescind the request at any time. Once the request has been processed and fulfilled, the medication may be self-administered.

Health care providers are not required to participate in the provisions of the Act, and health care providers may prohibit others from participating on their premises. Health care providers may sanction other health care providers for participating, unless the participation occurs outside of the course of employment or involves a provider with independent contractor status. No person participating in good faith compliance with the Act may be subject to civil or criminal liability or professional disciplinary action.

Access to Care Policies.

Hospitals must submit to the Department of Health their policies related to access to care regarding admissions, nondiscrimination, and reproductive health care along with a form created by the Department of Health in consultation with the Washington State Hospital Association and patient advocacy groups. The form must provide the public with specific information about which reproductive health care services are and are not performed at each hospital. Submitted policies and the form must be posted on the hospital's website.

Summary of Bill:

The terms "attending physician" and "consulting physician," as used in the Death with Dignity Act (Act), are expanded to include advanced registered nurse practitioners, physician assistants, and osteopathic physician assistants. Accordingly, the terms "attending physician" and "consulting physician" are changed to "attending qualified medical provider" and "consulting qualified medical provider." Patients may select which type of attending or consulting qualified medical provider they prefer, as long as a physician or osteopathic physician serves in one of those roles. The types of providers who may provide counseling to patients under the Act are expanded to include independent clinical social workers, advanced social workers, mental health counselors, and psychiatric advanced registered nurse practitioners.

The 15-day waiting period between the first and second oral request for a prescription for medications is reduced to 72 hours. The 72-hour waiting period may be further reduced if the attending qualified medical provider determines that the patient is not expected to survive for 72 hours. In addition, the 48-hour waiting period between the patient signing the written request

and the writing of the prescription is eliminated.

The prohibition on dispensing medications by mail or courier is eliminated. Medications may be delivered by personal delivery, messenger service, or the United States Postal Service or a similar private parcel delivery entity. In addition to filing by mail, the prescribing qualified medical provider may file prescribing information with the Department of Health (Department) by fax or email.

An employing health care provider may not contractually prohibit an employee health care provider from participating in the Act while outside of the employment relationship and not on the employing health care provider's premises. The authority for a health care provider to participate in the Act while outside of the scope of employment of an employing health care provider who prohibits participation in the Act also requires the employee to be at a location not on the employer's premises.

In addition to other access to care policies, hospitals must submit to the Department their policies regarding access to end-of-life care and the Act. The Department must post the policies on its website. By November 1, 2021, the Department must develop a form for hospitals to use to provide the public with specific information about which end-of-life services are prohibited at each hospital.

Appropriation: None.

Fiscal Note: Requested on January 14, 2021.

Effective Date: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for section 2, relating to definitions, which takes effect July 1, 2022, and section 19, relating to the submission of policies related to access to end-of-life care and the Death with Dignity Act, which takes effect December 1, 2020.