
ENGROSSED SUBSTITUTE SENATE BILL 5179

State of Washington

68th Legislature

2023 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Pedersen, King, Cleveland, Dhingra, Frame, Hunt, Keiser, Kuderer, Liiias, Lovelett, Lovick, Mullet, Nobles, Robinson, Saldaña, Stanford, Valdez, Van De Wege, Wellman, and C. Wilson)

READ FIRST TIME 02/10/23.

1 AN ACT Relating to increasing access to the provisions of the
2 Washington death with dignity act; amending RCW 70.245.010,
3 70.245.020, 70.245.030, 70.245.040, 70.245.050, 70.245.060,
4 70.245.070, 70.245.080, 70.245.090, 70.245.100, 70.245.110,
5 70.245.120, 70.245.150, 70.245.180, 70.245.190, 70.245.220, and
6 70.41.520; adding a new section to chapter 70.245 RCW; and adding a
7 new section to chapter 70.127 RCW.

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

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

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

13 (1) "Adult" means an individual who is (~~eighteen~~) 18 years of
14 age or older.

15 (2) "Attending (~~physician~~) qualified medical provider" means
16 the (~~physician~~) qualified medical provider who has primary
17 responsibility for the care of the patient and treatment of the
18 patient's terminal disease.

19 (3) "Competent" means that, in the opinion of a court or in the
20 opinion of the patient's attending (~~physician or~~) qualified medical
21 provider, consulting (~~physician~~) qualified medical provider,

1 psychiatrist, or psychologist, a patient has the ability to make and
2 communicate an informed decision to health care providers, including
3 communication through persons familiar with the patient's manner of
4 communicating if those persons are available.

5 (4) "Consulting (~~(physician)~~) qualified medical provider" means a
6 (~~(physician)~~) qualified medical provider who is qualified by
7 specialty or experience to make a professional diagnosis and
8 prognosis regarding the patient's disease.

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

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

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

26 (a) His or her medical diagnosis;

27 (b) His or her prognosis;

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

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

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

34 (8) "Medically confirmed" means the medical opinion of the
35 attending (~~(physician)~~) qualified medical provider has been confirmed
36 by a consulting (~~(physician)~~) qualified medical provider who has
37 examined the patient and the patient's relevant medical records.

38 (9) "Patient" means a person who is under the care of (~~a~~
39 ~~physician~~).

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

3 ~~(11)) an attending qualified medical provider.~~

4 (10) "Qualified medical provider" means a physician licensed
5 under chapter 18.57 or 18.71 RCW, a physician assistant licensed
6 under chapter 18.71A RCW, or an advanced registered nurse
7 practitioner licensed under chapter 18.79 RCW.

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

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

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

19 NEW SECTION. Sec. 2. A new section is added to chapter 70.245
20 RCW to read as follows:

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

24 (2)(a) If a qualified patient selects an attending qualified
25 medical provider who is a licensed professional other than a
26 physician, the qualified patient must select a physician to serve as
27 the qualified patient's consulting qualified medical provider.

28 (b) A qualified patient may select a consulting qualified medical
29 provider who is a licensed professional other than a physician, only
30 if the qualified patient's attending qualified medical provider is a
31 physician.

32 (c) The attending qualified medical provider and the consulting
33 qualified medical provider selected by the qualified patient may not
34 have a direct supervisory relationship with each other.

35 **Sec. 3.** RCW 70.245.020 and 2009 c 1 s 2 are each amended to read
36 as follows:

37 (1) An adult patient who is competent, is a resident of
38 Washington state, and has been determined by the attending

1 ((~~physician and consulting physician~~)) qualified medical provider to
2 be suffering from a terminal disease, and who has voluntarily
3 expressed his or her wish to die, may make a written request for
4 medication that the patient may self-administer to end ((~~his or her~~))
5 the patient's life in a humane and dignified manner in accordance
6 with this chapter.

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

9 **Sec. 4.** RCW 70.245.030 and 2009 c 1 s 3 are each amended to read
10 as follows:

11 (1) A valid request for medication under this chapter shall be in
12 substantially the form described in RCW 70.245.220, signed and dated
13 by the patient and witnessed by at least two individuals who, in the
14 presence of the patient, attest that to the best of their knowledge
15 and belief the patient is competent, acting voluntarily, and is not
16 being coerced to sign the request.

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

18 (a) A relative of the patient by blood(~~(, marriage, or adoption)~~)
19 or by law;

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

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

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

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

32 **Sec. 5.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read
33 as follows:

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

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

37 (b) Request that the patient demonstrate Washington state
38 residency under RCW 70.245.130;

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

3 (i) (~~His or her~~) The patient's medical diagnosis;
4 (ii) (~~His or her~~) The patient's prognosis;
5 (iii) The potential risks associated with taking the medication
6 to be prescribed;
7 (iv) The probable result of taking the medication to be
8 prescribed; and
9 (v) The feasible alternatives including, but not limited to,
10 comfort care, hospice care, and pain control;

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

14 (e) Refer the patient for counseling if appropriate under RCW
15 70.245.060;

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

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

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

24 (i) Verify, immediately before writing the prescription for
25 medication under this chapter, that the patient is making an informed
26 decision;

27 (j) Fulfill the medical record documentation requirements of RCW
28 70.245.120;

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

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

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

1 (B) Deliver the written prescription personally, by mail (~~(or)~~),
2 facsimile, or electronically to the pharmacist, who will dispense the
3 medications directly to either the patient, the attending
4 (~~(physician)~~) qualified medical provider, or (~~(an expressly~~
5 ~~identified agent of the patient. Medications dispensed pursuant to~~
6 ~~this subsection shall not be dispensed by mail or other form of~~
7 ~~courier)) another person as requested by the qualified patient.~~

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

11 (3) Delivery of the dispensed drug to the qualified patient, the
12 attending qualified medical provider, or another person as requested
13 by the qualified patient may be made only:

14 (a) By personal delivery, messenger service, or the United States
15 postal service or a similar private parcel delivery entity; and

16 (b) Upon the receipt of the signature of the addressee or an
17 authorized person at the time of delivery by an entity listed in (a)
18 of this subsection.

19 **Sec. 6.** RCW 70.245.050 and 2009 c 1 s 5 are each amended to read
20 as follows:

21 Before a patient is qualified under this chapter, a consulting
22 (~~(physician)~~) qualified medical provider shall examine the patient
23 and his or her relevant medical records and confirm, in writing, the
24 attending (~~(physician's)~~) qualified medical provider's diagnosis that
25 the patient is suffering from a terminal disease, and verify that the
26 patient is competent, is acting voluntarily, and has made an informed
27 decision.

28 **Sec. 7.** RCW 70.245.060 and 2009 c 1 s 6 are each amended to read
29 as follows:

30 If, in the opinion of either the attending (~~(physician)~~)
31 qualified medical provider or the consulting (~~(physician)~~) qualified
32 medical provider, a patient may be suffering from a psychiatric or
33 psychological disorder or depression causing impaired judgment,
34 (~~(either physician)~~) the qualified medical provider shall refer the
35 patient for counseling. Medication to end a patient's life in a
36 humane and dignified manner shall not be prescribed until the person
37 performing the counseling determines that the patient is not

1 suffering from a psychiatric or psychological disorder or depression
2 causing impaired judgment.

3 **Sec. 8.** RCW 70.245.070 and 2009 c 1 s 7 are each amended to read
4 as follows:

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

11 **Sec. 9.** RCW 70.245.080 and 2009 c 1 s 8 are each amended to read
12 as follows:

13 The attending (~~(physician))~~ qualified medical provider shall
14 recommend that the patient notify the next of kin of his or her
15 request for medication under this chapter. A patient who declines or
16 is unable to notify next of kin shall not have his or her request
17 denied for that reason.

18 **Sec. 10.** RCW 70.245.090 and 2009 c 1 s 9 are each amended to
19 read as follows:

20 (1) To receive a prescription for medication that the qualified
21 patient may self-administer to end his or her life in a humane and
22 dignified manner, a qualified patient shall have made an oral request
23 and a written request, and reiterate the oral request to his or her
24 attending (~~(physician))~~ qualified medical provider at least
25 (~~(fifteen))~~ seven days after making the initial oral request.

26 (2) At the time the qualified patient makes his or her second
27 oral request, the attending (~~(physician))~~ qualified medical provider
28 shall offer the qualified patient an opportunity to rescind the
29 request.

30 (3) A transfer of care or medical records does not restart any
31 waiting period under this section.

32 **Sec. 11.** RCW 70.245.100 and 2009 c 1 s 10 are each amended to
33 read as follows:

34 A patient may rescind his or her request at any time and in any
35 manner without regard to his or her mental state. No prescription for
36 medication under this chapter may be written without the attending

1 ((physician)) qualified medical provider offering the qualified
2 patient an opportunity to rescind the request.

3 **Sec. 12.** RCW 70.245.110 and 2009 c 1 s 11 are each amended to
4 read as follows:

5 ((~~(1)~~)) At least ((~~fifteen~~)) seven days shall elapse between the
6 patient's initial oral request and the writing of a prescription
7 under this chapter(~~(-~~

8 ~~(2) At least forty-eight hours shall elapse between the date the~~
9 ~~patient signs the written request and the writing of a prescription~~
10 ~~under this chapter)).~~

11 **Sec. 13.** RCW 70.245.120 and 2009 c 1 s 12 are each amended to
12 read as follows:

13 The following shall be documented or filed in the patient's
14 medical record:

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

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

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

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

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

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

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

34 **Sec. 14.** RCW 70.245.150 and 2009 c 1 s 15 are each amended to
35 read as follows:

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

1 (b) The department of health shall require any health care
2 provider upon writing a prescription or dispensing medication under
3 this chapter to file a copy of the dispensing record and such other
4 administratively required documentation with the department. All
5 administratively required documentation shall be transmitted
6 electronically, mailed, or otherwise transmitted as allowed by
7 department of health rule to the department no later than (~~thirty~~)
8 30 calendar days after the writing of a prescription and dispensing
9 of medication under this chapter, except that all documents required
10 to be filed with the department by the prescribing (~~physician~~)
11 qualified medical provider after the death of the patient shall be
12 transmitted electronically, mailed, or faxed no later than (~~thirty~~)
13 30 calendar days after the date of death of the patient. In the event
14 that anyone required under this chapter to report information to the
15 department of health provides an inadequate or incomplete report, the
16 department shall contact the person to request a complete report.

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

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

25 **Sec. 15.** RCW 70.245.180 and 2009 c 1 s 18 are each amended to
26 read as follows:

27 (1) Nothing in this chapter authorizes (~~a physician~~) an
28 attending qualified medical provider, consulting qualified medical
29 provider, or any other person to end a patient's life by lethal
30 injection, mercy killing, or active euthanasia. Actions taken in
31 accordance with this chapter do not, for any purpose, constitute
32 suicide, assisted suicide, mercy killing, or homicide, under the law.
33 State reports shall not refer to practice under this chapter as
34 "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7),
35 (11), and (12), 70.245.020(1), 70.245.040(1)(k), 70.245.060,
36 70.245.070, 70.245.090, 70.245.120 (1) and (2), 70.245.160 (1) and
37 (2), 70.245.170, 70.245.190(1) (a) and (d), and 70.245.200(2), state
38 reports shall refer to practice under this chapter as obtaining and
39 self-administering life-ending medication.

1 (2) Nothing contained in this chapter shall be interpreted to
2 lower the applicable standard of care for the attending (~~(physician))~~
3 qualified medical provider, consulting (~~(physician))~~ qualified
4 medical provider, psychiatrist or psychologist, or other health care
5 provider participating under this chapter.

6 **Sec. 16.** RCW 70.245.190 and 2009 c 1 s 19 are each amended to
7 read as follows:

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

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

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

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

25 (d) Only willing health care providers shall participate in the
26 provision to a qualified patient of medication to end his or her life
27 in a humane and dignified manner. If a health care provider is unable
28 or unwilling to carry out a patient's request under this chapter, and
29 the patient transfers his or her care to a new health care provider,
30 the prior health care provider shall transfer, upon request, a copy
31 of the patient's relevant medical records to the new health care
32 provider.

33 (2)(a) A health care provider may prohibit another health care
34 provider from participating under chapter 1, Laws of 2009 on the
35 premises of the prohibiting provider if the prohibiting provider has
36 given notice to all health care providers with privileges to practice
37 on the premises and to the general public of the prohibiting
38 provider's policy regarding participating under chapter 1, Laws of
39 2009. A health care provider may not, by contract or other form of

1 agreement, prohibit another health care provider from participating
2 under chapter 1, Laws of 2009 while acting outside the course and
3 scope of the provider's capacity as an employee or independent
4 contractor of the prohibiting health care provider and while at a
5 location that is not on the prohibiting health care provider's
6 premises and not on property that is owned by, leased by, or under
7 the direct control of the prohibiting health care provider. This
8 subsection does not prevent a health care provider from providing
9 health care services to a patient that do not constitute
10 participation under chapter 1, Laws of 2009.

11 (b) A health care provider may subject another health care
12 provider to the sanctions stated in this subsection if the
13 sanctioning health care provider has notified the sanctioned provider
14 before participation in chapter 1, Laws of 2009 that it prohibits
15 participation in chapter 1, Laws of 2009:

16 (i) Loss of privileges, loss of membership, or other sanctions
17 provided under the medical staff bylaws, policies, and procedures of
18 the sanctioning health care provider if the sanctioned provider is a
19 member of the sanctioning provider's medical staff and participates
20 in chapter 1, Laws of 2009 while on the health care facility premises
21 of the sanctioning health care provider, but not including the
22 private medical office of a (~~physician~~) qualified medical provider
23 or other provider;

24 (ii) Termination of a lease or other property contract or other
25 nonmonetary remedies provided by a lease contract, not including loss
26 or restriction of medical staff privileges or exclusion from a
27 provider panel, if the sanctioned provider participates in chapter 1,
28 Laws of 2009 while on the premises of the sanctioning health care
29 provider or on property that is owned by or under the direct control
30 of the sanctioning health care provider; or

31 (iii) Termination of a contract or other nonmonetary remedies
32 provided by contract if the sanctioned provider participates in
33 chapter 1, Laws of 2009 while acting in the course and scope of the
34 sanctioned provider's capacity as an employee or independent
35 contractor of the sanctioning health care provider. Nothing in this
36 subsection (2) (b) (iii) prevents:

37 (A) A health care provider from participating in chapter 1, Laws
38 of 2009 while acting outside the course and scope of the provider's
39 capacity as an employee or independent contractor and while at a
40 location that is not on the sanctioning health care provider's

1 facility premises and is not on property that is owned by, leased by,
2 or under the direct control of the sanctioning health care provider;
3 or

4 (B) A patient from contracting with his or her attending
5 (~~(physician)~~) qualified medical provider and consulting (~~(physieian)~~)
6 qualified medical provider to act outside the course and scope of the
7 provider's capacity as an employee or independent contractor of the
8 sanctioning health care provider and while at a location that is not
9 on the sanctioning health care provider's facility premises and is
10 not on property that is owned by, leased by, or under the direct
11 control of the sanctioning health care provider.

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

16 (d) For the purposes of this subsection:

17 (i) "Notify" means a separate statement in writing to the health
18 care provider specifically informing the health care provider before
19 the provider's participation in chapter 1, Laws of 2009 of the
20 sanctioning health care provider's policy about participation in
21 activities covered by this chapter.

22 (ii) "Participate in chapter 1, Laws of 2009" means to perform
23 the duties of an attending (~~(physician)~~) qualified medical provider
24 under RCW 70.245.040, the consulting (~~(physieian)~~) qualified medical
25 provider function under RCW 70.245.050, or the counseling function
26 under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does
27 not include:

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

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

32 (C) Charting a patient's first request, as referenced in RCW
33 70.245.020, to services as provided in chapter 1, Laws of 2009;

34 (D) Providing a patient, upon the request of the patient, with a
35 referral to another (~~(physieian)~~) attending or consulting qualified
36 medical provider; or

37 (~~((D))~~) (E) A patient contracting with his or her attending
38 (~~(physieian)~~) qualified medical provider and consulting (~~(physieian)~~)
39 qualified medical provider to act outside of the course and scope of

1 the provider's capacity as an employee or independent contractor of
2 the sanctioning health care provider.

3 (3) Suspension or termination of staff membership or privileges
4 under subsection (2) of this section is not reportable under RCW
5 18.130.070. Action taken under RCW 70.245.030, 70.245.040,
6 70.245.050, or 70.245.060 may not be the sole basis for a report of
7 unprofessional conduct under RCW 18.130.180.

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

11 **Sec. 17.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to
12 read as follows:

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

15 REQUEST FOR MEDICATION TO END MY LIFE IN A ((HUMAN-[HUMANE])) HUMANE
16 AND DIGNIFIED MANNER

17 I,, am an adult of sound mind.

18 I am suffering from, which my
19 attending ((~~physician~~)) qualified medical provider has determined is
20 a terminal disease ((~~and which has been medically confirmed by a~~
21 ~~consulting physician~~)) that will result in death within six months.

22 I have been fully informed of my diagnosis, prognosis, the nature
23 of medication to be prescribed and potential associated risks, the
24 expected result, and the feasible alternatives, including comfort
25 care, hospice care, and pain control.

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

30 INITIAL ONE:

31 I have informed my family of my decision and taken
32 their opinions into consideration.

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

34 I have no family to inform of my decision.

35 I understand that I have the right to rescind this request at any
36 time.

37 I understand the full import of this request and I expect to die
38 when I take the medication to be prescribed. I further understand

1 that although most deaths occur within three hours, my death may take
2 longer and my ((physician)) qualified medical provider has counseled
3 me about this possibility.

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

6 Signed:

7 Dated:

8 DECLARATION OF WITNESSES

9 By initialing and signing below on or after the date the person
10 named above signs, we declare that the person making and signing the
11 above request:

12	Witness 1	Witness 2	
13	Initials	Initials	
14	1. Is personally known to
15			us or has provided proof of
16			identity;
17	2. Signed this request in
18			our presence on the date of
19			the person's signature;
20	3. Appears to be of sound
21			mind and not under duress,
22			fraud, or undue influence;
23	4. Is not a patient for whom
24			either of us is the attending
25			((physician)) <u>qualified</u>
26			<u>medical provider</u> .

27 Printed Name of Witness 1:.....

28 Signature of Witness 1/Date:.....

29 Printed Name of Witness 2:.....

30 Signature of Witness 2/Date:.....

31 NOTE: One witness shall not be a relative by blood, marriage, or
32 adoption of the person signing this request, shall not be entitled to
33 any portion of the person's estate upon death, and shall not own,
34 operate, or be employed at a health care facility where the person is

1 a patient or resident. (~~If the patient is an inpatient at a health~~
2 ~~care facility, one of the witnesses shall be an individual designated~~
3 ~~by the facility.~~)

4 **Sec. 18.** RCW 70.41.520 and 2019 c 399 s 4 are each amended to
5 read as follows:

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

8 (a) Admission;

9 (b) End-of-life care and the death with dignity act, chapter
10 70.245 RCW;

11 (c) Nondiscrimination; and

12 ~~((e))~~ (d) Reproductive health care.

13 (2) The department shall post a copy of the policies received
14 under subsection (1) of this section on its website.

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

19 (4) A hospital must post a copy of the policies provided to the
20 department under subsection (1) of this section and the forms
21 required under subsection (5) of this section to the hospital's own
22 website in a location where the policies are readily accessible to
23 the public without a required login or other restriction.

24 (5) (~~By September 1, 2019, the~~) (a) The department shall, in
25 consultation with stakeholders including a hospital association and
26 patient advocacy groups, develop ~~((a))~~ two simple and clear forms
27 to be submitted by hospitals along with the policies required in
28 subsection (1) of this section. ~~((The))~~ One form must provide the
29 public with specific information about which reproductive health care
30 services are and are not generally available at each hospital. The
31 other form must provide the public with specific information about
32 which end-of-life services are and are not generally available at
33 each hospital. Each form must include contact information for the
34 hospital in case patients have specific questions about services
35 available at the hospital.

36 (b) The department shall provide the form required in this
37 subsection related to end-of-life care and the death with dignity
38 act, chapter 70.245 RCW, by November 1, 2023. Hospitals shall submit

1 the completed form to the department within 60 days of the form being
2 provided.

3 NEW SECTION. **Sec. 19.** A new section is added to chapter 70.127
4 RCW to read as follows:

5 (1) Every agency or facility providing hospice services as
6 defined in RCW 70.127.010 shall submit to the department of health
7 its policies related to access to care regarding end-of-life care and
8 this chapter. The information shall include: (a) A section for the
9 public with specific information about which end-of-life services are
10 and are not generally available at each agency or facility; and (b)
11 the contact information for the agency or facility in case patients
12 have specific questions about services available at the hospice.

13 (2) If an agency or facility providing hospice services as
14 defined in RCW 70.127.010 makes changes to any of the policies listed
15 under subsection (1) of this section, it shall submit a copy of the
16 changed policy to the department of health within 30 days after the
17 agency or facility approves the changes.

18 (3) A copy of the policies provided to the department of health
19 under subsection (1) of this section must be posted to the website of
20 each agency or facility providing hospice services as defined in RCW
21 70.127.010 in a location where the policies are readily accessible to
22 the public without a required login or other restriction.

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