

Initiative Measure No. 1000

Filed

JAN 24 2008

SECRETARY OF STATE

1 AN ACT Relating to death with dignity; amending RCW 70.122.100;
2 reenacting and amending RCW 42.56.360 and 42.56.360; adding a new
3 chapter to Title 70 RCW; prescribing penalties; providing an effective
4 date; and providing an expiration date.

5 BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

6 THE WASHINGTON DEATH WITH DIGNITY ACT

7 General Provisions

8 NEW SECTION. **Sec. 1. DEFINITIONS.** The definitions in this
9 section apply throughout this chapter unless the context clearly
10 requires otherwise.

11 (1) "Adult" means an individual who is eighteen years of age or
12 older.

13 (2) "Attending physician" means the physician who has primary
14 responsibility for the care of the patient and treatment of the
15 patient's terminal disease.

16 (3) "Competent" means that, in the opinion of a court or in the
17 opinion of the patient's attending physician or consulting physician,

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" means a physician who is qualified by
6 specialty or experience to make a professional diagnosis and prognosis
7 regarding the patient's disease.

8 (5) "Counseling" means one or more consultations as necessary
9 between a state licensed psychiatrist or psychologist and a patient for
10 the purpose of determining that the patient is competent and not
11 suffering from a psychiatric or psychological disorder or depression
12 causing impaired judgment.

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

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

22 (a) His or her medical diagnosis;

23 (b) His or her prognosis;

24 (c) The potential risks associated with taking the medication to be
25 prescribed;

26 (d) The probable result of taking the medication to be prescribed;
27 and

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

30 (8) "Medically confirmed" means the medical opinion of the
31 attending physician has been confirmed by a consulting physician who
32 has examined the patient and the patient's relevant medical records.

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

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

36 (11) "Qualified patient" means a competent adult who is a resident
37 of Washington state and has satisfied the requirements of this chapter

1 in order to obtain a prescription for medication that the qualified
2 patient may self-administer to end his or her life in a humane and
3 dignified manner.

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

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

9 **Written Request for Medication to End Life**
10 **in a Humane and Dignified Manner**

11 NEW SECTION. **Sec. 2.** WHO MAY INITIATE A WRITTEN REQUEST FOR
12 MEDICATION. (1) An adult who is competent, is a resident of Washington
13 state, and has been determined by the attending physician and
14 consulting physician to be suffering from a terminal disease, and who
15 has voluntarily expressed his or her wish to die, may make a written
16 request for medication that the patient may self-administer to end his
17 or her life in a humane and dignified manner in accordance with this
18 chapter.

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

21 NEW SECTION. **Sec. 3.** FORM OF THE WRITTEN REQUEST. (1) A valid
22 request for medication under this chapter shall be in substantially the
23 form described in section 22 of this act, signed and dated by the
24 patient and witnessed by at least two individuals who, in the presence
25 of the patient, attest that to the best of their knowledge and belief
26 the patient is competent, acting voluntarily, and is not being coerced
27 to sign the request.

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

29 (a) A relative of the patient by blood, marriage, or adoption;

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

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

(3) The patient's attending physician at the time the request is signed shall not be a witness.

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

Safeguards

NEW SECTION. Sec. 4. ATTENDING PHYSICIAN RESPONSIBILITIES. (1)
The attending physician shall:

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

(b) Request that the patient demonstrate Washington state residency under section 13 of this act;

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

(i) His or her medical diagnosis;

(ii) His or her prognosis;

(iii) The potential risks associated with taking the medication to be prescribed;

(iv) The probable result of taking the medication to be prescribed; and

(v) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control;

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

(e) Refer the patient for counseling if appropriate under section 6 of this act;

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

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

(h) Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the fifteen-day waiting period under section 9 of this act;

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

(j) Fulfill the medical record documentation requirements of section 12 of this act;

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

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

(ii) With the patient's written consent:

(A) Contact a pharmacist and inform the pharmacist of the prescription; and

(B) Deliver the written prescription personally, by mail or facsimile to the pharmacist, who will dispense the medications directly to either the patient, the attending physician, or an expressly identified agent of the patient. Medications dispensed pursuant to this subsection shall not be dispensed by mail or other form of courier.

(2) The attending physician may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death.

NEW SECTION. **Sec. 5.** CONSULTING PHYSICIAN CONFIRMATION. Before a patient is qualified under this chapter, a consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is competent, is acting voluntarily, and has made an informed decision.

NEW SECTION. **Sec. 6.** COUNSELING REFERRAL. If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression

1 causing impaired judgment, either physician shall refer the patient for
2 counseling. Medication to end a patient's life in a humane and
3 dignified manner shall not be prescribed until the person performing
4 the counseling determines that the patient is not suffering from a
5 psychiatric or psychological disorder or depression causing impaired
6 judgment.

7 NEW SECTION. **Sec. 7. INFORMED DECISION.** A person shall not
8 receive a prescription for medication to end his or her life in a
9 humane and dignified manner unless he or she has made an informed
10 decision. Immediately before writing a prescription for medication
11 under this chapter, the attending physician shall verify that the
12 qualified patient is making an informed decision.

13 NEW SECTION. **Sec. 8. FAMILY NOTIFICATION.** The attending
14 physician shall recommend that the patient notify the next of kin of
15 his or her request for medication under this chapter. A patient who
16 declines or is unable to notify next of kin shall not have his or her
17 request denied for that reason.

18 NEW SECTION. **Sec. 9. WRITTEN AND ORAL REQUESTS.** To receive a
19 prescription for medication that the qualified patient may self-
20 administer to end his or her life in a humane and dignified manner, a
21 qualified patient shall have made an oral request and a written
22 request, and reiterate the oral request to his or her attending
23 physician at least fifteen days after making the initial oral request.
24 At the time the qualified patient makes his or her second oral request,
25 the attending physician shall offer the qualified patient an
26 opportunity to rescind the request.

27 NEW SECTION. **Sec. 10. RIGHT TO RESCIND REQUEST.** A patient may
28 rescind his or her request at any time and in any manner without regard
29 to his or her mental state. No prescription for medication under this
30 chapter may be written without the attending physician offering the
31 qualified patient an opportunity to rescind the request.

32 NEW SECTION. **Sec. 11. WAITING PERIODS.** (1) At least fifteen days

1 shall elapse between the patient's initial oral request and the writing
2 of a prescription under this chapter.

3 (2) At least forty-eight hours shall elapse between the date the
4 patient signs the written request and the writing of a prescription
5 under this chapter.

6 NEW SECTION. **Sec. 12. MEDICAL RECORD DOCUMENTATION REQUIREMENTS.**

7 The following shall be documented or filed in the patient's medical
8 record:

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

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

13 (3) The attending physician's diagnosis and prognosis, and
14 determination that the patient is competent, is acting voluntarily, and
15 has made an informed decision;

16 (4) The consulting physician's diagnosis and prognosis, and
17 verification that the patient is competent, is acting voluntarily, and
18 has made an informed decision;

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

21 (6) The attending physician's offer to the patient to rescind his
22 or her request at the time of the patient's second oral request under
23 section 9 of this act; and

24 (7) A note by the attending physician indicating that all
25 requirements under this chapter have been met and indicating the steps
26 taken to carry out the request, including a notation of the medication
27 prescribed.

28 NEW SECTION. **Sec. 13. RESIDENCY REQUIREMENT.** Only requests made
29 by Washington state residents under this chapter may be granted.
30 Factors demonstrating Washington state residency include but are not
31 limited to:

32 (1) Possession of a Washington state driver's license;

33 (2) Registration to vote in Washington state; or

34 (3) Evidence that the person owns or leases property in Washington
35 state.

1 NEW SECTION. **Sec. 14.** DISPOSAL OF UNUSED MEDICATIONS. Any
2 medication dispensed under this chapter that was not self-administered
3 shall be disposed of by lawful means.

4 NEW SECTION. **Sec. 15.** REPORTING REQUIREMENTS. (1)(a) The
5 department of health shall annually review all records maintained under
6 this chapter.

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

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

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

29 NEW SECTION. **Sec. 16.** EFFECT ON CONSTRUCTION OF WILLS, CONTRACTS,
30 AND STATUTES. (1) Any provision in a contract, will, or other
31 agreement, whether written or oral, to the extent the provision would
32 affect whether a person may make or rescind a request for medication to
33 end his or her life in a humane and dignified manner, is not valid.

34 (2) Any obligation owing under any currently existing contract
35 shall not be conditioned or affected by the making or rescinding of a

1 request, by a person, for medication to end his or her life in a humane
2 and dignified manner.

3 NEW SECTION. **Sec. 17. INSURANCE OR ANNUITY POLICIES.** The sale,
4 procurement, or issuance of any life, health, or accident insurance or
5 annuity policy or the rate charged for any policy shall not be
6 conditioned upon or affected by the making or rescinding of a request,
7 by a person, for medication that the patient may self-administer to end
8 his or her life in a humane and dignified manner. A qualified
9 patient's act of ingesting medication to end his or her life in a
10 humane and dignified manner shall not have an effect upon a life,
11 health, or accident insurance or annuity policy.

12 NEW SECTION. **Sec. 18. CONSTRUCTION OF ACT.** (1) Nothing in this
13 chapter authorizes a physician or any other person to end a patient's
14 life by lethal injection, mercy killing, or active euthanasia. Actions
15 taken in accordance with this chapter do not, for any purpose,
16 constitute suicide, assisted suicide, mercy killing, or homicide, under
17 the law. State reports shall not refer to practice under this chapter
18 as "suicide" or "assisted suicide." Consistent with sections 1 (7),
19 (11), and (12), 2(1), 4(1)(k), 6, 7, 9, 12 (1) and (2), 16 (1) and (2),
20 17, 19(1) (a) and (d), and 20(2) of this act, state reports shall refer
21 to practice under this chapter as obtaining and self-administering
22 life-ending medication.

23 (2) Nothing contained in this chapter shall be interpreted to lower
24 the applicable standard of care for the attending physician, consulting
25 physician, psychiatrist or psychologist, or other health care provider
26 participating under this chapter.

27 **Immunities and Liabilities**

28 NEW SECTION. **Sec. 19. IMMUNITIES--BASIS FOR PROHIBITING HEALTH**
29 **CARE PROVIDER FROM PARTICIPATION--NOTIFICATION--PERMISSIBLE SANCTIONS.**

30 (1) Except as provided in section 20 of this act and subsection (2) of
31 this section:

32 (a) A person shall not be subject to civil or criminal liability or
33 professional disciplinary action for participating in good faith

1 compliance with this chapter. This includes being present when a
2 qualified patient takes the prescribed medication to end his or her
3 life in a humane and dignified manner;

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

9 (c) A patient's request for or provision by an attending physician
10 of medication in good faith compliance with this chapter does not
11 constitute neglect for any purpose of law or provide the sole basis for
12 the appointment of a guardian or conservator; and

13 (d) Only willing health care providers shall participate in the
14 provision to a qualified patient of medication to end his or her life
15 in a humane and dignified manner. If a health care provider is unable
16 or unwilling to carry out a patient's request under this chapter, and
17 the patient transfers his or her care to a new health care provider,
18 the prior health care provider shall transfer, upon request, a copy of
19 the patient's relevant medical records to the new health care provider.

20 (2)(a) A health care provider may prohibit another health care
21 provider from participating under this act on the premises of the
22 prohibiting provider if the prohibiting provider has given notice to
23 all health care providers with privileges to practice on the premises
24 and to the general public of the prohibiting provider's policy
25 regarding participating under this act. This subsection does not
26 prevent a health care provider from providing health care services to
27 a patient that do not constitute participation under this act.

28 (b) A health care provider may subject another health care provider
29 to the sanctions stated in this subsection if the sanctioning health
30 care provider has notified the sanctioned provider before participation
31 in this act that it prohibits participation in this act:

32 (i) Loss of privileges, loss of membership, or other sanctions
33 provided under the medical staff bylaws, policies, and procedures of
34 the sanctioning health care provider if the sanctioned provider is a
35 member of the sanctioning provider's medical staff and participates in
36 this act while on the health care facility premises of the sanctioning
37 health care provider, but not including the private medical office of
38 a physician or other provider;

(ii) Termination of a lease or other property contract or other nonmonetary remedies provided by a lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates in this act while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(iii) Termination of a contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in this act while acting in the course and scope of the sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this subsection (2)(b)(iii) prevents:

(A) A health care provider from participating in this act while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or

(B) A patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

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

(d) For the purposes of this subsection:

(i) "Notify" means a separate statement in writing to the health care provider specifically informing the health care provider before the provider's participation in this act of the sanctioning health care provider's policy about participation in activities covered by this chapter.

(ii) "Participate in this act" means to perform the duties of an attending physician under section 4 of this act, the consulting physician function under section 5 of this act, or the counseling function under section 6 of this act. "Participate in this act" does not include:

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

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

1 (C) Providing a patient, upon the request of the patient, with a
2 referral to another physician; or

3 (D) A patient contracting with his or her attending physician and
4 consulting physician to act outside of the course and scope of the
5 provider's capacity as an employee or independent contractor of the
6 sanctioning health care provider.

7 (3) Suspension or termination of staff membership or privileges
8 under subsection (2) of this section is not reportable under RCW
9 18.130.070. Action taken under section 3, 4, 5, or 6 of this act may
10 not be the sole basis for a report of unprofessional conduct under RCW
11 18.130.180.

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

15 NEW SECTION. **Sec. 20. LIABILITIES.** (1) A person who without
16 authorization of the patient willfully alters or forges a request for
17 medication or conceals or destroys a rescission of that request with
18 the intent or effect of causing the patient's death is guilty of a
19 class A felony.

20 (2) A person who coerces or exerts undue influence on a patient to
21 request medication to end the patient's life, or to destroy a
22 rescission of a request, is guilty of a class A felony.

23 (3) This chapter does not limit further liability for civil damages
24 resulting from other negligent conduct or intentional misconduct by any
25 person.

26 (4) The penalties in this chapter do not preclude criminal
27 penalties applicable under other law for conduct that is inconsistent
28 with this chapter.

29 NEW SECTION. **Sec. 21. CLAIMS BY GOVERNMENTAL ENTITY FOR COSTS**
30 **INCURRED.** Any governmental entity that incurs costs resulting from a
31 person terminating his or her life under this chapter in a public place
32 has a claim against the estate of the person to recover such costs and
33 reasonable attorneys' fees related to enforcing the claim.

34 **Additional Provisions**

1	Witness 1	Witness 2	
2	Initials	Initials	
3	.....	.....	1. Is personally known to us or has provided proof of identity;
4	.....	.....	2. Signed this request in our presence on the date of the person's signature;
5	.....	.....	3. Appears to be of sound mind and not under duress, fraud, or undue influence;
6	.....	.....	4. Is not a patient for whom either of us is the attending physician.

7 Printed Name of Witness 1:.....

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

9 Printed Name of Witness 2:.....

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

11 NOTE: One witness shall not be a relative by blood, marriage, or

12 adoption of the person signing this request, shall not be entitled to

13 any portion of the person's estate upon death, and shall not own,

14 operate, or be employed at a health care facility where the person is

15 a patient or resident. If the patient is an inpatient at a health care

16 facility, one of the witnesses shall be an individual designated by the

17 facility.

18 **Sec. 23.** RCW 42.56.360 and 2007 c 261 s 4 and 2007 c 259 s 49 are

19 each reenacted and amended to read as follows:

20 (1) The following health care information is exempt from disclosure

21 under this chapter:

22 (a) Information obtained by the board of pharmacy as provided in

23 RCW 69.45.090;

24 (b) Information obtained by the board of pharmacy or the department

25 of health and its representatives as provided in RCW 69.41.044,

26 69.41.280, and 18.64.420;

27 (c) Information and documents created specifically for, and

28 collected and maintained by a quality improvement committee under RCW

29 43.70.510 or 70.41.200, or by a peer review committee under RCW

30 4.24.250, or by a quality assurance committee pursuant to RCW 74.42.640

31 or 18.20.390, or by a hospital, as defined in RCW 43.70.056, for

32 reporting of health care-associated infections under RCW 43.70.056, and

1 notifications or reports of adverse events or incidents made under RCW
2 70.56.020 or 70.56.040, regardless of which agency is in possession of
3 the information and documents;

4 (d)(i) Proprietary financial and commercial information that the
5 submitting entity, with review by the department of health,
6 specifically identifies at the time it is submitted and that is
7 provided to or obtained by the department of health in connection with
8 an application for, or the supervision of, an antitrust exemption
9 sought by the submitting entity under RCW 43.72.310;

10 (ii) If a request for such information is received, the submitting
11 entity must be notified of the request. Within ten business days of
12 receipt of the notice, the submitting entity shall provide a written
13 statement of the continuing need for confidentiality, which shall be
14 provided to the requester. Upon receipt of such notice, the department
15 of health shall continue to treat information designated under this
16 subsection (1)(d) as exempt from disclosure;

17 (iii) If the requester initiates an action to compel disclosure
18 under this chapter, the submitting entity must be joined as a party to
19 demonstrate the continuing need for confidentiality;

20 (e) Records of the entity obtained in an action under RCW 18.71.300
21 through 18.71.340;

22 (f) Except for published statistical compilations and reports
23 relating to the infant mortality review studies that do not identify
24 individual cases and sources of information, any records or documents
25 obtained, prepared, or maintained by the local health department for
26 the purposes of an infant mortality review conducted by the department
27 of health under RCW 70.05.170;

28 (g) Complaints filed under chapter 18.130 RCW after July 27, 1997,
29 to the extent provided in RCW 18.130.095(1); (~~and~~))

30 (h) Information obtained by the department of health under chapter
31 70.225 RCW; and

32 (i) Information collected by the department of health under chapter
33 70.-- RCW (sections 1 through 22, 26 through 28, and 30 of this act)
34 except as provided in section 15 of this act.

35 (2) Chapter 70.02 RCW applies to public inspection and copying of
36 health care information of patients.

1 **Sec. 24.** RCW 42.56.360 and 2007 c 273 s 25, 2007 c 261 s 4, and
2 2007 c 259 s 49 are each reenacted and amended to read as follows:

3 (1) The following health care information is exempt from disclosure
4 under this chapter:

5 (a) Information obtained by the board of pharmacy as provided in
6 RCW 69.45.090;

7 (b) Information obtained by the board of pharmacy or the department
8 of health and its representatives as provided in RCW 69.41.044,
9 69.41.280, and 18.64.420;

10 (c) Information and documents created specifically for, and
11 collected and maintained by a quality improvement committee under RCW
12 43.70.510, 70.230.080, or 70.41.200, or by a peer review-committee
13 under RCW 4.24.250, or by a quality assurance committee pursuant to RCW
14 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056,
15 for reporting of health care-associated infections under RCW 43.70.056,
16 and notifications or reports of adverse events or incidents made under
17 RCW 70.56.020 or 70.56.040, regardless of which agency is in possession
18 of the information and documents;

19 (d)(i) Proprietary financial and commercial information that the
20 submitting entity, with review by the department of health,
21 specifically identifies at the time it is submitted and that is
22 provided to or obtained by the department of health in connection with
23 an application for, or the supervision of, an antitrust exemption
24 sought by the submitting entity under RCW 43.72.310;

25 (ii) If a request for such information is received, the submitting
26 entity must be notified of the request. Within ten business days of
27 receipt of the notice, the submitting entity shall provide a written
28 statement of the continuing need for confidentiality, which shall be
29 provided to the requester. Upon receipt of such notice, the-department
30 of health shall continue to treat information designated under this
31 subsection (1)(d) as exempt from disclosure;

32 (iii) If the requester initiates an action to compel disclosure
33 under this chapter, the submitting entity must be joined as a party to
34 demonstrate the continuing need for confidentiality;

35 (e) Records of the entity obtained in an action under RCW 18.71.300
36 through 18.71.340;

37 (f) Except for published statistical compilations and reports
38 relating to the infant mortality review studies that do not identify

1 individual cases and sources of information, any records or documents
2 obtained, prepared, or maintained by the local health department for
3 the purposes of an infant mortality review conducted by the department
4 of health under RCW 70.05.170;

5 (g) Complaints filed under chapter 18.130 RCW after July 27, 1997,
6 to the extent provided in RCW 18.130.095(1); ~~((and))~~

7 (h) Information obtained by the department of health under chapter
8 70.225 RCW; and

9 (i) Information collected by the department of health under chapter
10 70.-- RCW (sections 1 through 22, 26 through 28, and 30 of this act)
11 except as provided in section 15 of this act.

12 (2) Chapter 70.02 RCW applies to public inspection and copying of
13 health care information of patients.

14 **Sec. 25.** RCW 70.122.100 and 1992 c 98 s 10 are each amended to
15 read as follows:

16 Nothing in this chapter shall be construed to condone, authorize,
17 or approve mercy killing ~~((or physician assisted suicide, or to permit~~
18 ~~any affirmative or deliberate act or omission to end life other than to~~
19 ~~permit the natural process of dying))~~, lethal injection, or active
20 euthanasia.

21 NEW SECTION. **Sec. 26.** SHORT TITLE. This act may be known and
22 cited as the Washington death with dignity act.

23 NEW SECTION. **Sec. 27.** SEVERABILITY. If any provision of this act
24 or its application to any person or circumstance is held invalid, the
25 remainder of the act or the application of the provision to other
26 persons or circumstances is not affected.

27 NEW SECTION. **Sec. 28.** EFFECTIVE DATE. This act takes effect one
28 hundred twenty days after the election at which it is approved, except
29 for section 24 of this act which takes effect July 1, 2009.

30 NEW SECTION. **Sec. 29.** Sections 1 through 22, 26 through 28, and
31 30 of this act constitute a new chapter in Title 70 RCW.

1 NEW SECTION. **Sec. 30.** CAPTIONS, PART HEADINGS, AND SUBPART
2 HEADINGS NOT LAW. Captions, part headings, and subpart headings used
3 in this act are not any part of the law.

4 NEW SECTION. **Sec. 31.** Section 23 of this act expires July 1,
5 2009.

--- END ---