



Department of Health  
 2023-25 Regular Budget Session  
 Policy Level - DH - Death with Dignity Act

**Agency Recommendation Summary**

The Department of Health is requesting funds to support the Death with Dignity Act program to support additional staff time to perform all the administrative tasks necessary to deliver quality data and reporting, per statutory requirements in chapter 70.245 RCW

**Fiscal Summary**

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	2.0	2.0	2.0	2.0	2.0	2.0
<b>Operating Expenditures</b>						
Fund 001 - 1	\$225	\$223	\$448	\$223	\$223	\$446
Total Expenditures	\$225	\$223	\$448	\$223	\$223	\$446

## Decision Package Description

### Background Information

The Death with Dignity Act (DWDA), chapter 70.245 RCW, was passed by voter initiative on November 4, 2008, and became law on March 5, 2009. The law allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have less than six months to live. Under DWDA, the department must collect information from healthcare providers, review this information for compliance with reporting requirements, contact the healthcare provider if the information is incomplete or inadequate, and produce an annual statistical report. The information collected from healthcare providers is not a public record and will only be released as summarized data in the annual statistical report.

### What is the problem, opportunity, or priority you are addressing with the request?

DWDA program funding is insufficient to deliver data and reporting that reflect the department's commitment to data usability and transparency. The department uses all available funding to perform data entry of submitted forms. Current funding does not cover the cost of other administrative tasks required by the DWDA, including the timely production of the annual statistical report.

During the 2020, 2021, and 2022 legislative sessions a bill was introduced to reduce barriers for eligible Washingtonians to access the rights authorized by the DWDA. Numerous advocacy groups, healthcare providers, and individuals testified about the need for improving the DWDA and reducing barriers to access the rights granted by the law. Some testimony highlighted the need for more complete and accurate data. The department received legislative escalations and requests from partners for more timely publication of our annual statistical report and improved data completeness.

The proposal is requesting \$225,000 in FY 2024, and ongoing funding of \$223,000 per fiscal year beginning FY 2025.

Increasing the funding for the DWDA program will allow the department to hire staff necessary for:

- Timely development of the annual statistical report,
- Following-up with providers about missing forms or information,
- Ensuring data quality, completeness, and accuracy,
- Answering questions from providers, partners, and the public,
- Modernizing the DWD data system to improve timeliness and meet security standards,
- Providing training and technical assistance,
- Partnership development to improve data quality, and
- Monitoring compliance with reporting requirements set by the law.

In addition, the Department is unable to cover the costs of staff that currently work on or provide support to the DWDA program. We've been subsidizing the DWDA program with other funding sources that can no longer support this.

The Department expects the following improvements in program outcomes: better data quality and completeness, increased timeliness on annual statistical report development, and increased monitoring of compliance with reporting requirements set by the DWDA.

Complete and accurate data reveals inequities in access to the rights authorized by the law. Improving data quality for the annual statistical report will provide the department, the public, and policymakers an accurate representation of who participates in the DWDA.

The proposal will have a positive impact on equity in the state.

No alternatives were considered. The DWDA program needs additional staff time to perform all the administrative tasks necessary to deliver quality data and reporting, per statutory requirements. Currently, the department only performs data entry of submitted forms and the creation of the annual statistical report when staff are available. The department wants to improve program deliverables by increasing staff time to:

- Follow-up with providers about missing forms or information,
- Ensure data quality, completeness, and accuracy,
- Modernize the data collection system to improve timeliness and meet security standards,
- Answer questions,
- Provide training and technical assistance,
- Develop partnerships to improve data quality, and
- Monitor compliance with reporting requirements set by the law.

## Assumptions and Calculations

### **Expansion, Reduction, Elimination or Alteration of a current program or service:**

The proposal is an expansion of funding for a current program. The department receives \$28,000 per fiscal year to administer the DWDA program, which only covers 0.10 FTE Health Services Consultant 1 and 0.10 FTE Epidemiologist 2 to perform data entry of submitted forms and produce an annual statistical report.

### **Detailed Assumptions and Calculations:**

The proposal requests ongoing funding starting in FY 2024 and each year thereafter.

#### DWDA Historical Expenses and Revenue

2017-19 biennium: total expenses of \$50,172; total revenue of \$50,124.

2019-21 biennium: total expenses of \$57,295; total revenue of \$59,076.

Through May 2022 of 2021-23 biennium: total expenses of \$18,963; total revenue of \$57,866.

Increased funding will allow the department to hire a program coordinator and fund support positions to adequately administer the DWDA program. The workforce assumptions are:

1.0 FTE Health Services Consultant 3 to collect the forms, follow-up with providers for missing forms or information, answer questions, provide training, implement efficient processes, coordinate the annual report, monitor compliance with reporting requirements set by the law, and develop partnerships to improve data quality.

0.10 FTE Health Services Consultant 1 to data enter the forms into the database.

0.10 FTE Epidemiologist 2 (non-medical) to maintain data quality, completeness, and accuracy, to maintain and update the database structure, and to retrieve the data from the database for the annual statistical report. Keep track of missing forms and required follow-up using programs developed by the epidemiologist 3.

0.10 FTE Epidemiologist 3 (non-medical) to develop, run, and maintain computer programs that read data from the database, check for missing forms, identify missing death certificates, calculate statistics, and produce the annual statistical report.

0.10 FTE Office Manager to publish annual statistical report and provide general administrative support to the DWDA program.

0.10 FTE WMS01 to provide program oversight and review of work.

One-time cost of \$4,000 in FY 2024 for equipment for the 1.0 FTE Health Services Consultant 3 position. In FY 2024 costs will total \$225,000; and starting in FY 2025 ongoing costs will total \$223,000 per fiscal year.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management

Since 2009, the Department has seen an increase of participants in the DWDA (Figure 1). The department anticipates the number of participants will continue to increase as the result of legislative changes and increase in education about the program statewide. The department needs additional financial support to meet the needs of the growing program.

See attachment Figure 1. Number of Death with Dignity participants and known deaths, 2009-2021. The dotted line represents a change in how we counted participants.

For each participant, the department should receive 5 forms or 6, if a psychological evaluation was performed. Based on 2021 data, this equates to the Department receiving, reviewing, and data entering up to 2,322 forms into the DWD database. Without additional funding the department does not have staff to monitor forms for compliance to the DWDA or follow-up with providers about missing forms or information. Approximately a third of program participants require some form of follow-up to obtain missing forms, and many of those require multiple providers be contacted.

Because of the lack sufficient staffing to maintain continuous quality assurance monitoring and follow-up, most follow-up must be done as the Department prepares for the final annual report. This means that there is limited time to reach out to providers, and for providers to return missing forms. More consistent staffing would therefore improve data timeliness and completion. Numerous stakeholders have expressed concern about the late release of annual reports and the incompleteness of data.

DWD stakeholders, including End of Life Washington and State Representatives, have also provided feedback on burden related to the forms. They have requested that we improve the processes for documenting participation in the DWD Program. The forms are cumbersome and difficult for providers and participants to fill out. With minimal staffing, we have been unable to address these concerns or provide training on the required processes.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management

#### **Workforce Assumptions:**

---

Workforce Assumptions FY24 Projections only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	HEALTH SERVICES CONSULTANT 3	\$75,000.00	\$30,000.00	\$4,000.00	\$8,000.00
0.1	HEALTH SERVICES CONSULTANT 1	\$6,000.00	\$3,000.00	\$0.00	\$1,000.00
0.1	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$10,000.00	\$4,000.00	\$0.00	\$1,000.00
0.1	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$11,000.00	\$4,000.00	\$0.00	\$1,000.00
0.1	OFFICE MANAGER	\$5,000.00	\$2,000.00	\$0.00	\$1,000.00
0.1	WMS01	\$10,000.00	\$4,000.00	\$0.00	\$1,000.00
0.3	FISCAL ANALYST 2	\$16,000.00	\$8,000.00	\$0.00	\$0.00
0.2	HEALTH SERVICES CONSULTANT 3	\$10,000.00	\$5,000.00	\$0.00	\$0.00
<b>2.0</b>		<b>\$143,000.00</b>	<b>\$60,000.00</b>	<b>\$4,000.00</b>	<b>\$13,000.00</b>

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

## Strategic and Performance Outcomes

### Strategic Framework:

#### Governor’s Priorities:

The proposal contributes to the priorities of goal four and five Efficient, Effective, and Accountable Government and Healthy and Safe Communities. Additional funding for the DWDA program invests in program administration that will improve data quality and compliance with requirements set by the law. The Department anticipates that improving the DWDA program’s effectiveness will lead to complete and accurate data. Data quality affects decision-making, program improvement, and community health. Complete and accurate data reveals inequities in access to the rights authorized by the law. A timely annual statistical report will provide the Department, the public, and policymakers an accurate representation of who participates in the DWDA. Washingtonians and policymakers alike can use the data and reporting to engage and partner on health care access.

#### Department of Health Transformational Plan:

The proposal contributes to Priorities I (Health and Wellness) and II (Health Systems and Workforce) of the Department of Health Transformational Plan. This investment supports the DOH Transformational Plan Priority I, Health and Wellness, by providing timelier, higher quality data that supports equitable access to the DWDA program for all Washingtonians. Priority I promotes a holistic approach to health and wellness throughout an individual’s life and end-of-life care is just as important as all the care that precedes it. All Washingtonians are well served by health ecosystem that is robust and responsive, while promoting transparency, equity and trust. The proposed investment supports Priority II, Health Systems and Workforce, by supporting a data infrastructure that addresses community health and well-being across the lifespan. More staff time means robust administration that effectively implements the law and focuses on data quality. Investing in DWDA data ensures analysis of and access to data about end-of-life care choices; data that will strengthen community level initiatives and co-creation. Ensuring the accuracy and completeness of the data will identify inequities in access to health care, which may intersect with analyses of other social determinants of health. Overall, the proposed funding increase aligns with the Department’s commitment to data usability and transparency and equitable access to health care.

### Performance Outcomes:

Efficient, effective, and accountable government:

- Better data quality and completeness
- Increased timeliness on annual statistical report development
- Increased monitoring of compliance with reporting requirements set by the DWDA

Healthy and Safe Communities:

- Communities at higher risk of health care inequities will benefit from improved statistical reporting that policymakers can use to accurately frame policy discussions and decision-making.

## Equity Impacts

### **Community outreach and engagement:**

Community Outreach and Engagement: The proposal is in response to numerous requests made by the public, healthcare providers, advocacy groups, and elected officials to increase the timeliness of the annual report and improve data quality and completeness and general program administration. During 2020, 2021, and 2022 legislative sessions, public testimony highlighted the need for more complete and accurate data. The Department received legislative escalations and requests from partners for more timely publication of our annual statistical report and improved data completeness.

### **Disproportional Impact Considerations:**

Disproportional Impact Considerations: The Department does not anticipate populations or communities being marginalized by this proposal. Publishing high quality data in the annual statistical report will provide the Department, the public, and policymakers an accurate representation of who participates in the DWDA, and how they participate. From that information, we can identify who is not participating. Accurate and complete data can help reveal inequities that Washingtonians face when accessing the rights granted by the DWDA. This information will help inform improvements needed to patient access to and choices about end-of-life care.

### **Target Populations or Communities:**

Target Populations and Communities: Individuals diagnosed with a terminal condition, individuals living in rural areas, and communities of color will benefit from this proposal. Many who testified during the 2020, 2021, and 2022 legislative sessions about DWDA shared personal stories about the challenges their family members faced trying to access the rights granted under the DWDA. Public testimony indicated that individuals living in rural areas and communities of color face the most barriers trying to access the DWDA. Communities at higher risk of health care inequities will benefit from improved statistical reporting that policymakers can use to accurately frame policy discussions and decision-making. Communities of color, Tribal Nations, and individuals living in rural areas are at higher risk of health care inequities. The proposed funding increase leads to better data quality through improved program administration. The annual statistical report will reflect the higher quality data by identifying any inequities in patient access to and choices about end-of-life care. Policymakers can use the statistical report for improvements to health care for these communities.

## Other Collateral Connections

### **Puget Sound Recovery:**

N/A

### **State Workforce Impacts:**

N/A

### **Intergovernmental:**

N/A

### **Stakeholder Response:**

The Department anticipates support from End of Life Washington, physicians who participate in DWDA, individuals with a terminal condition or disease who want to participate in the DWDA, and general supporters of the DWDA. During the 2022 legislative session, the Department met with End of Life Washington to discuss a proviso and general ideas to improve the DWDA. They were in support of the Department submitting a proposal to increase the DWDA program funding.

Since the DWDA is a controversial topic, the Department anticipates some opposition from those who do not support any proposal related to the law, such as Disability Rights Washington, religious organizations, and individuals who oppose the DWDA.

The Department anticipates neutral support from the Washington State Hospice and Palliative Care Organization and Washington State Hospital Association. The Department anticipates no impact to their business functions.

### **State Facilities Impacts:**

N/A

### **Changes from Current Law:**

The proposal does not make changes to existing statutes, rules, or contracts.

### **Legal or Administrative Mandates:**

N/A

## Reference Documents

[Death with Dignity DP 23-25 FnCal.xlsm](#)

[Figure 1 Death with Dignity Act.pdf](#)

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$143	\$143	<b>\$286</b>	\$143	\$143	<b>\$286</b>
Obj. B	\$59	\$59	<b>\$118</b>	\$59	\$59	<b>\$118</b>
Obj. E	\$8	\$10	<b>\$18</b>	\$10	\$10	<b>\$20</b>
Obj. J	\$4	\$0	<b>\$4</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$11	\$11	<b>\$22</b>	\$11	\$11	<b>\$22</b>

## Agency Contact Information

KRISTIN BETTRIDGE

(360) 236-4126

KRISTIN.BETTRIDGE@DOH.WA