

Carollynn' statement for 8.24.22 hearing on rulemaking.

The Washington Death with Dignity Act, Initiative 1000, codified as Chapter 70.245 RCW, passed on November 4, 2008 and went into effect on March 5, 2009. This act allows terminally ill adults with 6 months or less to live to request that a physician prescribe lethal drugs they can self-administer to bring about a peaceful death and avoid unnecessary suffering. Almost 60% of WA residents voted in favor of this law. By 2020, a Gallup Poll of Americans reported that national support for Death with Dignity (DwD) laws had risen to 74%.

The most common reasons for participating included loss of autonomy, an inability to engage in enjoyable activities and loss of dignity.

Because a majority of hospice providers in WA do not participate in DwD, a group of under-served people who are vulnerable in many ways has been created. Denying access to this legal and empowering right to medical-aid-in-dying results in a non-numerical need for more hospice providers who will participate in DwD.

Here are three actions that must be taken:

1. Expand "need" language in the CON application process about underserved persons to include those requesting access to DwD. Hospice patients in the state of Washington are an underserved population and therefore, more equitable processes must be enacted to ensure that DwD is available to every hospice patient who wants it.
2. Based on non-numeric need criteria, the residents of every county should have access to at least one hospice that participates as defined by the DwD law and the specific enumerated responsibilities of a physician that "participates." This is not currently the case. In 2020, residents of Spokane County had no access to a hospice agency that supported DwD.
3. There is unmet need until at least 50% of hospice patients in every WA county are served by a program that participates in DwD. This is not currently the case. In 2020 just 7.4% of hospice patients in Pierce County and 7.7% of hospice patients in King County received care from a hospice that permitted staff to assist patients with DwD. Residents of Spokane County had no access to a hospice agency that supported DwD. When almost 60% of WA residents voted in favor of this law and yet many counties in WA have less than 10% of hospice providers who will participate in DwD, there is clearly an unmet need.

These changes will improve equity in the Certificate of Need application process

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