

Living Will Registry

A Report to the Legislature

January 2009



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Acknowledgments:

We gratefully acknowledge the contributions of the many individuals who participated in the development and promotion of the registry. We especially appreciate all Washington residents who have registered their important health care directive documents. We are thankful to the many health care providers who check the registry when treating patients who need end of life medical care.

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Introduction

In 2006 the legislature enacted Second Substitute House Bill 2342 (Appendix A). The bill amends RCW 70.122, the Natural Death Act. The amendment (RCW 70.122.130) directs the Department of Health to establish and maintain a statewide electronic registry for storing health care directives. Directives include: durable power of attorney for health care, advance directives or living wills, mental health advance directives and physician orders for life-sustaining treatment (POLST), often referred to as “do not resuscitate” forms.

The intent of the registry is to improve access to these documents. The registry gives health care providers a secure, Web-based system to access patients' written treatment wishes. When a patient is unable to communicate the registry provides vital information. The information can help health care practitioners make informed treatment decisions about a patient's end-of-life preferences. For individuals incapacitated due to mental illness, the registry provides specific information such as medication preferences, short-term admission to inpatient treatment and electroconvulsive therapy. Washington is the only state in the nation that stores mental health advance directives and physician orders for life-sustaining treatment forms on a registry.

The bill directs the Department of Health to report back to the legislature in December 2008, with information on registry use, cost and donations received. As of October 31, 2008, the registry has 347 participants.

Background

After the legislation passed, the Department of Health convened a work group to review options for creating the registry. The work group consisted of department staff, stakeholders, advocacy groups and information technology experts. The work group completed a thorough review of required computer specifications and registry service options. The options included:

- Building the registry in-house using agency staff;
- Contracting with an outside company to build the registry; or
- Contracting with an existing and established registry company.

The work group recommended contracting with an existing registry company. This option allowed the department to better leverage financial resources. The department used a competitive request for proposal process and on June 5, 2007, contracted with U.S. Living Will Registry.

U.S. Living Will Registry is an established company that has provided registry services to individuals and health care providers across the United States since 1996. Vermont and Nevada also use U.S. Living Will Registry to manage their state registries.

The department worked with U.S. Living Will Registry and a contracted media firm to prepare for the launch of the registry's portal, Web site, branding image and marketing materials. On November 6, 2007, the registry was quietly launched on www.doh.wa.gov/livingwill. Over the next few months, the department solicited feedback from users and stakeholders to improve registry features and marketing messages before announcing the registry publicly.

Since the start-up of Washington's registry, the Department of Health has gained national exposure. States such as Minnesota, Alaska, Oregon, Nevada, and West Virginia have all contacted the department to request consultation on starting a registry.

About the Registry

The Department of Health named the registry *Washington State Living Will Registry*. The registry is available to Washington State residents 18 years or older. It is free to participants. The registry digitally stores a copy of the participant's health care directive documents and emergency contact information. Registering documents on the registry is voluntary and not required by Washington law.

The registry is a secure Internet Web-based system. Information exchanged with U.S. Living Will Registry is encrypted before transmission using a VeriSign SSL certificate. Authorized health care providers may access the registry through the Department of Health's Web site, www.doh.wa.gov/livingwill.

Participants may remove, replace or add documents to the registry at any time at no charge. Each year participants receive a reminder letter from the registry prompting them to review and, if needed, update their documents. A participant may terminate registry services by notifying the Department of Health.

How do people register their health care directive documents?

To register documents, participants need to complete three steps:

1. Prepare their health care directive documents either on their own or with an attorney;
2. Complete the registry's Registration Agreement / Authorization to Change form (Appendix B); and
3. Mail or fax their documents and agreement form to the Department of Health.

Once the packet is received, the contractor, U.S. Living Will Registry, digitally scans the documents into the registry as an image and assigns the participant a registration identification number. The information is contained on the participant's Registration Agreement form, including emergency contact information.

After the documents are stored on the registry, participants receive a welcome letter in the mail (Appendix C). The letter notifies them that their documents are stored in the registry and asks them to confirm their contact information. The letter contains a personalized wallet card with their name, registration number, emergency contact information and instructions on how to access their documents. Participants also receive stickers to place on their driver's license, ID card and/or health insurance card.

Sample wallet card

(front side)

(back side)

Washington State Living Will Registry	How To Access My Documents:
<p>Name: Test My Record Source: Washington Registration ID # US0000049137</p>  <p>Last Updated: October 31, 2008 Emergency Contact: John Doe Record (360) 555-0000 Emergency Contact: Jacob Joe Record (206) 777-1111</p>	<ol style="list-style-type: none">1. Go to Internet web site www.doh.wa.gov/livingwill2. Click on “Retrieve Documents” and follow the instructions. If you do not have Internet access call 1-800-548-9455. <p>I understand that anyone who obtains this card can use it to access my documents and information.</p> <hr/> <p>Signature of Registrant</p>

Who can view the registry’s documents?

Participants can view their documents on the registry at any time. Also, anyone who knows a participant’s unique registration ID number may access the documents using the Web-based registry. Instructions for accessing a person’s documents are listed on the wallet card and are posted on the Living Will Registry Web site, www.doh.wa.gov/livingwill. Those who do not have access to the Internet may call 1-800-548-9455 for assistance.

Participants are encouraged to carry their wallet card at all times, especially when traveling outside of Washington. Should a medical emergency arise, physicians and emergency medical personnel outside of Washington can easily access the patient’s health care directive documents by following the wallet card instructions.

Can a health care provider view documents in the registry without the participant’s ID number?

Yes. The law permits certain Washington State health care providers access to the registry without knowing a person’s unique registration ID number. These providers need to know the participant’s name and birth date. These specific providers include:

- Medical practice providers including physicians and advanced registered nurse practitioners
- Hospitals
- Nursing homes
- Boarding homes, such as assisted living facilities
- Hospice agencies
- Home health agencies
- State hospitals caring for the mentally ill
- Institutions caring for the mentally ill or chemically dependent
- Clinics that are part of a community mental health service delivery system

To gain secure registry access rights, providers must complete a simple one-page application form and submit it to the Department of Health for approval (Appendix D). Once approved, the provider receives an ID number and access code. These codes identify the provider when logging into the registry tracking system. Once the provider is logged in, they may download their patient’s health care directive documents by entering the patient’s name and birth date.

Applying for registry access rights is voluntary. Health care providers are encouraged to apply, especially those attending to people with end-of-life care needs. The intent of the registry is to improve access to health care decision-making documents resulting in treatment decisions that are more respectful of the patient's desired wishes.

Liability protections for health care providers

To encourage health care providers to use the registry and follow a patient's treatment wishes, Chapter 70.122.051 RCW: Natural Death Act provides liability protections for health care providers. The law states that "any provider who participates in good faith in the withholding or withdrawal of life-sustaining treatment from a qualified patient in accordance with the requirements of this chapter, shall be immune from legal liability, including civil, criminal, or professional conduct sanctions, unless otherwise negligent."

With these liability protections, health care providers are encouraged to use the registry and to follow their patients' treatment instructions. The law does not require providers to check the registry, and the existence of the registry does not create any new obligations for a provider to determine if the patient has a health care directive. However, providers are strongly encouraged to check the registry, particularly in instances where there may be a question about the patient's wishes and the existence of a document may clarify a patient's intentions.

Health care providers who choose not to use the registry are encouraged to talk with their patients about the importance of writing down their treatment wishes.

Types of Documents Stored in the Registry

The registry stores four types of health care directive documents. The directives include:

- Health Care Directive (sometimes called a living will or advance directives)
- Durable Power of Attorney for Health Care
- Mental Health Advance Directive
- Physician Orders for Life Sustaining Treatment (POLST)

These are all legal documents that share people's wishes regarding health care treatment and end-of-life choices should they become incapacitated or otherwise unable to make decisions. Health care directive documents must be made voluntarily and by a person who is at least 18 years of age and of sound mind. This means the person must be mentally stable and able to comprehend the nature of signing such a document.

In Washington State there are two primary ways to put health care directives into writing. One is called a Health Care Directive (sometimes called a Living Will or Advance Directive) and the other is called a Durable Power of Attorney for Health Care. The Health Care Directive expresses a person's wish for treatment when near death or permanently unconscious. The Durable Power of Attorney for Health Care allows a person to give someone else authority for making medical decisions or for following directions about their health care desires. These two forms can help convey wishes for future medical care, including non-treatment, and are recommended for all individuals.

The Department of Health encourages people to discuss and share copies of their health care directive documents with their physician, trusted family members and anyone listed as attorney-in-fact for making health care decisions.

An attorney's help is not required to prepare the directives. However, any questions about the use and effect of these directives should be referred to an attorney. The Washington State Living Will Registry does not provide legal advice or services, and the Department of Health and U.S. Living Will Registry do not review the documents for accuracy or completion.

The following are brief descriptions of each type of directive:

Health Care Directive

A health care directive (sometimes called a Living Will or Advance Directive) is a legal document that allows people to express their wishes, in advance, for end-of-life medical treatment when they are near death or permanently unconscious and unable to communicate their wishes. The document allows people who clearly do not want their lives prolonged to make their wishes known.

The health care directive is used only when someone is near death as certified by a physician, when life-sustaining treatment would only prolong the process of dying; or when two physicians certify that there is an irreversible coma or other permanent unconscious condition and no reasonable hope of recovery. In either situation, the directive allows treatment to be withheld or withdrawn so a person may die naturally.

A health care directive may also direct a physician to cease artificially provided nutrition (food) and hydration (water) or give further written care instructions. If someone else has been given authority for making decisions through a Durable Power of Attorney for Health Care document, that person must follow and honor the health care directive. A health care directive may be changed or revoked at any time.

The health care directive must be signed by the participant and two witnesses who are not related by blood or marriage. Witnesses may not be the attending physician, an employee of the attending physician or a health care facility in which the participant is a patient.

Durable Power of Attorney for Health Care

A durable power of attorney for health care is a legal document that gives someone else permission to make medical decisions when a physician has determined a person cannot make these decisions. The durable power of attorney is given permission to consent to, stop or refuse most medical treatment. Typically, this person is called an attorney-in-fact, agent or health care proxy. This person should be a trusted family member or friend who has knowledge of the participant's values and medical treatment choices. A durable power of attorney for health care directive may be changed or revoked at any time.

Washington State law does not require a Durable Power of Attorney for Health Care to be notarized or witnessed. However, it is recommended that there always be two unrelated

witnesses. The witnesses should not be the attending physician, an employee of the attending physician or a health care facility in which the participant is a patient.

Mental Health Advance Directive

A mental health advance directive is a legal document that allows people to express their treatment preferences should they become incapacitated by mental illness. The directive can inform others about what treatments patients want or do not want when their judgment is impaired and they are unable to communicate effectively. Treatment may include medication, short-term admission to inpatient treatment and electroconvulsive therapy.

A mental health advance directive can be used to give someone else permission to make decisions and act on a person's behalf. The directive may limit that person's decision-making authority only to times when that person is incapacitated or when exhibiting symptoms or behaviors that are specifically written in the directive. A mental health advance directive may be changed or revoked at any time.

Physician Orders for Life-Sustaining Treatment (POLST)

A physician orders for life-sustaining treatment (POLST) is a form intended for individuals with serious health conditions. It is often called a "do not resuscitate" order. The form summarizes a person's wishes regarding life-sustaining treatment and can be obtained from the physician. Together, the physician and patient discuss and develop a specific plan that reflects the patient's treatment wishes. This plan is translated into physician orders for medical treatment and is documented on the POLST form. The physician signs the form and assumes full responsibility for its accuracy.

The orders include:

- Preferences for resuscitation
- Medical interventions
- The use of antibiotics
- Artificially administered fluids and nutrition

The POLST form is portable and is intended to go with the person from one care setting to another. The form reduces the need for repetitive end-of-life discussions and provides security for both the patient and physician knowing the expressed wishes will be carried out. Having a completed POLST form can assist physicians, nurses, health care facilities and emergency medical personnel in honoring a person's treatment wishes.

Why register health care directives?

Health care is vitally important to everyone. Making medical treatment choices is each person's right. But how can we be sure our choices will be honored if we become incapacitated or unable to make decisions? People of all ages face this question. Often, family members are burdened with making difficult medical treatment decisions without knowing what the person really wants.

In Washington State, many health care providers assume their patient wants all available medical treatment, including life-sustaining care, unless told otherwise. Should an unexpected situation

occur, causing the patient to become unable to state treatment wishes, the physician and family are left to decide what treatment the patient may or may not want.

By using the Washington State Living Will Registry, family members are relieved of having to make such stressful health care decisions. Knowing a physician has access to an exact copy of their loved one's written health care instructions can be reassuring for everyone and gives peace of mind that medical treatment wishes will be honored.

What are participants agreeing to?

By signing a Registration Agreement form and submitting it to the Washington State Living Will Registry, the participant is agreeing to the following statements:

- I understand registering my documents with the registry is voluntary and not required by Washington law.
- I am making this agreement of my own free will and no one is forcing me or putting pressure on me to register.
- I understand that anyone who has access to my wallet card can use it to gain access to my health care directive documents and personal identification information.
- I will safeguard my registration number and wallet card from unauthorized access.
- The information provided is accurate, and the documents registered are current.
- I will immediately notify the Washington State Living Will Registry of changes to my personal identification information or health care directive documents. Notifying the registry of change is vital if I want my wishes to be carried out.
- The registry shall not be liable for improper, inaccurate or incomplete transmission or disclosure of my health care directive documents, or for the loss or unavailability of all or part of my documents. Registering my documents is not a guarantee that my health care treatment wishes will be followed.
- I have read, understand and agree to the terms of the Washington State Living Will Registry Registration Agreement.
- This Registration Agreement remains in effect until the registry is notified that I have revoked it.

Participants are responsible for making sure their health care directive documents comply with Washington State laws and that copies of the documents are readable. Registry personnel do not review documents for accuracy or completeness and do not check personal identification information.

If a participant's welcome letter or annual update letter is returned, registry personnel will contact the participant by telephone or in writing to verify a change in address. If the participant cannot be reached, the emergency contact individuals will be called. If the registry receives reliable information that a person is deceased, the file will be deleted from the registry database. Participants may also request to have their registry agreement terminated at any time and their file will be deleted.

Participants may submit as many health care directive documents as needed without charge. Their documents appear in date order with the most recent documents first. Participants are

responsible for submitting up-to-date documents to the registry, keeping their personal identification information current and notifying the registry of any changes.

Marketing strategies

With the help of a contracted marketing research firm, the Department of Health conducted interviews with key informants and stakeholders. A questionnaire was used to collect data and addressed the following:

- Perceived concerns and barriers
- Previous promotional efforts
- Best ways to reach Washington residents to promote usage
- Acceptance of the concept of a Web-based registry
- Target audience
- Concerns regarding computer network compatibility

The interviewees included key informants from states using Web-based registries including Vermont, Arizona and North Carolina. The Washington stakeholder organizations included representatives from Compassion and Choices of Washington, Washington State Medical Association, Washington Health Care Association, Area Agency on Aging of Mason/Lewis/Thurston Counties, Washington Protection and Advocacy, Disability Rights of Washington and Valley Medical Center Hospital.

Stakeholder Interviews

Some notable suggestions offered by the stakeholders included:

- Whenever in doubt at a key decision point, remember to go with “simple.” The registry will be successful if it is easy to use.
- When marketing the availability of the registry, don’t overlook the educational component. Explain why it’s not only worth doing, but is critical.
- Remember marketing isn’t just a one- to two-year effort. It has to be ongoing in order to reach a critical mass.
- It is wise to develop and maintain a tracking database before you begin marketing the program. The database can provide an easy tool for finding out where various registration and marketing efforts stand.

The four key messages identified in the interviews:

1. Primary reasons why people will register their health care directive documents:
 - Allows them to take control of their own critical care decisions.
 - Reduces unnecessary stress for their loved ones and/or representatives in a time of crisis because they won’t have to search for instructions.
 - Ensures their directives are with them 24/7 and around the globe, even if they aren’t physically carrying the information.
 - All directive information is stored in one place and is annually updated.
2. Target audience (at least in the early stages) for marketing and promotional efforts:
 - Primary audience: People over 60 years and anyone diagnosed with a life-threatening condition.

- Secondary audience: College-age students or groups, large employers, high-profile personalities and patients served by long-term care facilities or hospice agencies.
- Many interviewees felt the target audience should be “all” Washington residents because “an educated citizenry will help ensure broad registry enrollment.”

3. Outreach strategies and methods:

- Pursue a two-pronged marketing plan, tailoring messages and methods to:
 - a) Physicians, hospitals, long-term care facilities and senior assistance organizations.
 - b) Prospective registrants.
- Develop strategic partnerships to improve enrollment:
 - a) Work with statewide associations to take advantage of their established marketing efforts and relationships with target audiences.
 - b) Work with partnerships such as AARP and senior organizations to gain direct mailing lists and to develop presentation scripts and schedules.
- Key marketing tactics recommended by the stakeholders:
 - a) Attend health fairs.
 - b) Participate in events where lawyers, notaries, providers and other resources are onsite to help individuals complete enrollment paperwork on the spot.
 - c) Print materials, conduct radio ads and produce public service announcements.
 - d) Produce a TV ad, but only if a high-profile individual is in the starring role.
 - e) Package the registry program materials, including the enrollment forms, into one folder for easy distribution.
 - f) Target messages to people who have their own directives, but have not yet registered them on a universally accessible site.

4. Potential barriers:

All stakeholders believe the program will be well-received when announced to the public. However, they caution that medical institutions are slow to change. They suggest this will pose a challenge if a large number of people sign up, but few medical providers know to check the registry. Educating the medical community will need to be an ongoing priority.

Other barriers include:

- There is a general cultural aversion to end-of-life discussions; very few talk about it.
- Young people think they’re invincible, and are consequently difficult to reach.
- Privacy is critical; avoid using or collecting Social Security numbers.
- Delays between the initial registration and subsequent welcome letter verification may result in confusion.
- Enrollees may be reluctant about or resistant to sending their forms to U.S. Living Will Registry in New Jersey, as opposed to mailing forms to the Washington State Department of Health.
- Other states contacted indicated there is a higher enrollment if the state requires no witness verification or only one witness verifying signatures on documents.

Market Branding

After analyzing the stakeholder interviews, the department contracted with a media communications firm to design a branding image. Together, we developed a logo, composed

key marketing messages, designed print materials and developed a marketing action plan. Responses from the stakeholder questionnaire were used as the framework for the plan. The marketing materials are listed below and samples are included in Appendix E:

- Brochure for the general public
- Brochure for health care providers
- Fact sheet
- Poster
- News advertisement

All of the marketing materials, Web site content and registry forms have been edited using Plain Talk writing criteria.

Web Site Development

The department used the logo when developing the registry portal, Web site and registry forms. The registry portal software was customized with the look and feel of the department's Web pages and configured to track registry usage data. The department added forms to the Web site for viewers to easily type in their responses. These forms and the Web site address www.doh.wa.gov/livingwill have received 14,230 viewer hits since it was launched on November 7, 2007, through October 2008. The department continues to make improvements on the Web site based on user feedback.

Marketing Outreach

The department created a marketing action plan using ideas from the stakeholder questionnaire and feedback from consumers. The plan is two-pronged. The first prong includes educating the health care community about the benefits and registry use. The second prong includes educating the general public.

The hope is that by educating health care providers, they will have a higher success rate of influencing their patients and residents to prepare health care directive documents and use the free registry service.

The department has promoted the registry to the following health care providers:

- Hospitals
- Medical practice providers
- Clinics
- Nursing homes
- Boarding homes including assisted living facilities
- Hospice agencies
- Home health agencies

The top three marketing efforts yielding the greatest registry participation include:

- Direct mailing to 7,500 physicians sponsored by the Washington State Medical Association
- Direct mailing to 800 nursing and boarding home administrators
- Web cast presentation sponsored by the Washington State Hospital Association

Educational Video Production

Through marketing outreach, the department received feedback from hospital personnel and other health care providers saying a short educational video on the registry would be beneficial for educating staff. The department contracted with a production company and developed two videos. One video is intended for health care providers on how to access documents stored in the registry. The second video is intended for the general public, educating the viewer about the registry and how to register documents. Both videos are in a single DVD disk and can be played on either a TV or computer.

In August 2008 the department mailed the DVD along with a letter and marketing materials to approximately 750 nursing homes and assisted living facilities and 50 hospice and home health agencies. The department received immediate response to the video and materials with over 50 new health care providers signing up for registry access within one month.

The department received feedback regarding concerns that people who do not use computers need access to information on the registry Web site. In response, the department created a folder containing the educational marketing materials, forms and DVD. The folder is mailed to individuals who contact the department by telephone. The department intends to distribute these folders to senior centers and senior information and assistance organizations in the coming months.

Feedback was also given concerning translating materials into other languages, specifically Spanish for eastern Washington residents. In the near future, the department intends to translate and print all marketing materials in Spanish and will review options for translating materials in other languages.

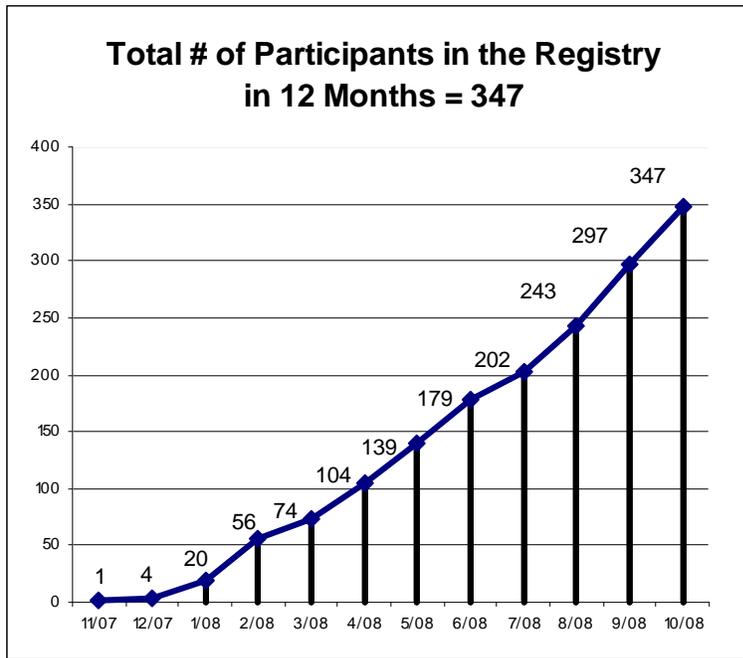
Registry Use

Since November 2007, when the registry was launched, the department has seen a steady increase of new participants each month. The outreach plan to educate health care providers first is having a visible impact on the numbers of participants registering each day. Providers are indeed having a positive influence in educating patients and residents about the need to register health care directive documents.

Nationally, there are very few state-sponsored registries, making it difficult to compare registry start-up data. However, according to U.S. Living Will Registry, which manages registries for Vermont and Nevada, Vermont is having a slow start at getting both residents and health care providers to sign up, and Nevada is having a slow start with getting health care providers signed up. According to U.S. Living Will Registry, Washington State has the most health care providers signed up and trained to actually use the registry database system.

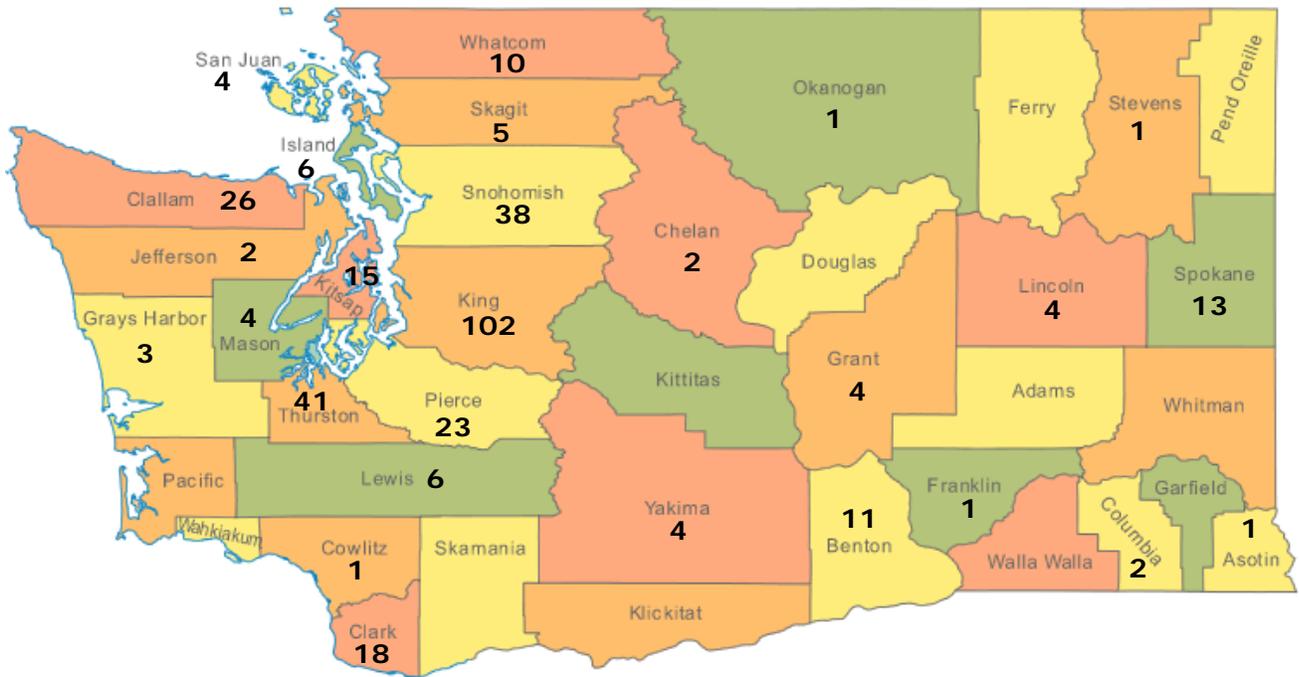
The charts below illustrate the use of Washington's registry.

Participants in Registry



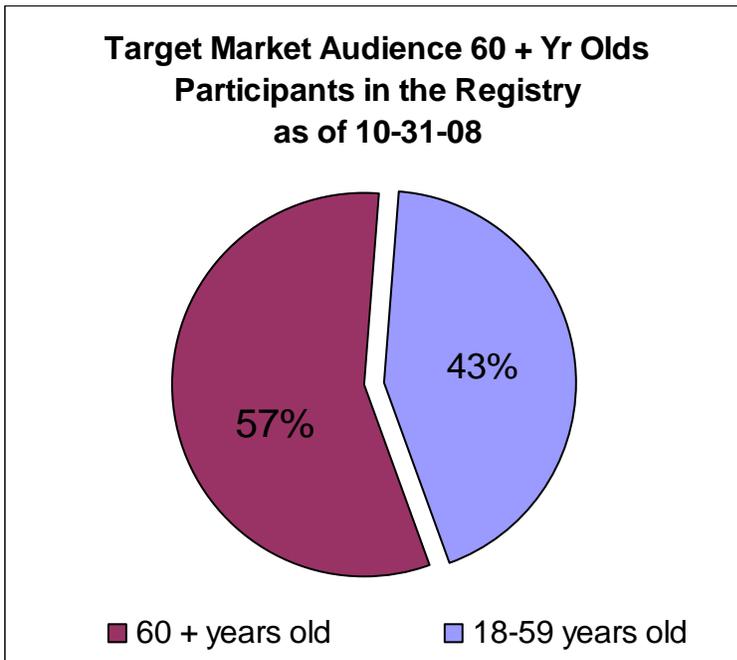
As of October 31, 2008, there are 347 participants who have stored their health care directive documents in the registry. Each month there is an increase of new participants. September had the highest increase with 54 new participants.

Participants per County

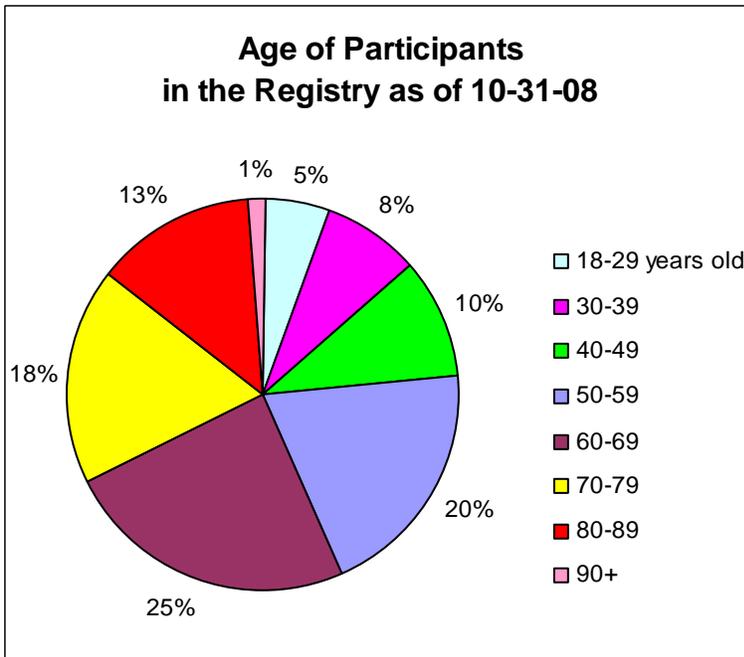


As of October 31, 2008, eight participants have updated their health care directive documents with new directives. No participants have removed their health care directives. Sixty percent of the participants on the registry are women and 40% are men.

Age of Participants

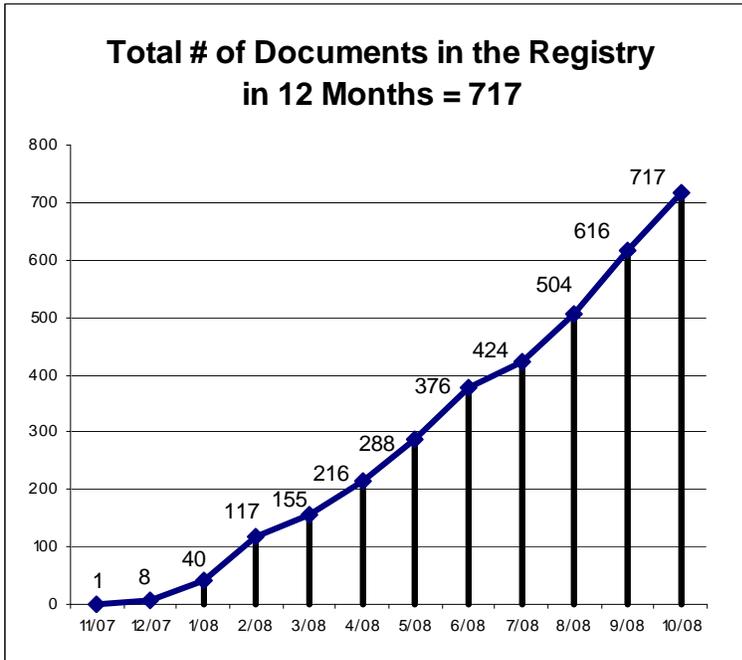


Stakeholders identified the primary audience to market the registry to as 60 + year olds. The department’s marketing efforts have targeted this group. However, 43 percent of the participants are 59 years old or younger. Stakeholders identified the secondary audience to be “all” Washingtonians. The statistics show that people of all ages are interested in registering.

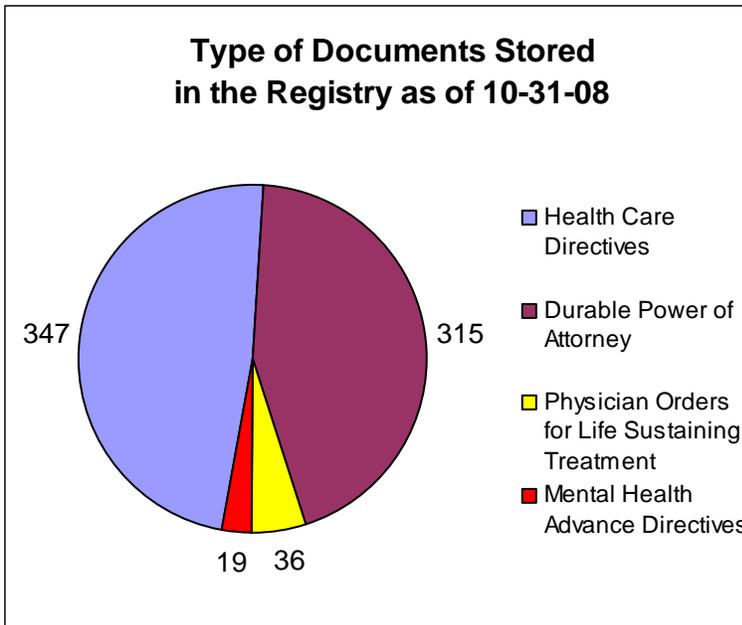


The youngest person on the registry is 18 and the oldest is 97 years old. Five percent of the participants on the registry are 18-29 years old, but only 1 percent of the participants are 90 or over. Without specifically targeting young people, the registry is attracting people of all ages. It may be possible the Web site is the primary marketing tool for the younger user.

Documents Registered



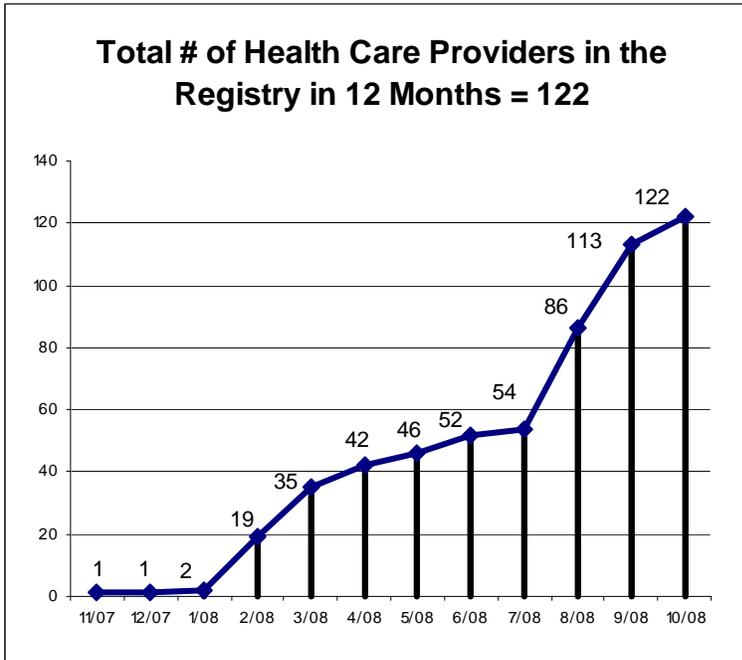
As of October 31, 2008, there are 717 documents stored in the Washington State Living Will Registry. There is a steady increase of new documents submitted each month. In September, the department received the highest increase with 114 new documents submitted.



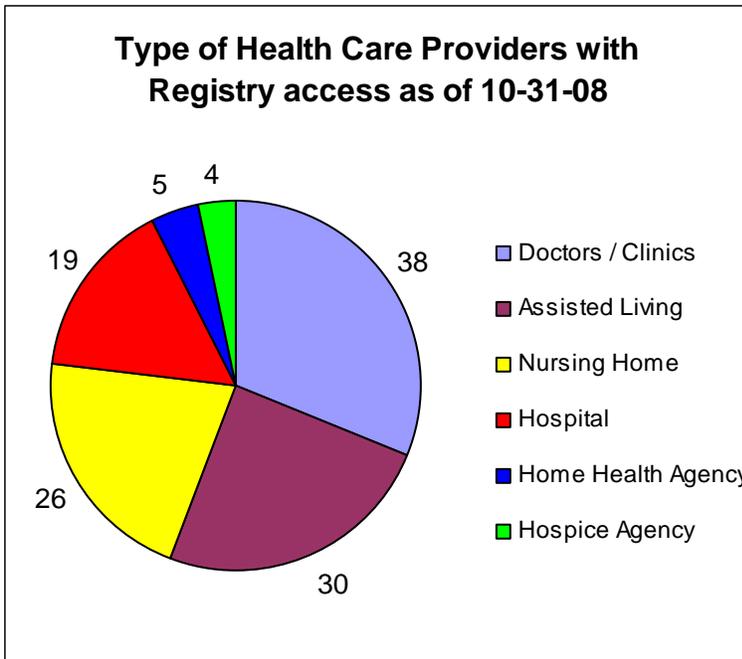
At the end of October 2008, there are 717 documents stored in the registry. The types of documents stored include:

- 347 Health care directives
- 315 Durable powers of attorney
- 36 Physician orders for life sustaining treatment
- 19 Mental health advance directives

Health Care Providers Registered



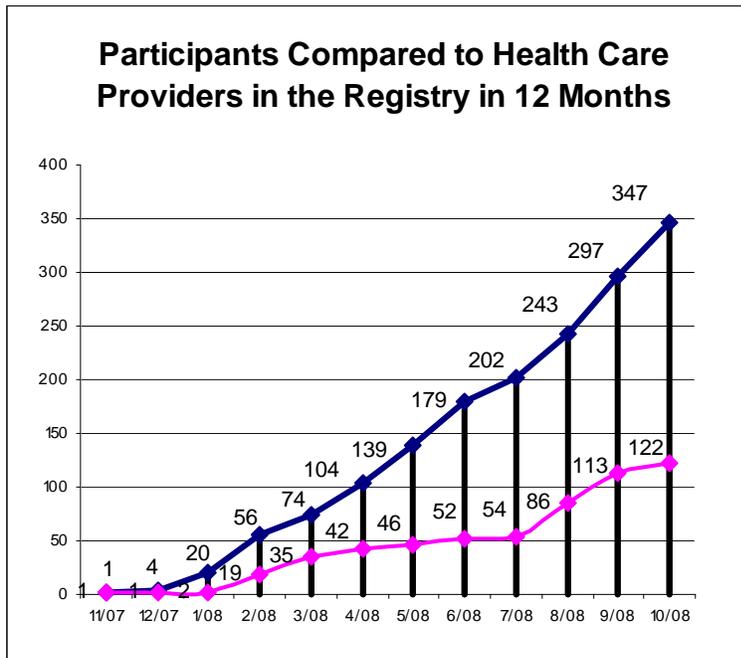
As of October 31, 2008, there are 122 health care providers in Washington who have access to view documents in the registry 24/7 using a participant’s name and birth date. There is a steady increase of new health care providers signing up each month. During the months of August and September, the department promoted the registry to nursing home and assisted living facility administrators. The number of providers signing up during these months doubled.



As of October 2008 there are 122 health care providers signed up to access the registry. The types of health care providers include:

- 38 Doctors and clinics
- 30 Assisted living facilities
- 26 Nursing homes
- 19 Hospitals
- 5 Home health agencies
- 4 Hospice agencies

Registered Participant Compared to Health Care Providers



The department experienced a significant increase of new participants and health care providers signing up August through October 2008. At the end of October, 347 participants had signed up and 122 health care providers had access to the registry.

As the department continues to implement each phase of the registry marketing action plan, we anticipate a steady growth of registry participation each month.

Costs

This program is funded by the Washington State General Fund. The July 1, 2007, through June 30, 2009, biennial budget is \$363,426. The department funds one staff person. The remainder of the budget primarily funds the registry contract and marketing efforts.

As of October 2008, the department has spent approximately \$146,000 for registry computer start-up costs and marketing material development. The department purchased capacity for 3,500 participants. This capacity does not expire and can be carried over from year to year until fully used. When all slots are occupied with participants, the cost per participant is approximately \$104. As more space is purchased and occupied, the cost per participant goes down.

The department received in-kind donations from the Washington State Medical Association (WSMA) in the form of staff time and postage costs to distribute marketing materials. The WSMA mailed 7,500 physicians a letter which included sample registry marketing materials. The mailing generated two solid months of vigorously filling an average of 50 marketing orders per day. During these two months, WSMA mailed almost 20,000 general public brochures, 12,000 health care provider brochures, 3,000 fact sheets and 500 posters. Within two months, the initial quantity of marketing materials ordered was depleted. To assist with the high demand for marketing materials WSMA added an online ordering process to their Web site. The association also routinely prints a news article about the registry in their membership "Reporter" journal and promotes the registry during their annual conferences.

Recommendations

The department anticipates continuing to contract with the U.S. Living Will Registry for Washington's registry, as well as an ongoing need for marketing materials to promote the registry. The printing costs are expected to increase in the next biennium, particularly if the department translates the materials in other languages.

Work associated with the registry includes mailing materials, processing health care directive documents, approving health care provider applications for registry access, overseeing marketing material development and answering daily telephone and e-mail inquiries. Conducting presentations and talking to groups is necessary to expand the number of registrants. Through outreach to Washington residents, the department intends to expand use of the registry. By collaborating with stakeholders, we will develop innovative marketing approaches to promote the use of living wills in Washington.

Acknowledgments

We gratefully acknowledge and thank the many individuals who participated in the development and promotion of the registry. We especially appreciate all Washington residents who have registered their important health care directive documents. We are thankful to the many health care providers who check the registry when treating patients who need end-of-life medical care.

Appendix A: 2SHB 2342

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 2342

Chapter 108, Laws of 2006

59th Legislature
2006 Regular Session

HEALTH CARE DECLARATIONS REGISTRY

EFFECTIVE DATE: 6/7/06

Passed by the House February 8, 2006
Yeas 97 Nays 1

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 3, 2006
Yeas 47 Nays 1

BRAD OWEN

President of the Senate

Approved March 17, 2006.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 2342** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

Chief Clerk

FILED

March 17, 2006 - 11:30 a.m.

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 2342

Passed Legislature - 2006 Regular Session

State of Washington 59th Legislature 2006 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Moeller, Appleton, Nixon, Hunt, Curtis, Lantz, Morrell, Springer, Wallace, Fromhold, Kagi, Roberts, Cody, Ericks, Green and Ormsby)

READ FIRST TIME 02/03/06.

1 AN ACT Relating to establishing a health care declarations
2 registry; amending RCW 70.122.040, 71.32.080, and 70.122.051; adding
3 new sections to chapter 70.122 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that effective
6 communication between patients, their families, and their care givers
7 regarding their wishes if they become incapacitated results in health
8 care decisions that are more respectful of patients' desires. Whether
9 the communication is for end-of-life planning or incapacity resulting
10 from mental illness, the state must respect those wishes and support
11 efforts to facilitate such communications and to make that information
12 available when it is needed.

13 It is the intent of the legislature to establish an electronic
14 registry to improve access to health care decision-making documents.
15 The registry would support, not supplant, the current systems for
16 advance directives and mental health advance directives by improving
17 access to these documents. It is the legislature's intent that the
18 registry would be consulted by health care providers in every instance
19 where there may be a question about the patient's wishes for periods of

1 incapacity and the existence of a document that may clarify a patient's
2 intentions unless the circumstances are such that consulting the
3 registry would compromise the emergency care of the patient.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.122 RCW
5 to read as follows:

6 (1) The department of health shall establish and maintain a
7 statewide health care declarations registry containing the health care
8 declarations identified in subsection (2) of this section as submitted
9 by residents of Washington. The department shall digitally reproduce
10 and store health care declarations in the registry. The department may
11 establish standards for individuals to submit digitally reproduced
12 health care declarations directly to the registry, but is not required
13 to review the health care declarations that it receives to ensure they
14 comply with the particular statutory requirements applicable to the
15 document. The department may contract with an organization that meets
16 the standards identified in this section.

17 (2)(a) An individual may submit any of the following health care
18 declarations to the department of health to be digitally reproduced and
19 stored in the registry:

20 (i) A directive, as defined by this chapter;

21 (ii) A durable power of attorney for health care, as authorized in
22 chapter 11.94 RCW;

23 (iii) A mental health advance directive, as defined by chapter
24 71.32 RCW; or

25 (iv) A form adopted pursuant to the department of health's
26 authority in RCW 43.70.480.

27 (b) Failure to submit a health care declaration to the department
28 of health does not affect the validity of the declaration.

29 (c) Failure to notify the department of health of a valid
30 revocation of a health care declaration does not affect the validity of
31 the revocation.

32 (d) The entry of a health care directive in the registry under this
33 section does not:

34 (i) Affect the validity of the document;

35 (ii) Take the place of any requirements in law necessary to make
36 the submitted document legal; or

37 (iii) Create a presumption regarding the validity of the document.

1 (3) The department of health shall prescribe a procedure for an
2 individual to revoke a health care declaration contained in the
3 registry.

4 (4) The registry must:

5 (a) Be maintained in a secure data base that is accessible through
6 a web site maintained by the department of health;

7 (b) Send annual electronic messages to individuals that have
8 submitted health care declarations to request that they review the
9 registry materials to ensure that it is current;

10 (c) Provide individuals who have submitted one or more health care
11 declarations with access to their documents and the ability to revoke
12 their documents at all times; and

13 (d) Provide the personal representatives of individuals who have
14 submitted one or more health care declarations to the registry,
15 attending physicians, advanced registered nurse practitioners, health
16 care providers licensed by a disciplining authority identified in RCW
17 18.130.040 who is acting under the direction of a physician or an
18 advanced registered nurse practitioner, and health care facilities, as
19 defined in this chapter or in chapter 71.32 RCW, access to the registry
20 at all times.

21 (5) In designing the registry and web site, the department of
22 health shall ensure compliance with state and federal requirements
23 related to patient confidentiality.

24 (6) The department shall provide information to health care
25 providers and health care facilities on the registry web site regarding
26 the different federal and Washington state requirements to ascertain
27 and document whether a patient has an advance directive.

28 (7) The department of health may accept donations, grants, gifts,
29 or other forms of voluntary contributions to support activities related
30 to the creation and maintenance of the health care declarations
31 registry and statewide public education campaigns related to the
32 existence of the registry. All funds received shall be transferred to
33 the health care declarations registry account, created in section 3 of
34 this act.

35 (8) The department of health may adopt rules as necessary to
36 implement this act.

37 (9) By December 1, 2008, the department shall report to the house
38 and senate committees on health care the following information:

- 1 (a) Number of participants in the registry;
2 (b) Number of health care declarations submitted by type of
3 declaration as defined in this section;
4 (c) Number of health care declarations revoked and the method of
5 revocation;
6 (d) Number of providers and facilities, by type, that have been
7 provided access to the registry;
8 (e) Actual costs of operation of the registry;
9 (f) Donations received by the department for deposit into the
10 health care declarations registry account, created in section 3 of this
11 act by type of donor.

12 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.122 RCW
13 to read as follows:

14 The health care declarations registry account is created in the
15 state treasury. All receipts from donations made under section 2 of
16 this act, and other contributions and appropriations specifically made
17 for the purposes of creating and maintaining the registry established
18 by section 2 of this act and statewide public education campaigns
19 related to the existence of the registry, shall be deposited into the
20 account. Moneys in the account may be spent only after appropriation.
21 Expenditures from the account may be used only for purposes of the
22 health care declarations registry.

23 **Sec. 4.** RCW 70.122.040 and 1979 c 112 s 5 are each amended to read
24 as follows:

25 (1) A directive may be revoked at any time by the declarer, without
26 regard to the declarer's mental state or competency, by any of the
27 following methods:

28 (a) By being canceled, defaced, obliterated, burned, torn, or
29 otherwise destroyed by the declarer or by some person in the declarer's
30 presence and by the declarer's direction.

31 (b) By a written revocation of the declarer expressing
32 (~~the declarer's~~) his or her intent to revoke, signed, and dated by the
33 declarer. Such revocation shall become effective only upon
34 communication to the attending physician by the declarer or by a person
35 acting on behalf of the declarer. The attending physician shall record

1 in the patient's medical record the time and date when ((~~said~~)) the
2 physician received notification of the written revocation.

3 (c) By a verbal expression by the declarer of ((~~declarer's~~)) his or
4 her intent to revoke the directive. Such revocation shall become
5 effective only upon communication to the attending physician by the
6 declarer or by a person acting on behalf of the declarer. The
7 attending physician shall record in the patient's medical record the
8 time, date, and place of the revocation and the time, date, and place,
9 if different, of when ((~~said~~)) the physician received notification of
10 the revocation.

11 (d) In the case of a directive that is stored in the health care
12 declarations registry under section 2 of this act, by an online method
13 established by the department of health. Failure to use this method of
14 revocation for a directive that is stored in the registry does not
15 invalidate a revocation that is made by another method described under
16 this section.

17 (2) There shall be no criminal or civil liability on the part of
18 any person for failure to act upon a revocation made pursuant to this
19 section unless that person has actual or constructive knowledge of the
20 revocation except as provided in RCW 70.122.051(4).

21 (3) If the declarer becomes comatose or is rendered incapable of
22 communicating with the attending physician, the directive shall remain
23 in effect for the duration of the comatose condition or until such time
24 as the declarer's condition renders the declarer able to communicate
25 with the attending physician.

26 **Sec. 5.** RCW 71.32.080 and 2003 c 283 s 8 are each amended to read
27 as follows:

28 (1)(a) A principal with capacity may, by written statement by the
29 principal or at the principal's direction in the principal's presence,
30 revoke a directive in whole or in part.

31 (b) An incapacitated principal may revoke a directive only if he or
32 she elected at the time of executing the directive to be able to revoke
33 when incapacitated.

34 (2) The revocation need not follow any specific form so long as it
35 is written and the intent of the principal can be discerned. In the
36 case of a directive that is stored in the health care declarations
37 registry created by section 2 of this act, the revocation may be by an

1 online method established by the department of health. Failure to use
2 the online method of revocation for a directive that is stored in the
3 registry does not invalidate a revocation that is made by another
4 method described under this section.

5 (3) The principal shall provide a copy of his or her written
6 statement of revocation to his or her agent, if any, and to each health
7 care provider, professional person, or health care facility that
8 received a copy of the directive from the principal.

9 (4) The written statement of revocation is effective:

10 (a) As to a health care provider, professional person, or health
11 care facility, upon receipt. The professional person, health care
12 provider, or health care facility, or persons acting under their
13 direction shall make the statement of revocation part of the
14 principal's medical record; and

15 (b) As to the principal's agent, upon receipt. The principal's
16 agent shall notify the principal's health care provider, professional
17 person, or health care facility of the revocation and provide them with
18 a copy of the written statement of revocation.

19 (5) A directive also may:

20 (a) Be revoked, in whole or in part, expressly or to the extent of
21 any inconsistency, by a subsequent directive; or

22 (b) Be superseded or revoked by a court order, including any order
23 entered in a criminal matter. A directive may be superseded by a court
24 order regardless of whether the order contains an explicit reference to
25 the directive. To the extent a directive is not in conflict with a
26 court order, the directive remains effective, subject to the provisions
27 of RCW 71.32.150. A directive shall not be interpreted in a manner
28 that interferes with: (i) Incarceration or detention by the department
29 of corrections, in a city or county jail, or by the department of
30 social and health services; or (ii) treatment of a principal who is
31 subject to involuntary treatment pursuant to chapter 10.77, 70.96A,
32 71.05, 71.09, or 71.34 RCW.

33 (6) A directive that would have otherwise expired but is effective
34 because the principal is incapacitated remains effective until the
35 principal is no longer incapacitated unless the principal has elected
36 to be able to revoke while incapacitated and has revoked the directive.

37 (7) When a principal with capacity consents to treatment that
38 differs from, or refuses treatment consented to in, the provisions of

1 his or her directive, the consent or refusal constitutes a waiver of
2 that provision and does not constitute a revocation of the provision or
3 directive unless the principal also revokes the directive or provision.

4 **Sec. 6.** RCW 70.122.051 and 1992 c 98 s 5 are each amended to read
5 as follows:

6 (1) For the purposes of this section, "provider" means a physician,
7 advanced registered nurse practitioner, health care provider acting
8 under the direction of a physician or an advanced registered nurse
9 practitioner, or health care facility, as defined in this chapter or in
10 chapter 71.32 RCW, and its personnel.

11 (2) Any ((physician, health care provider acting under the
12 direction of a physician, or health facility and its personnel))
13 provider who participates in good faith in the withholding or
14 withdrawal of life-sustaining treatment from a qualified patient in
15 accordance with the requirements of this chapter, shall be immune from
16 legal liability, including civil, criminal, or professional conduct
17 sanctions, unless otherwise negligent.

18 (3) The establishment of a health care declarations registry does
19 not create any new or distinct obligation for a provider to determine
20 whether a patient has a health care declaration.

21 (4) A provider is not subject to civil or criminal liability or
22 sanctions for unprofessional conduct under the uniform disciplinary
23 act, chapter 18.130 RCW, when in good faith and without negligence:

24 (a) The provider provides, does not provide, withdraws, or
25 withholds treatment to a patient in the absence of actual knowledge of
26 the existence of a health care declaration stored in the health care
27 declarations registry established in section 2 of this act;

28 (b) The provider provides, does not provide, withdraws, or
29 withholds treatment pursuant to a health care declaration stored in the
30 health care declarations registry established in section 2 of this act
31 in the absence of actual knowledge of the revocation of the
32 declaration;

33 (c) The provider provides, does not provide, withdraws, or
34 withholds treatment according to a health care declaration stored in
35 the health care declarations registry established in section 2 of this
36 act in good faith reliance upon the validity of the health care
37 declaration and the declaration is subsequently found to be invalid; or

1 (d) The provider provides, does not provide, withdraws, or
2 withholds treatment according to the patient's health care declaration
3 stored in the health care declarations registry established in section
4 2 of this act.

5 (5) Except for acts of gross negligence, willful misconduct, or
6 intentional wrongdoing, the department of health is not subject to
7 civil liability for any claims or demands arising out of the
8 administration or operation of the health care declarations registry
9 established in section 2 of this act.

Passed by the House February 8, 2006.

Passed by the Senate March 3, 2006.

Approved by the Governor March 17, 2006.

Filed in Office of Secretary of State March 17, 2006.

Appendix B: Registration Agreement Form

Source Code 56106503
<p>The WASHINGTON STATE</p> <hr/> <p>LIVING WILL</p> <hr/> <p>R E G I S T R Y</p>
<p>Registration Agreement / Authorization to Change</p>
<p>IMPORTANT – Read all instructions before completing this form.</p>
<p>Instructions:</p> <ol style="list-style-type: none">1. Read the <i>Registration Agreement / Authorization to Change</i> form carefully.2. On the <i>Registration Agreement / Authorization to Change</i> form type in the highlighted boxes or print the form and write clearly in dark ink.3. Be sure to sign and date the <i>Registration Agreement / Authorization to Change</i> form.4. Attach <u>copies</u> of your health care directive documents (DO NOT send the originals).5. Mail your health care directive documents and your signed <i>Registration Agreement / Authorization to Change</i> form to: <p style="margin-left: 40px;">Washington State Department of Health Living Will Registry PO Box 47813 Olympia, WA 98504-7813</p> <p>Or FAX to: 908-654-1919</p> <p style="text-align: right;"> Washington State Department of Health</p> <p>For forms or additional information visit: http://www.doh.wa.gov/livingwill or call 1-800-525-0127</p>
<p>What is a Health Care Directive Document:</p> <p>A health care directive is a legal document that shares a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make decisions. The Washington State Living Will Registry is a secure database that allows people to electronically store a copy of their health care directive documents. The database may be accessed when needed by authorized health care providers.</p>
<p>1. Check the applicable box (check ONLY one box)</p> <p>I want to: <input type="checkbox"/> Store my health care directive documents in the Registry (new registration) <input type="checkbox"/> Replace a health care directive document(s) now in the Registry with a new one <input type="checkbox"/> Add an additional health care directive document to my currently stored documents <input type="checkbox"/> Remove my health care directive document(s) from the Registry</p>
<p>2a. Check the applicable statement (check ALL that apply)</p> <p>Attached to this <i>Registration Agreement / Authorization to Change</i> is/are: (Check types)</p> <p><input type="checkbox"/> Health Care Directive / Living Will / Advance Directive <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Mental Health Advance Directive <input type="checkbox"/> Physician Orders for Life Sustaining Treatment (POLST)</p>
<p>2b. Check the applicable statement (check ALL that apply)</p> <p>Remove my health care directive documents from the Registry. (Check types)</p> <p><input type="checkbox"/> Health Care Directive / Living Will / Advance Directive <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Mental Health Advance Directive <input type="checkbox"/> Physician Orders for Life Sustaining Treatment (POLST)</p>

The WASHINGTON STATE <hr/> LIVING WILL <hr/> R E G I S T R Y		Source Code 56106503	
Registration Agreement / Authorization to Change			
IMPORTANT – Read all instructions before completing this form.			
3. Registrant Personal Information			
LAST NAME	FIRST NAME	FULL MIDDLE NAME	
MAILING ADDRESS	APT #	CITY STATE ZIP CODE	
HOME PHONE # ()	WORK / OTHER PHONE # ()	DATE OF BIRTH GENDER	
4a. Emergency Contact (Persons listed on Health Care Directive documents, Legal Guardians, or Family)			
LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	APT #	CITY STATE ZIP CODE	
HOME PHONE # ()	WORK / OTHER PHONE # ()	RELATIONSHIP TO REGISTRANT	
4b. Alternate Emergency Contact			
LAST NAME	FIRST NAME	MIDDLE NAME	PHONE # ()
5. Registration Agreement: I, (print name) _____ request my health care directive documents be registered in the Washington State Living Will Registry. I authorize access to my documents as allowed by Washington State law. By signing below, I agree to the following statements:			
<ul style="list-style-type: none"> • The information provided is accurate, and the documents registered are current. • I will safeguard my registration number and wallet card from unauthorized access. • I will immediately notify the Washington State Living Will Registry of changes to my personal identification information or health care directive documents. Notifying the Registry of change is vital if I want my wishes to be carried out. • The Registry shall not be liable for improper, inaccurate, or incomplete transmission or disclosure of my health care directive documents or for the loss or unavailability of all or part of my documents. Registering my documents is not a guarantee that my health care treatment wishes will be followed. • I have read, understand, and agree to the terms of the Washington State Living Will Registry Registration Agreement. 			
I understand registering my documents with the Registry is voluntary and not required by Washington law. I am making this agreement of my own free will and no one is forcing me or putting pressure on me to register. I understand that anyone who has access to my wallet card can use it to gain access to my health care directive documents and personal identification information. This authorization remains in effect until the Registry is notified that I have revoked it.			
Signature of Registrant: _____			
Date: _____			
			

The WASHINGTON STATE
LIVING WILL
REGISTRY
Registration Agreement

1. To register a health care directive document, the user must complete and mail the *Registration Agreement / Authorization to Change* form along with copies of their health care directive documents to:



Washington State Department of Health
Living Will Registry
PO Box 47813
Olympia, WA 98504-7813 Or FAX to: 908-654-1919

Registration is not effective until the user receives written confirmation from the Registry.

2. Upon receipt of the *Registration Agreement / Authorization to Change* form and health care directive documents, the Registry will scan the materials and store them in a secure database along with the personal identifying information submitted on the agreement form. The Registry will mail the user the following:
- Confirmation letter.
 - Registration number.
 - Instructions for accessing the user's documents on both the Registry website at <http://www.doh.wa.gov/livingwill> and by calling 1-800-548-9455.
 - Wallet card with user's name, registration number, and emergency contact information.
 - Registry stickers to affix to the user's drivers license, ID card, and insurance cards.
3. Users SHOULD share their registration number located on their wallet card with anyone who should have access to their health care directive documents. For example, family members or physicians. Anyone may access a person's health care directive documents using the registration number. When the registration number is not available, an authorized health care provider may search the Registry for a specific person's health care directive documents by using the individual's personal identifying information. You may request free of charge a replacement wallet card by calling 1-800-548-9455.
4. Users are responsible for making sure that:
- Their health care directive documents comply with Washington State laws.
 - Copies of health care directives are readable.
 - Information in both the *Registration Agreement / Authorization to Change* form and their health care directive documents are accurate and up to date.
 - The Registry is notified as soon as possible of any changes to a health care directive document or the user's personal identification information.
5. Users may notify the Registry of changes by completing and submitting a *Registration Agreement / Authorization to Change* form. For your convenience, you may access and download the form at: <http://www.doh.wa.gov/livingwill>. If you don't have Internet access, call 1-800-525-0127 and the form will be mailed to you. Once the Registry receives a completed *Registration Agreement / Authorization to Change* form the Registry will update the user's file with the change(s). The documents in the user's file will appear in date order with the most recent documents first. Notifying the Registry of change is vital if a user wants their wishes to be carried out.
6. The Registry service is free of charge to residents of Washington. Users may submit as many *Registration Agreement / Authorization to Change* forms and health care directive documents as needed without charge.
7. The *Registration Agreement* shall remain in effect until the Registry receives reliable information that the user is deceased, or the user requests that the registry agreement be terminated. When the *Registration Agreement* is terminated, the Registry will delete the user's file from the Registry database and the file will no longer be accessible to health care providers.
8. The Registry shall not be liable for improper, inaccurate, or incomplete transmission or disclosure of any user's health care directive documents or for the loss or unavailability of all or part of a user's documents. Registering documents is not a guarantee the user's health care treatment wishes will be followed.
9. Only the Registry can change the terms of the *Registration Agreement*.

Appendix C: Welcome Letter Sample



Living Will Registry
www.doh.wa.gov/livingwill

Service Provided by U.S. Living Will Registry®
P.O. Box 2789, Westfield, NJ 07091-2789

June 16, 2008

Test My Record
101 Israel Road SE
Tumwater, WA 98501-

We are pleased to inform you that your health care directive has been registered in the Washington State Living Will Registry. This service is free of charge. Your health care directive is securely stored and will be made available to health care providers anywhere in the country should you become unable to communicate your health care wishes.

Below you will find a peel-off wallet card with your registration number and instructions for accessing the Registry. You'll also find labels to affix to your driver's license, identification cards, and health insurance cards indicating that you have an advance directive in the Registry.

To confirm our records, please review your name and address shown above, and your contact information below.

Home phone: 360-333-5555
Work phone: 360-222-4444
Date of Birth: 01/10/1941
Emergency Contact #1: John Doe Record (son) 360-555-0000
Emergency Contact #2: Jacob Joe Record 206-777-1111

If you find an error, cross it out, write-in the correct information, and mail or fax this letter back to the Registry (after removing your labels and wallet card). Mail the corrections to: Washington State Living Will Registry, PO Box 2789, Westfield, NJ 07091-2789; or FAX: 908-654-1919. We will make the corrections and if needed mail you a new wallet card.

Each year you will receive a reminder letter asking that you review your information and update if necessary. If at any time, you want to change your contact information, modify your health care directive, or revoke your directive, you must immediately notify the Registry at the above address in writing. For your convenience, you may access and download an Authorization to Change form from the Washington State Living Will Registry website at <http://www.doh.wa.gov/livingwill>.

WA STATE LIVING
WILL REGISTRY
1-800-548-9455
www.doh.wa.gov/livingwill

▲ Peel off and place these labels on your driver's license, identification cards, and insurance cards. ▲

How to Access My Documents:

Washington State Living Will Registry

1-Go to Internet web site www.doh.wa.gov/livingwill
2-Click "Retrieve Documents" and follow the instructions. If you do not have Internet access call 1-800-548-9455.

I understand that anyone who obtains this card can use it to access my documents and information.

Signature of Registrant

Name: Test Record
Source: Washington



Registration ID #: US0000049137
Last Updated: June 16, 2008
Emergency Contact: John Doe Record 360-555-0000
Emergency Contact: Jacob Joe Record 206-777-1111

▲ Peel off entire label, then carefully fold in half at center to create wallet card. ▲

Appendix D: Facility Access Application

<p style="margin: 0;"><i>The</i> WASHINGTON STATE</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="margin: 0; font-size: 1.5em;">LIVING WILL</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="margin: 0;">REGISTRY</p> <p style="margin: 10px 0 0 0;">Facility Access Application</p>		
1. Name of Health Care Organization:		
MAILING ADDRESS:	CITY:	ZIP:
2. Health Care Category * (Check only one)		
<input type="checkbox"/> Medical Practice Provider under RCW 70.122.051 <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospice Agency <input type="checkbox"/> Boarding Home <input type="checkbox"/> State Hospital caring for the mentally ill <input type="checkbox"/> Facility licensed under RCW 71.12.455 <input type="checkbox"/> Clinic that is part of a community mental health service delivery system		
3. Name of contact person who will manage the health care registry in your organization.		
NAME:		
DIRECT TELEPHONE # ()	E-MAIL:	
4. Signature of Approving Party		
		Position Title:
PRINT NAME:	Signature:	Date:
DIRECT TELEPHONE # ()	E-MAIL:	
5. Send Completed Facility Access Application to:		
Washington State Department of Health Living Will Registry P.O. Box 47813 Olympia, WA 98504-7813		
or FAX to: 360-753-4135		
6. To obtain access to the registry, the person or facility named in this application agrees to:		
<ul style="list-style-type: none"> • Comply with all statutes and rules about registry access. • Access the registry only for purposes related to decision making for health care treatment. • Safeguard the confidentiality of health care decision making documents. • Protect the username and password issued. • Limit employee access to a need to know basis. • Train employees on the proper use of the registry and the registrants' documents. • Report any unauthorized access or misuse of information to the WA State Department of Health. • Comply with policies and procedures about the registry. • Fully complete all necessary forms. • Not to sell, assign, transfer, or otherwise convey any rights or duties under this agreement. 		

Appendix E: Sample Marketing Materials

General public 4 x 9 brochure front and back

The WASHINGTON STATE
LIVING WILL
REGISTRY

YOUR FINAL WISHES...
What are they?



Most people have clear ideas of their end-of-life preferences. But does your family or physician know?

The Washington State Living Will Registry is a secure, online database that preserves Washington State residents' end-of-life preferences.

The registry is available to authorized health care providers only and contains vital information when a person is unable to communicate or make decisions about end-of-life treatment.

The Washington State Living Will Registry includes:

- Health Care Directive
- Durable Power of Attorney for Health Care
- Physician Orders for Life Sustaining Treatment
- Mental Health Advance Directive

www.doh.wa.gov/livingwill - 1.800.525.0127

The WASHINGTON STATE
LIVING WILL
REGISTRY



PEACE OF MIND ABOUT END-OF-LIFE PREFERENCES.

You and your family deserve peace of mind when it comes to your final wishes. Take charge of your life and document your decisions now at www.doh.wa.gov/livingwill.

- Registration is easy and free.
- You will receive a unique registration number.
- Authorized health care personnel can access your living will with your registration number or with your name and date of birth.

Talk to your family today about the Washington State Living Will Registry and your decision to document your end-of-life treatment preferences. Family members will be comforted knowing your treatment choices are up-to-date and accurate.



Produced by the Washington State Department of Health.
Distributed by the Washington State Medical Association.

Always working for a safer and healthier Washington.

www.doh.wa.gov/livingwill - 1.800.525.0127

Health care provider 4 x 9 brochure front and back

The WASHINGTON STATE
LIVING WILL
REGISTRY

Do you know your patients' *final wishes*?



The Washington State Living Will Registry provides simple steps to protect your patients' final wishes.

The registry is a secure, online database that preserves Washington State residents' end-of-life preferences. It gives peace of mind to patient's family members and is accessible by health care practitioners and facilities.

When your patient is unable to communicate or make decisions about end-of-life treatment, the registry includes vital information so you can make informed decisions. The online registry includes:

- Health Care Directive
- Durable Power of Attorney for Health Care
- Physician Orders for Life Sustaining Treatment
- Mental Health Advance Directive

www.doh.wa.gov/livingwill - 1.800.525.0127

The WASHINGTON STATE
LIVING WILL
REGISTRY



LIVING WILL REGISTRANTS CAN BE IDENTIFIED BY THE FOLLOWING:

- A sticker on their driver's license/identification card/health insurance card identifying them as a living will registrant.
- A wallet card with the registrant's unique registration number.
- By accessing registrant information on the Washington State Living Will Registry using their name and birth date.

Do you need access?
Most health care providers are already authorized to access the registry. If you do not have access, an application is available online.

Have peace of mind knowing patients' end-of-life preferences are updated annually and are accurate. Visit the Washington State Living Will Registry to access the most current information about Washington residents today.

 Washington State Medical Association

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YOUR FINAL WISHES...

What are they?



Most people have clear ideas of their end-of-life preferences. But does your family or physician know? The Washington State Living Will Registry helps individuals and physicians by preserving Washington State residents' end-of-life preferences in a secure, online database.

- Registration is easy and free.
- Your living will can be accessed by authorized health care personnel.
- Family members will be comforted knowing your treatment preferences are up-to-date and accurate.

Take simple steps to protect your final wishes with the *Washington State Living Will Registry*.

Visit www.doh.wa.gov/livingwill to record your living will today.



Always working for a safer and healthier Washington.

www.doh.wa.gov/livingwill - 1.800.525.0127

The WASHINGTON STATE
LIVING WILL
REGISTRY

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Living Will Registry

- [Living Will Main Page](#)
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- [Why Register](#)
- [Retrieve Documents](#)
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 - [Using Facility Access Code](#)
- [Apply for Registry Access Authorization](#)

- [Contact Us](#)
- [Laws](#)



Access Washington®
Official State Government Website

Most people have clear ideas of their end-of-life preferences. But does your family or physician know?

The Washington State Living Will Registry allows you to store your living will documents in a secure, online database. A living will gives you the power to record your medical decisions in the event you're unable to communicate and gives your physician vital information about your treatment wishes. Only authorized health care providers may access and view your documents in the registry. The registry also stores your emergency contact information so that family and next of kin can be contacted.



YOUR FINAL WISHES... What are they?

People of all ages should have a living will. Give peace of mind to family members who may be unsure about your end-of-life treatment wishes by documenting your living will decisions today.

The Washington State Living Will Registry includes:

- Health Care Directive
- Durable Power of Attorney for Health Care
- Mental Health Advance Directive
- Physician Orders for Life Sustaining Treatment

The registry is:

- FREE to Washington State residents.
- Accessible online.
- Convenient and easy.

What do you want to do?

- [Register and file my documents](#)
- [Retrieve filed documents](#)

Are you a health care provider?

- [Apply for registry access](#)

The Living Will Registry is managed by the Washington State Department of Health. The department exclusively selected the U.S. Living Will Registry company to maintain our Washington State Living Will Registry. The company is located in Westfield, New Jersey and has been providing national registry services to individuals and health care providers across the United States. Private information exchanged with this company's web site is encrypted before transmission using a VeriSign SSL certificate.



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Washington State Department of
Health

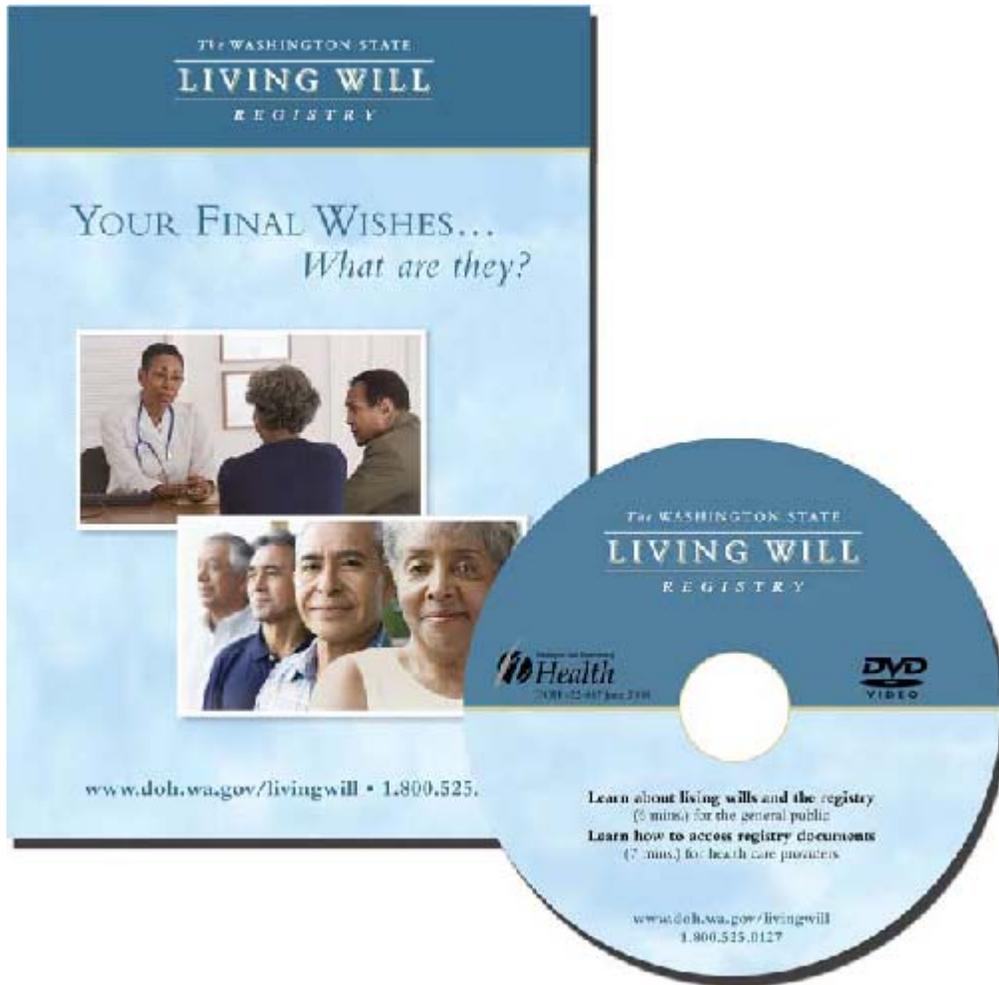
Washington State Department of Health
Living Will Registry
101 Israel Rd SE
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Olympia, WA 98504-7813

Send inquires about DOH and its programs to the [Health Consumer Assistance Office](#)
Comments or questions regarding this web site? [Send mail to the Subsite developer](#)

Last Update : 08/05/2008 10:06 AM

DVD video – contains two selections

1. Learn about living wills and the registry for the general public
2. Learn how to access registry documents for health care providers



Appendix F: Marketing Outreach

- Cover story in the Washington State Medical Association “Reports” journal
- Presentation with Rep. Moeller (primary registry sponsor) at the Washington Association of Housing and Services for the Aging annual conference
- Presentation with Rep. Moeller at the End of Life Coalition annual conference 2007
- Presentation sponsored by the Washington State Bar Association CLE program on estate planning and living wills
- Presentation at the Franciscan Hospice and Palliative Care in Pierce County
- Department of Health sponsored public media news release
- Radio interview with KOZE station in Eastern Washington
- Direct mailing to 50 hospice and home health agencies
- Exhibitor at the Interagency of State Employed Women annual conference
- Presentation at the Life Center NW – Washington Organ Donation Foundation
- Exhibitor and panel member at the “Navigating Your Way Through Health Care Decisions” conference sponsored by Providence Health & Services
- Presentation at the American Association of Healthcare Administrative Management Inland Empire chapter conference
- Full page article in the Washington Nursing Commission Journal distributed to 92,000 nurses
- Tele conference presentation sponsored by the Aging Services of Washington
- Full page article in the Washington State Health Care Association “Intercom” newsletter
- Washington State Medical Association past 2 annual conferences promotes the registry
- Exhibitor at the annual Washington Joint Health Conference in 2007 and 2008
- Washington Veterans Affairs “Veteran Voices” newsletter article
- Washington State Compassion and Choices newsletter article
- Skagit Hospice Foundation newsletter article
- Washington State Attorney General web site link
- Washington State Department of Social & Health Services web site link
- Presentation at the Snohomish County Community Practice Coalition
- Presentation at Stevens Hospital, Snohomish Co.

Third party presentations:

- Senior Services of King Co. Legal Director of Senior Rights Assistance
- Peoples Memorial Association
- Sacred Heart Medical Center
- National POLST committee
- North Sound Regional Mental Health Ombudsman program
- Clark County Senior Fair
- Washington State Health Care Association annual board meeting
- Washington State Pharmacy Association annual meeting
- Washington State Medical Association End of Life Consensus Coalition annual conference 2008