
SENATE BILL 5202

State of Washington

53rd Legislature

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By Senators Skratek, Prentice, Sheldon, Drew, Niemi, McAuliffe, Loveland, Haugen, Spanel, Fraser, M. Rasmussen, Wojahn, von Reichbauer and Roach

Read first time 01/15/93. Referred to Committee on Health & Human Services.

1 AN ACT Relating to informed consent prior to the performance of a
2 hysterectomy; adding a new section to chapter 18.71 RCW; adding a new
3 section to chapter 18.57 RCW; adding a new section to chapter 48.20
4 RCW; adding a new section to chapter 48.21 RCW; adding a new section to
5 chapter 48.44 RCW; and adding a new section to chapter 48.46 RCW.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.71 RCW
8 to read as follows:

9 (1) Prior to the performance of a hysterectomy, physicians and
10 surgeons regulated under this chapter and osteopathic physicians and
11 surgeons regulated under chapter 18.57 RCW shall obtain verbal and
12 written informed consent. The informed consent procedure shall ensure
13 that all of the following information is given to the patient verbally
14 and in writing:

15 (a) Advice that the individual is free to withhold or withdraw
16 consent to the procedure at any time before the hysterectomy without
17 affecting the right to future care or treatment and without loss or
18 withdrawal of any state or federally funded program benefits to which
19 the individual might be otherwise entitled.

1 (b) A description of the type or types of surgery and other
2 procedures involved in the proposed hysterectomy, and a description of
3 any known available and appropriate alternatives to the hysterectomy
4 itself.

5 (c) Except as provided in subsection (2) of this section, advice
6 that the hysterectomy procedure is considered to be irreversible, and
7 that infertility will result.

8 (d) A description of the discomforts and risks that may accompany
9 or follow the performing of the procedure, including an explanation of
10 the type and possible effects of any anesthetic to be used.

11 (e) A description of the benefits or advantages that may be
12 expected as a result of the hysterectomy.

13 (f) Approximate length of hospital stay.

14 (g) Approximate length of time for recovery.

15 (h) Financial cost to the patient of the physician and surgeon's
16 fees.

17 (2) A woman shall sign a written statement prior to the performance
18 of the hysterectomy procedure, indicating she has read and understood
19 the written information provided pursuant to subsection (1) of this
20 section, and that this information has been discussed with her by her
21 physician and surgeon, or his or her designee. The statement shall
22 indicate that the patient has been advised by her physician or designee
23 that the hysterectomy will render her permanently sterile and incapable
24 of having children and shall accompany the claim, unless the patient
25 has previously been sterile or is postmenopausal.

26 (3) The informed consent procedure shall not pertain if the
27 hysterectomy is performed in a life-threatening emergency situation in
28 which the physician determines prior written informed consent is not
29 possible. In this case, a statement, handwritten and signed by the
30 physician, certifying the nature of the emergency, shall accompany the
31 claim.

32 (4) The department of health may develop rules establishing verbal
33 and written informed consent procedures that shall be obtained prior to
34 performance of a hysterectomy and that indicate the medically accepted
35 justifications for performance of a hysterectomy.

36 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.57 RCW
37 to read as follows:

1 (1) Prior to the performance of a hysterectomy, osteopathic
2 physicians and surgeons regulated under this chapter shall obtain
3 verbal and written informed consent. The informed consent procedure
4 shall ensure that all of the following information is given to the
5 patient verbally and in writing:

6 (a) Advice that the individual is free to withhold or withdraw
7 consent to the procedure at any time before the hysterectomy without
8 affecting the right to future care or treatment and without loss or
9 withdrawal of any state or federally funded program benefits to which
10 the individual might be otherwise entitled.

11 (b) A description of the type or types of surgery and other
12 procedures involved in the proposed hysterectomy, and a description of
13 any known available and appropriate alternatives to the hysterectomy
14 itself.

15 (c) Except as provided in subsection (2) of this section, advice
16 that the hysterectomy procedure is considered to be irreversible, and
17 that infertility will result.

18 (d) A description of the discomforts and risks that may accompany
19 or follow the performing of the procedure, including an explanation of
20 the type and possible effects of any anesthetic to be used.

21 (e) A description of the benefits or advantages that may be
22 expected as a result of the hysterectomy.

23 (f) Approximate length of hospital stay.

24 (g) Approximate length of time for recovery.

25 (h) Financial cost to the patient of the physician and surgeon's
26 fees.

27 (2) A woman shall sign a written statement prior to the performance
28 of the hysterectomy procedure, indicating she has read and understood
29 the written information provided pursuant to subsection (1) of this
30 section, and that this information has been discussed with her by her
31 physician and surgeon, or his or her designee. The statement shall
32 indicate that the patient has been advised by her physician or designee
33 that the hysterectomy will render her permanently sterile and incapable
34 of having children and shall accompany the claim, unless the patient
35 has previously been sterile or is postmenopausal.

36 (3) The informed consent procedure shall not pertain if the
37 hysterectomy is performed in a life-threatening emergency situation in
38 which the physician determines prior written informed consent is not
39 possible. In this case, a statement, handwritten and signed by the

1 physician, certifying the nature of the emergency, shall accompany the
2 claim.

3 (4) The department of health may develop rules establishing verbal
4 and written informed consent procedures that shall be obtained prior to
5 performance of a hysterectomy and that indicate the medically accepted
6 justifications for performance of a hysterectomy.

7 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.20 RCW
8 to read as follows:

9 In establishing rates of provider payment, insurers under this
10 chapter shall consider cost implications of the requirements contained
11 in sections 1 and 2 of this act. This should include estimates of both
12 additional provider time required to comply with the requirements of
13 sections 1 and 2 of this act and any reduction of unneeded medical
14 procedures that may occur.

15 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.21 RCW
16 to read as follows:

17 In establishing rates of provider payment, insurers under this
18 chapter shall consider cost implications of the requirements contained
19 in sections 1 and 2 of this act. This should include estimates of both
20 additional provider time required to comply with the requirements of
21 sections 1 and 2 of this act and any reduction of unneeded medical
22 procedures that may occur.

23 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.44 RCW
24 to read as follows:

25 In establishing rates of provider payment, contractors under this
26 chapter shall consider cost implications of the requirements contained
27 in sections 1 and 2 of this act. This should include estimates of both
28 additional provider time required to comply with the requirements of
29 sections 1 and 2 of this act and any reduction of unneeded medical
30 procedures that may occur.

31 NEW SECTION. **Sec. 6.** A new section is added to chapter 48.46 RCW
32 to read as follows:

33 In establishing rates of provider payment, organizations under this
34 chapter shall consider cost implications of the requirements contained
35 in sections 1 and 2 of this act. This should include estimates of both

1 additional provider time required to comply with the requirements of
2 sections 1 and 2 of this act and any reduction of unneeded medical
3 procedures that may occur.

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