SENATE BILL 5296

State of Washington 54th Legislature 1995 Regular Session

By Senators Quigley, Moyer and Winsley; by request of Department of Health

Read first time 01/18/95. Referred to Committee on Health & Long-Term Care.

AN ACT Relating to health facilities and services; amending RCW 70.38.015, 70.38.025, 70.38.105, 70.38.115, 70.38.125, and 70.38.135; creating new sections; decodifying RCW 70.38.155, 70.38.156, 70.38.157, 70.38.914, 70.38.915, 70.38.916, 70.38.917, 70.38.918, and 70.38.919; repealing RCW 70.38.095, 70.38.105, 70.38.111, 70.38.115, 70.38.125, and 70.38.220; providing an effective date; and declaring an emergency.

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

8 Sec. 1. RCW 70.38.015 and 1989 1st ex.s. c 9 s 601 are each 9 amended to read as follows:

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It is declared to be the public policy of this state:

(1) That health planning is essential to: Promote((, maintain, and 11 12 assure)) the health of all citizens in the state((, to))<u>; recognize</u> 13 prevention as a high priority; and provide accessible, guality health 14 services, health ((manpower)) personnel, health facilities, and other 15 resources ((while controlling excessive increases in costs, and to 16 recognize prevention as a high priority in health programs, is 17 essential to the health, safety, and welfare of the people of the state)). Health planning should be responsive to the changing needs of 18 19 the health ((and social needs and conditions)) system. Involvement in

health planning from both consumers and providers throughout the state
 should be encouraged;

3 (2) ((That the development of health services and resources, 4 including the construction, modernization, and conversion of health 5 facilities, should be accomplished in a planned, orderly fashion, 6 consistent with identified priorities and without unnecessary 7 duplication or fragmentation;

8 (3))) That the development and maintenance of adequate health care 9 information, statistics and projections of need for health facilities 10 and services is essential to effective health planning and resources 11 development;

12 (((4))) <u>(3)</u> That the development of nonregulatory approaches to 13 health care cost containment should be considered, including the 14 strengthening of ((price competition)) market forces; and

15 (((5))) (4) That health planning should be concerned with public 16 health ((and health care financing)), access, and quality, recognizing 17 their close interrelationship and emphasizing ((cost control)) cost-18 effectiveness of health services((, including cost-effectiveness and 19 cost-benefit analysis)).

20 **Sec. 2.** RCW 70.38.025 and 1991 c 158 s 1 are each amended to read 21 as follows:

22 When used in this chapter, the terms defined in this section shall 23 have the meanings indicated.

(1) "Board of health" means the state board of health createdpursuant to chapter 43.20 RCW.

(2) <u>Until July 1, 1997</u>, "capital expenditure" is an expenditure, 26 27 including a force account expenditure (i.e., an expenditure for a construction project undertaken by a nursing home facility as its own 28 29 contractor) which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. 30 Where a person makes an acquisition under lease or comparable 31 32 arrangement, or through donation, which would have required review if the acquisition had been made by purchase, such expenditure shall be 33 34 deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a nursing home facility which if acquired 35 36 directly by such facility would be subject to certificate of need review under the provisions of this chapter and transfer of equipment 37 or facilities for less than fair market value if a transfer of the 38

equipment or facilities at fair market value would be subject to such review. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which such expenditure is made shall be included in determining the amount of the expenditure. <u>This subsection</u> <u>expires July 1, 1997.</u>

8 (3) <u>Until July 1, 1997</u>, "continuing care retirement community" 9 means an entity which provides shelter and services under continuing 10 care contracts with its members and which sponsors or includes a health care facility or a health service. A "continuing care contract" means 11 a contract to provide a person, for the duration of that person's life 12 13 or for a term in excess of one year, shelter along with nursing, 14 medical, health-related, or personal care services, which is 15 conditioned upon the transfer of property, the payment of an entrance fee to the provider of such services, or the payment of periodic 16 charges for the care and services involved. A continuing care contract 17 is not excluded from this definition because the contract is mutually 18 19 terminable or because shelter and services are not provided at the same location. This subsection expires July 1, 1997. 20

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(4) "Department" means the department of health.

(5) <u>Until July 1, 1997</u>, "<u>expenditure minimum</u>" means, for the purposes of the certificate of need program, one million dollars adjusted by the department by rule to reflect changes in the United States department of commerce composite construction cost index; or a lesser amount required by federal law and established by the department by rule. <u>This subsection expires July 1, 1997</u>.

(6) Until July 1, 1996, "health care facility" means hospices, 28 hospitals, psychiatric hospitals, nursing homes, kidney disease 29 30 treatment centers, ((ambulatory surgical facilities,)) and home health 31 agencies, and includes such facilities when owned and operated by a political subdivision or instrumentality of the state and such other 32 facilities as required by federal law and implementing regulations, but 33 34 does not include Christian Science sanatoriums operated, listed, or 35 certified by the First Church of Christ Scientist, Boston, Massachusetts. In addition, the term does not include any nonprofit 36 37 hospital: (a) Which is operated exclusively to provide health care 38 services for children; (b) which does not charge fees for such 39 services; and (c) if not contrary to federal law as necessary to the

receipt of federal funds by the state. <u>On July 1, 1996, "health care</u>
 <u>facility" means nursing homes</u>. This subsection expires July 1, 1997.

3 (7) <u>Until July 1, 1997</u>, "health maintenance organization" means a 4 public or private organization, organized under the laws of the state, 5 which:

6 (a) Is a qualified health maintenance organization under Title 7 XIII, section 1310(d) of the Public Health Services Act; or

8 (b)(i) Provides or otherwise makes available to enrolled 9 participants health care services, including at least the following 10 basic health care services: Usual physician services, hospitalization, 11 laboratory, x-ray, emergency, and preventive services, and out-of-area 12 coverage; (ii) is compensated (except for copayments) for the provision 13 of the basic health care services listed in (b)(i) to enrolled participants by a payment which is paid on a periodic basis without 14 15 regard to the date the health care services are provided and which is 16 fixed without regard to the frequency, extent, or kind of health 17 service actually provided; and (iii) provides physicians' services primarily (A) directly through physicians who are either employees or 18 19 partners of such organization, or (B) through arrangements with 20 individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis). This subsection 21 expires July 1, 1997. 22

(8) <u>Until July 1, 1997</u>, "health services" means clinically related
(i.e., preventive, diagnostic, curative, rehabilitative, or palliative)
services and includes alcoholism, drug abuse, and mental health
services and as defined in federal law. <u>This subsection expires July</u>
<u>1, 1997</u>.

(9) "Health service area" means a geographic region appropriate for
 effective health planning which includes a broad range of health
 services.

(10) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

(11) "Provider" ((generally)) means a health care professional or an organization, institution, or other entity providing health care ((but the precise definition for this term shall be established by rule of the department, consistent with federal law)). 1 (12) "Public health" means the level of well-being of the general 2 population; those actions in a community necessary to preserve, 3 protect, and promote the health of the people for which government is 4 responsible; and the governmental system developed to guarantee the 5 preservation of the health of the people.

6 (13) "Secretary" means the secretary of health or the secretary's7 designee.

8 (14) "Tertiary health service" means a specialized service that 9 meets complicated medical needs of people and requires sufficient 10 patient volume to optimize provider effectiveness, quality of service, 11 and improved outcomes of care.

(15) "Hospital" means any health care institution which is required
to qualify for a license under RCW 70.41.020(2); or as a psychiatric
hospital under chapter 71.12 RCW.

15 Sec. 3. RCW 70.38.105 and 1992 c 27 s 1 are each amended to read 16 as follows:

(1) The department is authorized and directed to implement the certificate of need program in this state pursuant to the provisions of this chapter.

(2) There shall be a state certificate of need program which is
 administered consistent with the requirements of federal law as
 necessary to the receipt of federal funds by the state.

(3) No person shall engage in any undertaking which is subject to certificate of need review under subsection (4) of this section without first having received from the department either a certificate of need or an exception granted in accordance with this chapter.

(4) The following shall be subject to certificate of need reviewunder this chapter:

(a) The construction, development, or other establishment of a newhealth care facility;

31 (b) ((The sale, purchase, or lease of part or all of any existing 32 hospital as defined in RCW 70.38.025;

33 (c))) Any capital expenditure for the construction, renovation, or 34 alteration of a nursing home which substantially changes the services 35 of the facility ((after January 1, 1981,)) provided that the 36 substantial changes in services are specified by the department in 37 rule;

((((d))) <u>(c)</u> Any capital expenditure for the construction, 1 renovation, or alteration of a nursing home which exceeds the 2 3 expenditure minimum as defined by RCW 70.38.025. However, a capital 4 expenditure which is not subject to certificate of need review under (a), (b), $\left(\left(\frac{c}{c}\right)\right)$ or $\left(\left(\frac{c}{c}\right)\right)$ of this subsection and which is 5 solely for any one or more of the following is not subject to 6 7 certificate of need review except to the extent required by the federal 8 government as a condition to receipt of federal assistance and does not 9 substantially affect patient charges:

10 (i) Communications and parking facilities;

11 (ii) Mechanical, electrical, ventilation, heating, and air 12 conditioning systems;

13 (iii) Energy conservation systems;

14 (iv) Repairs to, or the correction of, deficiencies in existing 15 physical plant facilities which are necessary to maintain state 16 licensure;

(v) Acquisition of equipment, including data processing equipment,
which is not or will not be used in the direct provision of health
services;

(vi) Construction which involves physical plant facilities,
including administrative and support facilities, which are not or will
not be used for the provision of health services;

23 (vii) Acquisition of land; and

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(viii) Refinancing of existing debt;

25 (((e))) <u>(d)</u> A change in bed capacity of a health care facility 26 which increases the total number of licensed beds or redistributes beds ((among)) <u>between</u> acute care((-)) <u>and</u> nursing home care((-) and <u>boarding</u> 27 home care)) if the bed redistribution is to be effective for a period 28 29 in excess of six months, or a change in bed capacity of a rural health 30 care facility licensed under RCW 70.175.100 that increases the total 31 number of nursing home beds or redistributes beds from acute care ((or boarding home care)) to nursing home care if the bed redistribution is 32 to be effective for a period in excess of six months; 33

34 (((f))) (e) Any new tertiary health services which are offered in 35 or through a health care facility or rural health care facility 36 licensed under RCW 70.175.100((, and which were not offered on a 37 regular basis by, in, or through such health care facility or rural 38 health care facility within the twelve-month period prior to the time 39 such services would be offered;

(g) Any expenditure for the construction, renovation, or alteration 1 of a nursing home or change in nursing home services in excess of the 2 3 expenditure minimum made in preparation for any undertaking under 4 subsection (4) of this section and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall 5 include expenditures for architectural designs, plans, working 6 drawings, and specifications. The department may issue certificates of 7 8 need permitting predevelopment expenditures, only, without authorizing 9 any subsequent undertaking with respect to which such predevelopment 10 expenditures are made)); and

11 (((+))) <u>(f) Until July 1, 1996, a</u>ny increase in the number of 12 dialysis stations in a kidney disease center.

(5) The department is authorized to charge fees for the review of certificate of need applications and requests for exemptions from certificate of need review. The fees shall be sufficient to cover the full cost of review and exemption, which may include the development of standards, criteria, and policies.

18 (6) No person may divide a project in order to avoid review19 requirements under any of the thresholds specified in this section.

20 **Sec. 4.** RCW 70.38.115 and 1993 c 508 s 6 are each amended to read 21 as follows:

(1) Certificates of need shall be issued, denied, suspended, or
revoked by the designee of the secretary in accord with the provisions
of this chapter and rules of the department ((which establish review
procedures and criteria for the certificate of need program)).

(2) Criteria for the review of certificate of need applications,
 except as provided in subsection (3) of this section for health
 maintenance organizations, shall include but not be limited to
 consideration of the following:

30 (a) The need that the population served or to be served by such31 services has for such services;

32 (b) ((The availability of less costly or more effective alternative 33 methods of providing such services;

34 (c))) The financial feasibility ((and the probable impact of the
 35 proposal on the cost of and charges for providing health services in
 36 the community to be served)) as it relates to quality and access;

37 (((d) In the case of health services to be provided, (i) the 38 availability of alternative uses of project resources for the provision

of other health services, (ii))) (c) The extent to which such proposed 1 services will be accessible to all residents of the area to be 2 served((, and (iii) the need for and the availability in the community 3 of services and facilities for osteopathic and allopathic physicians 4 5 and their patients. The department shall consider the application in terms of its impact on existing and proposed institutional training 6 7 programs for doctors of osteopathy and medicine at the student, 8 internship, and residency training levels;

9 (e) In the case of a construction project, the costs and methods of 10 the proposed construction, including the cost and methods of energy 11 provision, and the probable impact of the construction project reviewed 12 (i) on the cost of providing health services by the person proposing 13 such construction project and (ii) on the cost and charges to the 14 public of providing health services by other persons));

15 (((f))) (d) Until July 1, 1996, the special needs and circumstances 16 of osteopathic hospitals, nonallopathic services, and children's 17 hospitals;

18 (((g))) <u>(e)</u> Improvements or innovations in ((the financing and)) 19 delivery of health services ((which foster cost containment and serve 20 to)) that promote quality assurance ((and cost-effectiveness));

(((h) In the case of health services proposed to be provided,)) (f)
The efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

24 (((i))) (g) In the case of existing services or facilities, the 25 quality of care provided by such services or facilities in the past;

26 (((j) In the case of hospital certificate of need applications, 27 whether the hospital meets or exceeds the regional average level of 28 charity care, as determined by the secretary;)) and

29 (((k))) <u>(h)</u> In the case of nursing home applications:

30 (i) The availability of other nursing home beds in the planning31 area to be served; and

(ii) The availability of other services in the community to be served. Data used to determine the availability of other services will include but not be limited to data provided by the department of social and health services.

36 (3) A certificate of need application of a health maintenance 37 organization or a health care facility which is controlled, directly or 38 indirectly, by a health maintenance organization, shall be approved by 39 the department if the department finds:

(a) Approval of such application is required to meet the needs of
 the members of the health maintenance organization and of the new
 members which such organization can reasonably be expected to enroll;
 and

5 (b) The health maintenance organization is unable to provide, 6 through services or facilities which can reasonably be expected to be 7 available to the organization, its health services in a reasonable and 8 cost-effective manner which is consistent with the basic method of 9 operation of the organization and which makes such services available 10 on a long-term basis through physicians and other health professionals 11 associated with it.

A health care facility, or any part thereof, with respect to which a certificate of need was issued under this subsection may not be sold or leased and a controlling interest in such facility or in a lease of such facility may not be acquired unless the department issues a certificate of need approving the sale, acquisition, or lease.

17 (4) ((Until the final expiration of the state health plan as provided under RCW 70.38.919, the decision of the department on a 18 19 certificate of need application shall be consistent with the state 20 health plan in effect, except in emergency circumstances which pose a threat to the public health.)) The department in making its final 21 decision may issue a conditional certificate of need if it finds that 22 the project is justified only under specific circumstances. 23 The 24 conditions shall directly relate to the project being reviewed. The 25 conditions may be released if it can be substantiated that the 26 conditions are no longer valid and the release of such conditions would be consistent with the purposes of this chapter. 27

(5) Criteria adopted for review in accordance with subsection (2) of this section may vary according to the purpose for which the particular review is being conducted or the type of health service reviewed.

(6) The department shall specify information to be required for certificate of need applications. Within ((fifteen)) ten working days of receipt of the application, the department shall request additional information considered necessary to the application or start the review process. Applicants may decline to submit requested information through written notice to the department, in which case review starts on the date of receipt of the notice. Applications may be denied or

limited because of failure to submit required and necessary
 information.

3 (7) Concurrent review is for the purpose of comparative analysis 4 and evaluation of competing or similar projects in order to determine 5 which of the projects may best meet identified needs. Categories of projects subject to concurrent review include at least new health care 6 7 facilities, new services, and expansion of existing health care 8 facilities. The department shall specify time periods for the 9 submission of applications for certificates of need subject to 10 concurrent review, which shall not exceed ninety days. Review of concurrent applications shall start ((fifteen)) ten working days after 11 the conclusion of the time period for submission of applications 12 13 subject to concurrent review. Concurrent review periods shall be limited to one hundred fifty days, except as provided for in rules 14 15 adopted by the department authorizing and limiting amendment during the 16 course of the review, or for an unresolved pivotal issue declared by 17 the department.

18 (8) Review periods for certificate of need applications other than 19 those subject to concurrent review shall be limited to ninety days. 20 Review periods may be extended up to thirty days if needed by a review 21 agency, and for unresolved pivotal issues the department may extend up 22 to an additional thirty days. A review may be extended in any case if 23 the applicant agrees to the extension.

(9) The department or its designee, shall conduct a public hearing on a certificate of need application if requested, unless the review is expedited or subject to emergency review. The department by rule shall specify the period of time within which a public hearing must be requested and requirements related to public notice of the hearing, procedures, recordkeeping and related matters.

30 (10) Any applicant denied a certificate of need or whose 31 certificate of need has been suspended or revoked has the right to an 32 adjudicative proceeding. The proceeding is governed by chapter 34.05 33 RCW, the Administrative Procedure Act.

34 (11) ((An amended certificate of need shall be required for the 35 following modifications of an approved project:

36 (a) A new service requiring review under this chapter;

37 (b) An expansion of a service subject to review beyond that 38 originally approved;

39 (c) An increase in bed capacity;

(d) A significant reduction in the scope of a nursing home project 1 without a commensurate reduction in the cost of the nursing home 2 3 project, or a cost increase (as represented in bids on a nursing home 4 construction project or final cost estimates acceptable to the person to whom the certificate of need was issued) if the total of such 5 increases exceeds twelve percent or fifty thousand dollars, whichever 6 7 is greater, over the maximum capital expenditure approved. The review 8 of reductions or cost increases shall be restricted to the continued 9 conformance of the nursing home project with the review criteria 10 pertaining to financial feasibility and cost containment.

11 (12)) An application for a certificate of need for a nursing home 12 capital expenditure which is determined by the department to be 13 required to eliminate or prevent imminent safety hazards or correct 14 violations of applicable licensure and accreditation standards shall be 15 approved.

(((13))) (12) In the case of an application for a certificate of 16 17 need to replace existing nursing home beds, all criteria must be met on the same basis as an application for a certificate of need for a new 18 19 nursing home, except that the need criteria shall be deemed met if the 20 applicant is an existing licensee who proposes to replace existing beds that the licensee has operated for at least one year with the same or 21 fewer number of beds in the same planning area. When an entire nursing 22 23 home ceases operation, its beds shall be treated as existing nursing 24 home beds for purposes of replacement for eight years or until a 25 certificate of need to replace them is issued, whichever occurs first. 26 However, the nursing home must give notice of its intent to retain the 27 beds to the department of health no later than thirty days after the effective date of the facility's closure. 28

29 **Sec. 5.** RCW 70.38.125 and 1989 1st ex.s. c 9 s 606 are each 30 amended to read as follows:

(1) A certificate of need shall be valid for two years. 31 One sixmonth extension may be made if it can be substantiated that substantial 32 33 and continuing progress toward commencement of the project has been 34 made as defined by regulations to be adopted pursuant to this chapter. (2) A project for which a certificate of need has been issued shall 35 be commenced during the validity period for the certificate of need. 36 37 (3) The department shall monitor the approved projects to assure conformance with certificates of need that have been issued. Rules and 38

1 regulations adopted shall specify when changes in the project require 2 reevaluation of the project. The department may require applicants to 3 submit periodic progress reports on approved projects or other 4 information as may be necessary to effectuate its monitoring 5 responsibilities.

6 (4) The secretary, in the case of a new health facility, <u>or the</u> 7 <u>secretary of the department of social and health services, in the case</u> 8 <u>of nursing homes</u>, shall not issue any license unless and until a prior 9 certificate of need shall have been issued by the department for the 10 offering or development of such new health facility.

(5) Any person who engages in any undertaking which requires 11 certificate of need review without first having received from the 12 department either a certificate of need or an exception granted in 13 accordance with this chapter shall be liable to the state in an amount 14 15 not to exceed one hundred dollars a day for each day of such 16 unauthorized offering or development. Such amounts of money shall be 17 recoverable in an action brought by the attorney general on behalf of the state in the superior court of any county in which the unauthorized 18 19 undertaking occurred. Any amounts of money so recovered by the 20 attorney general shall be deposited in the state general fund.

(6) The department may bring any action to enjoin a violation or the threatened violation of the provisions of this chapter or any rules and regulations adopted pursuant to this chapter, or may bring any legal proceeding authorized by law, including but not limited to the special proceedings authorized in Title 7 RCW, in the superior court in the county in which such violation occurs or is about to occur, or in the superior court of Thurston county.

28 **Sec. 6.** RCW 70.38.135 and 1989 1st ex.s. c 9 s 607 are each 29 amended to read as follows:

30 The secretary shall have authority to:

(1) ((Provide when needed)) <u>Contract for</u> temporary or intermittent services of experts or consultants or organizations ((thereof, by contract, when such services are to be performed on a part time or feefor service basis));

(2) Make or cause to be made such on-site surveys of health care or
 medical facilities as may be necessary for the administration of the
 certificate of need program;

1 (3) ((Upon review of recommendations, if any, from the board of 2 health:

3 (a))) Promulgate rules under which health care ((facilities))
4 providers doing business within the state shall submit to the
5 department such data ((related to health and health care)) as the
6 department finds necessary to the performance of its functions under
7 this chapter;

8 (((b))) <u>(4)</u> Promulgate rules pertaining to the maintenance and 9 operation of medical facilities which receive federal assistance under 10 the provisions of Title XVI;

11 (((c))) (5) Promulgate rules in implementation of the provisions of 12 this chapter, including the establishment of procedures for public 13 hearings for predecisions and post-decisions on applications for 14 certificate of need; and

15 (((d))) (6) Promulgate rules providing circumstances and procedures 16 of expedited certificate of need review if there has not been a 17 significant change in existing health facilities of the same type or in 18 the need for such health facilities and services(($\dot{\tau}$

19 (4) Grant allocated state funds to qualified entities, as defined 20 by the department, to fund not more than seventy-five percent of the 21 costs of regional planning activities, excluding costs related to 22 review of applications for certificates of need, provided for in this 23 chapter or approved by the department; and

24 (5) Contract with and provide reasonable reimbursement for 25 qualified entities to assist in determinations of certificates of 26 need)).

<u>NEW SECTION.</u> Sec. 7. RCW 70.38.155, 70.38.156, 70.38.157,
 70.38.914, 70.38.915, 70.38.916, 70.38.917, 70.38.918, and 70.38.919
 are each decodified.

30 <u>NEW SECTION.</u> Sec. 8. RCW 70.38.095 and 1979 ex.s. c 161 s 9 are 31 each repealed.

32 <u>NEW SECTION.</u> **Sec. 9.** The following acts or parts of acts are each 33 repealed, effective July 1, 1997:

34 (1) RCW 70.38.105 and 1995 c . . . s 3 (section 3 of this act),
35 1992 c 27 s 1, 1991 sp.s. c 8 s 4, 1989 1st ex.s. c 9 s 603, 1984 c 288

s 21, 1983 c 235 s 7, 1982 c 119 s 2, 1980 c 139 7, & 1979 ex.s. c 161 1 2 s 10; (2) RCW 70.38.111 and 1993 c 508 s 5, 1992 c 27 s 2, 1991 c 158 s 3 4 2, 1989 1st ex.s. c 9 s 604, 1982 c 119 s 3, & 1980 c 139 s 9; 5 (3) RCW 70.38.115 and 1995 c ... s 4 (section 4 of this act) & 1993 c 508 s 6; 6 7 (4) RCW 70.38.125 and 1995 c . . . s 5 (section 5 of this act), 8 1989 1st ex.s. c 9 s 606, 1983 c 235 s 9, 1980 c 139 s 10, & 1979 ex.s. 9 c 161 s 12; and

10 (5) RCW 70.38.220 and 1991 c 271 s 1.

NEW SECTION. Sec. 10. The department shall, by December 1, 1995, provide recommendations to the legislature on what, if any, system needs to be maintained by the state to assess quality and access issues of health services and facilities. Consideration should be given to the policy statement as outlined in RCW 70.38.015, as well as the potential impact of health reform on quality and access to services and facilities.

18 <u>NEW SECTION.</u> Sec. 11. (1) The enactment of this act shall not 19 have the effect of terminating, or in any way modifying, the validity 20 of any certificate of need that shall already have been issued before 21 July 1, 1995.

(2) Any certificate of need application that was submitted and
declared complete, but upon which final action had not been taken
before July 1, 1995, shall be renewed and action taken based on chapter
70.38 RCW as in effect before July 1, 1995.

26 NEW SECTION. Sec. 12. If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to 27 28 the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with 29 respect to the agencies directly affected, and this finding does not 30 affect the operation of the remainder of this act in its application to 31 32 the agencies concerned. The rules under this act shall meet federal requirements that are a necessary condition to the receipt of federal 33 34 funds by the state.

1 <u>NEW SECTION.</u> Sec. 13. If any provision of this act or its 2 application to any person or circumstance is held invalid, the 3 remainder of the act or the application of the provision to other 4 persons or circumstances is not affected.

5 <u>NEW SECTION.</u> Sec. 14. This act is necessary for the immediate 6 preservation of the public peace, health, or safety, or support of the 7 state government and its existing public institutions, and shall take 8 effect July 1, 1995.

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