

HOUSE BILL REPORT

HB 3005

As Passed Legislature

Title: An act relating to revising the methodology applied to certificates of need for rural coronary health centers.

Brief Description: Allowing for greater coronary health care in certain rural areas.

Sponsors: Representatives Grant, Mastin, Keiser and Santos.

Brief History:

Committee Activity:

Health Care: 2/3/00, 2/4/00 [DP].

Floor Activity:

Passed House: 2/9/00, 97-0.

Passed Senate: 3/2/00, 46-0.

Passed Legislature.

<h3>Brief Summary of Bill</h3>

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| <ul style="list-style-type: none">· Requires the Department of Health to immediately review its certificate of need (CON) methodology for reviewing if new cardiac care facilities can be established and to develop a new methodology for the review. |
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HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 12 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Campbell; Conway; Edmonds; Edwards; Mulliken; Pennington and Ruderman.

Staff: Antonio Sanchez (786-7383).

Background:

The certificate of need (CON) program, within the Department of Health, reviews and authorizes a variety of new health care facilities such as hospitals, nursing homes, End Stage Renal Disease treatment centers, Medicare certified home health and

hospice agencies. The program also reviews and authorizes bed additions to hospitals and nursing homes, additions of kidney dialysis stations, new tertiary services in hospitals, and nursing home capital expenditures. The program staff develop service specific planning and review criteria; coordinate planning, and review activities with public and community organizations; provide technical information and assistance to applicants, and conduct public hearings as requested. The following are the specific CON activities.

Construction/Development of new health care facilities:

- Ambulatory Surgical Facilities
- Continuing Care Retirement Communities
- Home Health Agencies
- Hospices
- Hospitals
- Kidney Disease Treatment Centers
- Nursing Homes
- Psychiatric Hospitals

Sale, purchase or lease of all or part of:

- Hospitals;
- Psychiatric Hospitals;
- Capital expenditure for construction, renovation or alteration of a nursing home which substantially changes services, as specified in WAC;
- Capital expenditure over expenditure minimum (currently \$1,202,000) for construction, renovation, or alteration of a nursing home (with certain exceptions);
- Increase in health care facility licensed bed capacity or redistribution of existing bed capacity between acute care, nursing home care and boarding home;
- Increase in number of dialysis stations in a kidney disease treatment center.

New "tertiary health services" offered in or through a health care facility:

- Elective Therapeutic Cardiac Catheterization
- Intermediate Care Nursery
- Obstetric Services Level 2
- Obstetric Services Level 3
- Open Heart Surgery
- Rehabilitation Services Level 3
- Solid Organ Transplantation (organ-specific)
- Specialized Inpatient Pediatric Services
- Specialty Burn Services

The Department of Health's CON program has begun a new review of the methodologies used to evaluate applications for a number of projects and services.

Summary of Bill:

The Department of Health is directed to review, revise, and develop a new methodology for the methodology to be applied to CON applications for the tertiary health services. Tertiary health services include: 1) open heart surgery; 2) therapeutic cardiac catheterization; and 3) percutaneous transluminal coronary angioplasty. The new methodology must be adopted in rules, and be applied to new applications, replacing the current methodology.

The new methodologies for the cardiac services will be scheduled for immediate review and revision, and incorporation into rule. The department's review and rulemaking process must involve a wide variety of stakeholders. These may include cardiac surgery programs, cardiac surgeons not directly affiliated with existing hospital programs, and representatives of medical education.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Testimony For: This bill will assist rural communities in gaining access to necessary life saving coronary care. This measure will accelerate the department's review process for cardiac care programs.

Testimony Against: None.

Testified: Representative Grant, prime sponsor; and Ron Weaver, Department of Health.